LOS ANGELES COUNTY
COMMISSION ON HIV

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PLANNING, PRIORITIES AND ALLOCATIONS COMMITTEE
Virtual Meeting
Tuