WASHINGTON, DC ELIGIBLE METROPOLITAN AREA (EMA)

Metropolitan Washington Regional

RYAN WHITE

PLANNING COUNCIL

PRIORITY SETTING AND RESOURCE ALLOCATION (PSRA) PLAN

GY'27 - FY'2017

(March 1, 2017 – February 28, 2018)

Introduction

The Ryan White HIV/AIDS Program (RWHAP) is the largest Federal program focused exclusively on HIV/AIDS care. The program is for individuals living with HIV/AIDS who have no health insurance (public or private), have insufficient health care coverage, or lack financial resources to get the care they need for their HIV disease. As such, the Ryan White HIV/AIDS Program fills gaps in care not covered by other funding sources.

The Ryan White HIV/AIDS Program is administered by the U.S. Department of Health and Human Services (HHS), Health Resources and Services Administration (HRSA), HIV/AIDS Bureau (HAB).

The legislation is called the Ryan White HIV/AIDS Treatment Extension Act of 2009 (RWTEA). Part A of the RWTEA provides emergency assistance to Eligible Metropolitan Areas (EMAs) that are most severely affected by the HIV/AIDS epidemic. The Washington, DC EMA is one of 24 EMA's nation-wide. Part A funds are used to develop or enhance access to a comprehensive continuum of high quality, community-based care for individuals with HIV disease. The RWTEA is intended to help communities and states increase the availability of primary medical care and support services, in order to reduce utilization of more costly inpatient care, increase access to care for under-served populations, and improve the quality of life for those affected by the HIV epidemic.

The *Metropolitan Washington Regional Ryan White Planning Council,* represents the Washington, DC Eligible Metropolitan Area (EMA) that encompasses the following political jurisdictions:

- the District of Columbia (Washington, DC);
- the following cities in the Commonwealth of Virginia: Alexandria, Falls Church, Fairfax, Manassas, Manassas Park, and Fredericksburg;
- the following counties in the Commonwealth of Virginia: Arlington, Loudoun, Fairfax, Prince William, Stafford, Clarke, Culpepper, Fauquier, Warren, King George, and Spotsylvania;
- the following counties in the State of Maryland: Prince George's , Charles, Calvert, Montgomery, and Frederick; and
- the following counties in the State of West Virginia: Berkeley and Jefferson.

This PSRA plan is authored by the Planning Council in fulfillment of its legislative requirement under the RWTEA. The following document summarizes the priorities for the allocation of RWTEA funds within the Washington, DC EMA. The document also provides guidance to the Grantee/Recipient as they select service providers and administer contracts. The Planning Council and its **Financial Oversight and Allocations Committee (FOAC)** examined epidemiological data, service utilization data, spending data, the range of non-Ryan White Part A funds for services utilized by PLWHA, recommendations from the Council's 2013 Needs Assessment, findings of the 2014 Unmet Need/Consumer Survey, the **2017-2021 Integrated HIV Prevention and Care Plan,** as well as input from the Planning Council's five standing committees in planning for the continuum of HIV care in the Washington, DC EMA.

National HIV/AIDS Strategy: Updated to 2020

As of November 2014, the CDC estimates more than 1.2 million people are living with HIV and 1 in 7 (14 percent) are not aware of their HIV status. The ultimate goal within the U.S. is to inform all HIV-positive persons of their status and bring them into care in order to improve their health status, prolong their lives, and slow the spread of the epidemic in the U.S. through enhanced prevention efforts.

The National HIV/AIDS Strategy for the United States: Updated to 2020 (NHAS 2020 or Strategy) is a five-year plan that details principles, priorities, and actions to guide the national response to the HIV epidemic. To the extent possible, program activities should strive to support the primary goals of NHAS 2020:

1) Reduce new HIV infections;
2) Increase access to care and optimize health outcomes for PLWH;
3) Reduce HIV-related health disparities and health inequities; and
4) Achieve a more coordinated national response to the HIV epidemic.

Recipients should take action to align their organization's efforts, over the next five years, around the Strategy's four areas of critical focus:

- Widespread testing and linkage to care, enabling PLWH to access treatment early;
- Broad support for PLWH to remain engaged in comprehensive care, including support for treatment adherence;
- Universal viral suppression among PLWH; and
- Full access to comprehensive pre-exposure prophylaxis (PrEP) services for those to whom it is appropriate and desired, and support for medication adherence for those using PrEP.

PURPOSE

The purpose of all Ryan White HIV/AIDS Program funds is to address the unmet care and treatment needs of persons living with HIV/AIDS who are uninsured or underinsured and therefore unable to pay for HIV/AIDS health care and vital health-related supportive services. Ryan White HIV/AIDS Program funds are intended to support only the HIV-related needs of eligible individuals. Recipients, sub-recipients and providers/agencies must be able to make an explicit connection between any service supported with RWHAP funds and the intended client's HIV status, or care-giving relationship to a person with HIV.

ELIGIBILITY

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

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

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

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

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

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

Direction for HIV Services in FY'2017/GY'27

The RWHAP Part A requires that not less than 75 percent of the funds remaining after reserving funds for administration and clinical quality management (CQM) be used to provide core medical services that are needed in the EMA/TGA for PLWH who are identified and eligible for care under the RWHAP.

The nine fundable "core" services are:

1. Early Intervention Services (EIS)
2. Health Insurance Premium and Cost-Sharing Assistance (HIPCSA)
3. Home & Community Based Health Services
4. Medical Case Management (MCM)
5. Medical Nutrition Therapy (MNT)
6. Mental Health Services (MH)
7. Oral Health Care (OH)
8. Outpatient/Ambulatory Health Services (OAHS)
9. Substance Abuse Outpatient Care (SAO)

The eleven fundable "support" services are:

1. Child Care Services
2. Emergency Financial Assistance (EFA)
3. Food Bank/Home-Delivered Meals
4. Health Education/Risk Reduction (HE/RR)
5. Housing Services
6. Linguistics Services
7. Medical Transportation
8. Non-Medical Case Management Services (NMCM)
9. Other Professional Services
10. Outreach Services
11. Psychosocial Support Services

HIV Care Continuum

The HIV care continuum is a model that is used by federal, state, and local agencies to identify issues and opportunities related to improving the delivery of services to PLWH across the entire HIV continuum of care. The HIV care continuum has five main "steps" or stages including: HIV diagnosis, linkage to care, retention in care, antiretroviral use, and viral suppression. State and local agencies should also use a model to identify issues and opportunities related to improving the delivery of services to high-risk, uninfected individuals, such as: HIV testing and linkage to appropriate prevention services, behavioral health, and social services.

The HIV care continuum provides a framework that depicts the series of stages a person with HIV engages in from initial diagnosis through their successful treatment with HIV medication. It shows the proportion of individuals living with HIV who are engaged at each stage. The HIV care continuum allows recipients and planning groups to measure progress and to direct HIV resources most effectively.

Unmet Need

Unmet Need is defined as the number of individuals with HIV in a jurisdiction who are **aware** of their HIV status and are *not in care*. Not in care has historically been defined as: no evidence of at least one of the following three components of HIV primary medical care during a specified 12 month time frame: 1) viral load (VL) testing, 2) CD4 count, or 3) provision of anti-retroviral therapy (ART).

Minority AIDS Initiative (MAI)

Under RWHAP Part A, MAI formula funding provides core medical and related support services to improve access and reduce disparities in health outcomes in EMAs/TGAs hardest hit by the epidemic. The purpose of the RWHAP Part A MAI is to "improve HIV-related health outcomes to reduce existing racial and ethnic health disparities." As such, MAI funds provide direct financial assistance to develop or enhance access to high quality, community-based HIV/AIDS care services, and improve health outcomes for low-income minority individuals and families. For purposes of this document, 'minority' is defined as an individual who self-identifies as a member of one of the racial/ethnic communities, including African Americans, Alaska Natives, Latinos, American Indians, Asian Americans, Native Hawaiians, and Pacific Islanders, or as 'more-than-one-race.'

Like the RWHAP, the goal of the MAI is viral suppression. The MAI program's mission is to address health disparities and health inequities among minority communities. MAI funds are to be used to deliver services designed to address the unique barriers and challenges faced by hard-to reach, disproportionately impacted minorities within the EMA. The services have to be consistent with the epidemiologic data, needs of that community, and culturally appropriate. This requires the use of population-tailored, innovative approaches or interventions that differ from usual service methodologies and that specifically address the unique needs of targeted sub-groups. To this end, MAI is in concert with the NHAS 2020 goal of Reducing HIV-Related Disparities and Health Inequities, which includes:

- Reducing HIV-related mortality in communities at high risk for HIV infection.
- Adopting community-level approaches to reduce HIV infection in high risk communities.
- Reducing stigma and discrimination against PLWH.

For GY'27/FY'17, the Planning Council has selected Youth of Color ages 13-30 as the target population for MAI funds. The following eight service categories (in no ranked order) will be funded based on priorities set by the Planning Council for GY'27FY'17 and on available funds:

1. Outpatient/Ambulatory Health Services (OAHS) formerly OAMC
2. Medical Case Management (MCM)
3. Mental Health (MH)
4. Substance Abuse Outpatient Care (SAO)
5. Early Intervention Services (EIS)
6. Psychosocial Support Services
7. Outreach Services
8. Health Education/Risk Reduction (HE/RR)

Additionally, the Planning Council has outlined the following specific areas of consideration to ensure that culturally appropriate, population-tailored interventions and community partnerships are utilized to increase bars on the HIV care continuum.

- Implement an integrated transitional HIV Health Delivery System, and linkage to care Model for young African American MSMs, African American men, and Transgender youth between the ages of 13-30.
- Provide training and technical assistance to providers who provide services to young people between the ages of 13-30 who want to provide services to the chosen population, this will include pediatric and adult providers.

- Activities that will be used to help meet the needs of the young black MSM population include: funding for targeted projects at organizations that are LGBTQ culturally competent and work with young black MSMs, young black men, or young transgender people providing or assisting with obtaining medical, mental health, and substance abuse services, as well as housing, food, employment and insurance.
- Community outreach workers who are trained as patient navigators to provide linkage to primary care and supportive services for young black MSMs, and transgender individuals between the ages of (13-30) not engaged in care and have not been in primary care for six or more months.
- Activities that will be used to help meet the needs of heterosexual and MSMs young black men include integrated HIV/STI/Hepatitis programs in STI clinics, mobile/alternative venue in mental health and drug treatment pre-release facilities,
- Expand availability of housing for single young black males who are not in care.
- Implement Behavior Change Models with a focus on reshaping sexual behaviors and substance use in the future.
- collaborate (through MOUs or shared funding arrangements) with organizations currently receiving HIV prevention, outreach and/or testing funding
- provide seamless transition from prevention and testing programs into care,
- offer a one stop shop with experienced, diverse, youth-serving staff providing mental health and substance abuse treatment, early intervention services, medical case management, and OAHC,
- demonstrate a referral conduit for young Black or Hispanic PLWHA to RW providers of health insurance coverage and ADAP, as well as support services,
- maximize the client use of ACA insurance for his/her ADAP coverage through Part B sponsored insurance coverage
- get the word out about the program which will have a name/identity distinct from existing RW programs to youth/young adult PLWHA of color through posters, apps, brochures, or word of mouth campaigns.

Priority Setting and Resource Allocation (PSRA)

Each year the Metropolitan Washington Regional Ryan White Planning Council takes the lead in carrying out the federally-mandated Priority Setting and Resource Allocation (PSRA) process for the Washington, DC Eligible Metropolitan Area (EMA). The PSRA process is led by the Financial Oversight & Allocations Committee (FOAC) through a collaborative effort involving the Part A grantee/recipient, the HIV/AIDS, Hepatitis, STD, and TB Administration (HAHSTA), Administrative Agents for the Suburban Maryland and Northern Virginia jurisdictions of the EMA, state health department epidemiologists from these states, consumers and providers from each of the four jurisdictions, and Planning Council support staff and consultants.

- **Priority setting:** The Planning Council prioritizes approved core medical-related and support services for the entire EMA, but allows jurisdictions to modify those priorities based on their unique needs
- **Resource allocations:** While the PC makes the final decisions about allocations, it has delegated the development of recommended allocations to the four jurisdictions; the PC reviews a "roll up" that includes both regular Part A and Part A Minority AIDS Initiative (MAI) funding, by jurisdiction and for Off-the-Top funds

FY'2017 PRIORITIES
EMA-WIDE AND REGIONAL

**(Not funded in FY'17/GY'27)*

SERVICE CATEGORY	PRIORITIZED RANKING			
	EMA-Wide	DC /WV	Suburban MD	Northern VA
Outpatient/Ambulatory Health Services (OAHS)	1	1	1	1
Medical Case Management (MCM)	2	2	2	2
Mental Health Services (MH)	3	3	5	5
Oral Health Care (OH)	4	3	4	4
Health Insurance Premium & Cost-Sharing Assistance (HIPCSA)	5	7	8	10
Non-Medical Case Management Services (NMCM)	6	8	3	7
Substance Abuse Outpatient Care (SAO)	7	6	16	6
AIDS Pharmaceutical Assistance (LPAP)	8	5	10	3
Early Intervention Services (EIS)	9	9	13	14
Emergency Financial Assistance (EFA)	10	10	9	8
Housing Services	11	13	6	13
Medical Transportation	12	11	7	9
Psychosocial Support Services	13	15	14	19
Food Bank/Home-Delivered Meals	14	12	11	11
Medical Nutrition Therapy (MNT)	15	14	12	15
Substance Abuse Services – Residential (SAR)	16	17	15	12
Home & Community-Based Health Services	17	16	19	20
Outreach Services	18	21	23	24
Health Education/Risk Reduction (HE/RR)	19	18	19	17
Linguistic Services	20	18	18	22
Home Health Care (HHC)	21	20	22	21
Child Care Services	22	22	17	16
Referral for Health Care/Support Services	23	23	21	23
Hospice Services	24	24	24	26
Other Professional Services	25	27	25	18
Rehabilitation Services	26	25	26	25
Respite Care	27	26	27	27

Resource Allocations – Geographical Needs and Parity

An important goal of the Ryan White HIV/AIDS Program's funding allocations among service priorities is to ensure access to services throughout the EMA. Allocations for the EMA reflect needs of PLWH and historically underserved populations within the EMA's jurisdictional regions. Although the Planning Council makes the final decisions about allocations, the PC delegates to the jurisdictional regions the task of developing resource allocations for their respective areas based on total living HIV and AIDS cases found in HIV surveillance data from the respective Departments of Health. For FY'2017, allocations are based on HIV surveillance data reported through 12/30/14.

Number of People Diagnosed and Living with HIV (Prevalence) [as of 12/31/2014]		
Region	**# of PLWH**	**% of PLWH**
Washington, DC	16,938	46.6%
West Virginia	214	0.6%
Suburban Maryland	11,344	31.2%
Northern Virginia	7,873	21.6%
Total	**36,369**	**100.0%**

Allocation of Funds

The allocation of the FY'2017 Ryan White Part A dollars (formula and supplemental dollars) received by the Washington, DC EMA will be made according to the following distribution.

Category	Percentage
Grantee/Recipient Administration	**10.0%**
Quality Management	**5.0%**
Direct Care, Treatment and Support Services	**85.0%**
TOTAL:	**100.0%**

Grantee Administration will include Planning Council functions, CAREWare and Program Support which are NEMA-wide services; that is, they serve all regions/counties in the Washington, DC EMA and are funded directly from the original grant before dollars are distributed regionally.

Distribution of Funds

The dollars for Direct Care, Treatment and Support Services; 85.0% of the entire Ryan White Part A award, will be distributed as follows:

- The Planning Council allocates some funds to Fee For Service (FFS) and EMA-Wide services and then divides the remaining funds among the three jurisdictional regions (DC/WV, Suburban MD, and Northern VA).
- The West Virginia jurisdictional region currently has less than 1.0% of the total number of PLWH in the EMA. In order to ensure continuity of services, DC will provide a set amount of funding amount to West Virginia.

Fee For Service (FFS)

Fee for Service is a payment model in which a provider is paid a fee for each particular service rendered. FFS promotes portability, meaning clients can go to a FFS provider anywhere in the EMA, regardless of where they live. Additional benefits for FFS include possible expansion of the provider network, funds can be more easily increased/decreased as client needs change, and services will be standardized between providers.

The following service categories are FFS and their percentage allocation will come out of the 85% for Direct Care, Treatment and Support Services.

DIRECT CARE, TREATMENT AND SUPPORT SERVICES
FY'2017 FEE-FOR-SERVICE (FFS) RESOURCE ALLOCATIONS

SERVICE CATEGORY	PERCENTAGE ALLOCATIONS
Outpatient/Ambulatory Health Services (OAHS)	25%
Oral Health Care (OH)	14%
Mental Health Services (MH)	10%
Non-Medical Case Management Services (NMCM)	10%
Substance Abuse Outpatient Care (SAO)	5%
Food Bank/Home-Delivered Meals	4.50%
Child Care Services	0.25%

EMA-WIDE

EMA-Wide service categories promotes portability, meaning clients can go to a FFS provider anywhere in the EMA, regardless of where they live. The following service categories are EMA-wide and their percentage allocation will come out of the 85% for Direct Care, Treatment and Support Services.

DIRECT CARE, TREATMENT AND SUPPORT SERVICES
FY'2017 EMA-WIDE RESOURCE ALLOCATIONS

SERVICE CATEGORY	PERCENTAGE ALLOCATIONS
Medical Case Management (MCM)	1.06%
Housing Services	0.50%
Linguistic Services	0.50%

REGIONAL

Regional service allocations provides funding for service to clients who live within a specific region. After funds are set aside for FFS and EMA-Wide out of the 85% for Direct Care, Treatment and Support Services, the remaining funds will be divided by the percentages described below and then allocated to the service categories as prescribed in the chart on the next page.

DIRECT CARE, TREATMENT AND SUPPORT SERVICES
FY'2017 REGIONAL RESOURCE ALLOCATIONS

REGION	% OF ALL CARE, TREATMENT AND SUPPORT DOLLARS
DC + West Virginia*	47.1%
Suburban Maryland	31.2%
Northern Virginia	21.7%
Total	**100.0%**

FY'2017 REGIONAL RESOURCE ALLOCATIONS
REFLECTING GEOGRAPHICAL NEEDS AND PARITY

SERVICE CATEGORY	PERCENTAGE ALLOCATIONS		
	DC /WV	Suburban MD	Northern VA
Outpatient/Ambulatory Health Services (OAHS)	*FEE FOR SERVICE (FFS)*		
Oral Health Care (OH)	*FEE FOR SERVICE (FFS)*		
Medical Case Management (MCM)	38%	30%	57%
AIDS Pharmaceutical Assistance (LPAP)	**(Not funded in FY'17/GY'27)*		
Mental Health Services (MH)	*FEE FOR SERVICE (FFS)*		
Substance Abuse Outpatient Care (SAO)	*FEE FOR SERVICE (FFS)*		
Medical Nutrition Therapy (MNT)	5%	10.60%	2%
Early Intervention Services (EIS)	7%	15%	6.50%
Health Insurance Premium& Cost-Sharing Assistance (HIPCSA)	9%	0.25%	4%
Home Health Care (HHC)	**(Not funded in FY'17/GY'27)*		
Hospice Services	**(Not funded in FY'17/GY'27)*		
Home & Community-Based Health Services	9%		
Emergency Financial Assistance (EFA)	16%	8.75%	9%
Medical Transportation	1.10%	2.60%	7%
Food Bank/Home-Delivered Meals	*FEE FOR SERVICE (FFS)*		
Non-Medical Case Management Services (NMCM)	*FEE FOR SERVICE (FFS)*		
Housing Services	9%		
Outreach Services	0.5%	10%	6.5%
Linguistic Services	*FEE FOR SERVICE (FFS)*		
Psychosocial Support Services	4.40%	12.8%	
Substance Abuse Services – Residential (SAR)	**(Not funded in FY'17/GY'27)*		
Health Education/Risk Reduction (HE/RR)		10%	
Child Care Services* *FEE FOR SERVICE (FFS)*	0.25%		
Respite Care	**(Not funded in FY'17/GY'27)*		
Referral for Health Care/Support Services	**(Not funded in FY'17/GY'27)*		
Other Professional Services	0.50%		8%
Rehabilitation Services	**(Not funded in FY'17/GY'27)*		

Service Category Descriptions

The following provides both a description of covered service categories and program guidance for implementation. The recipient, along with the Metropolitan Washington Regional Ryan White Planning Council, will make the final decision regarding the specific services to be funded.

These service category descriptions apply to the entire RWHAP in the Metropolitan Washington Eligible Metropolitan Area (EMA). There is no expectation that RWHAP Part A and F (MAI-Minority AIDS Initiative) would cover all services, but the recipient and the Metropolitan Washington Regional Ryan White Planning Council are expected to coordinate service delivery across Parts to ensure that the entire jurisdiction/service area has access to services based on needs assessment.

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

Certain service categories reference additional Policy Notices, Policy Clarification Notices (PCN), and Program Letters from HRSA. Crucial excerpts are included in the service category descriptions. For the full document, please visit http://hab.hrsa.gov/manageyourgrant/policiesletters.html .

Service Category Descriptions

Core Medical Services (12)

Outpatient/Ambulatory Health Services (OAHS)

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

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

Program Guidance:

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

AIDS Pharmaceutical Assistance (LPAP, NOT ADAP)

Local Pharmaceutical Assistance Program (LPAP) is operated by a RWHAP Part A recipient or sub-recipient as a supplemental means of providing medication assistance when an ADAP has a restricted formulary, waiting list and/or restricted financial eligibility criteria. LPAPs are not to be substituted for state AIDS Drug Assistance Programs (ADAP).

RWHAP Part A providers/agencies using the LPAP service category must establish the following:

- Uniform benefits for all enrolled clients throughout the service area
- A recordkeeping system for distributed medications
- An LPAP advisory board that is responsible for developing written policies and procedures that will govern its purpose, structure, financing, eligibility criteria, formulary, quality-assurance, and quality management.
- A drug distribution system
- A client enrollment and eligibility determination process that includes screening for the LPAP, as well as ADAP eligibility, and other potential pharmacy program benefits, such as Medicaid, Medicare Part D, other public or private insurance, and local or state pharmacy assistance programs, and pharmaceutical company assistance programs with rescreening at minimum of every six months.
- Coordination with the state's RWHAP Part B ADAP
    - A statement of need should specify restrictions of the state ADAP and the need for the LPAP
- Implementation in accordance with requirements of the 340B Drug Pricing Program and the Prime Vendor Program

Program Guidance:

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

Please reference the Local Pharmaceutical Assistance Program clarification memo dated August 29, 2013.

Oral Health Care

Oral Health Care services provide outpatient diagnostic, preventive, and therapeutic services by dental health care professionals licensed in the respective state/jurisdiction, including general dental practitioners, dental specialists, dental hygienists and licensed dental assistants.

Early Intervention Services (EIS)

Counseling individuals with respect to HIV/AIDS; testing (including tests to confirm the presence of the disease, to diagnose the extent of immune deficiency, and to provide information on appropriate therapeutic measures); referrals; other clinical and diagnostic services regarding HIV/AIDS; periodic medical evaluations for individuals with HIV/AIDS; and provision of therapeutic measures.

Description:

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

Program Guidance:

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

RWHAP Parts A and B EIS services must include the following four components:

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

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

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

- RWHAP Part recipients must ensure that clients are buying health coverage that, at a minimum, includes at least one drug in each class of core antiretroviral therapeutics from the Department of Health and Human Services (HHS) treatment guidelines along with appropriate HIV outpatient/ambulatory health services.
- RWHAP Part recipients must assess and compare the aggregate cost of paying for the health coverage option versus paying for the aggregate full cost for medications and other appropriate HIV outpatient/ambulatory health services, and allocate funding to Health Insurance Premium and Cost Sharing Assistance only when determined to be cost effective.

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

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

Home Health Care

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

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

Program Guidance:

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

Medical Nutrition Therapy

Medical Nutrition Therapy includes:

- Nutrition assessment and screening
- Dietary/nutritional evaluation

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

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

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

Hospice Services

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

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

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

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

Home and Community-Based Health Services

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

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

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

Mental Health Services

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/jurisdiction to render such services. Such professionals typically include psychiatrists, psychologists, and licensed clinical social workers.

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

Substance Abuse Outpatient Care

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

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

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

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

Medical Case Management (MCM), including Treatment Adherence Services

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

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

Program Guidance:
Medical Case Management services have as their objective improving health care outcomes whereas Non-Medical Case Management Services 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.

SUPPORT SERVICES (15)

NON-MEDICAL CASE MANAGEMENT SERVICES (NMCM)

Non-Medical Case Management Services (NMCM) provide guidance and assistance in accessing medical, social, community, legal, financial, and other needed services.

Benefits and Entitlement Counseling: Non-Medical Case management services may also include benefits counseling that assists eligible clients in obtaining access to other public and private programs for which they may be eligible, such as Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, other state or local health care and supportive services, and health insurance plans through health insurance Marketplaces/Exchanges. This service category includes several methods of communication including face-to-face, phone contact, and any other forms of communication deemed appropriate by the RWHAP Part recipient. Key activities include:

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

Re-entry Planning: Non-Medical Case Management Services can also provide transitional case management for incarcerated persons as they prepare to exit the correctional system.

Program Guidance:

Non-Medical Case Management Services have as their objective providing guidance and assistance in improving access to needed services whereas Medical Case Management services have as their objective improving health care outcomes. This service category does not include the provision of Treatment Adherence Services.

CHILD CARE SERVICES

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

Allowable use of funds include:

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

Program Guidance:

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

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

EMERGENCY FINANCIAL ASSISTANCE (EFA)

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

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

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

Food Bank/Home-Delivered Meals

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.

Health Education/Risk Reduction

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.

Housing Services

Housing services provide limited short-term assistance to support emergency, temporary, or transitional housing to enable a client or family to gain or maintain outpatient/ambulatory health services. Housing-related referral services include assessment, search, placement, advocacy, and the fees associated with these services. Housing-related referral services must be provided by case managers or other professionals who possess a comprehensive knowledge of local, state, and federal housing programs and how these programs can be accessed.

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

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

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

Program Guidance:

RWHAP Part recipients must have mechanisms in place to allow newly identified clients access to housing services. Upon request, RWHAP recipients must provide HAB with an individualized written housing plan, consistent with RWHAP Housing Policy 11-01, covering each client receiving short term, transitional and emergency housing services. RWHAP recipients and local decision making planning bodies, (i.e., Part A and Part B) are strongly encouraged to institute duration limits to provide transitional and emergency housing services. The US Department of Housing and Urban Development (HUD) defines transitional housing as up to 24 months and HRSA/HAB recommends that recipients consider using HUD's definition as their standard.

Please reference Policy Clarification Notice (PCN) 11-01 "The Use of Ryan White HIV/AIDS Program Funds for Housing Referral Services and Short-term or Emergency Housing Needs".

Linguistic Services

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

Program Guidance:

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

Medical Transportation

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

Program Guidance:

Medical transportation may be provided through:

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

Unallowable costs include:

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

OTHER PROFESSIONAL SERVICES

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

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

Program Guidance:

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

OUTREACH SERVICES

Outreach Services include the provision of the following three activities:

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

Program Guidance:

Outreach programs must be:

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

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

Please reference PCN 12-01 " The Use of Ryan White HIV/AIDS Program Funds for Outreach Services"

Psychosocial Support Services

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

- Bereavement counseling
- Child abuse and neglect counseling
- HIV support groups
- Nutrition counseling provided by a non-registered dietitian (*see* Medical Nutrition Therapy Services)
- Pastoral care/counseling services

Program Guidance:

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

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

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

Referral for Health Care and Supportive Services

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

Program Guidance:

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

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

Rehabilitation Services

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

Program Guidance:

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

Respite Care

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

Program Guidance:

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

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

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

Substance Abuse Services (Residential)

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

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

Program Guidance:

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

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

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

DIRECTIVES

An ongoing dialogue between the Grantee/Recipient and Planning Council is always important; Sharing information is essential to enable the Grantee/Recipient and Planning Council to work together to establish the ideal continuum of HIV care in the Washington, DC EMA. The following are directives for the allocation and management of all Part A funds awarded to the Washington, DC EMA (formula and supplemental funds) and Minority AIDS Initiative (MAI) funds:

- **Range:** The Grantee/Recipient is expected to fund all service categories under direct care, treatment and support services as closely to the aforementioned percentages as possible. The Planning Council must be notified in the event that the Grantee/Recipient is unable to expend a specific service category within a range of **(+/-15%)** of the Planning Council's priority percentage. An agreement between the Planning Council's Executive Committee and the Grantee/Recipient must be reached before any funds are used to purchase services beyond this range. If necessary, the Executive Committee will call an emergency meeting within two business days of a request from the Grantee/Recipient.

  The **(+/-15%)** is in respect to each and every line. For example, if "medical case management" is given a priority percentage of 15%, and that percentage equates to $360,000, the Grantee/Recipient is expected to spend $360,000 but, under extraordinary conditions, may spend as little as 12.75% ($306,000) or as much as 17.25% ($414,000) of the direct care, treatment and support services dollars for "medical case management" without notifying the Planning Council.

- **Monthly Financial Reporting:** The Planning Council requests a written monthly expenditures report by service category provided at least five business days before the meeting of the Financial Oversight and Allocations Committee (FAOC). This includes both a spreadsheet and a written explanation of any expenditure items that are over-or-underspent by 15% or more, and any unobligated balances, by service category and jurisdiction, and any suggested reallocations. A HAHSTA Representative will provide an oral presentation to FOAC highlighting any unexpected expense levels.

- **Rapid Re-allocation:** This Allocation Guidance is expected to be adhered to during the initial allocation of Part A dollars (March 1, 2017). This report is also expected to provide the Grantee/Recipient with guidance through the first nine months of the fiscal year. In allocating any unexpended funds during the final quarter, it is understood that the Grantee/Recipient will follow this report to the best of its ability and consultation with the Planning Council will not be necessary, but a final FOAC report is required.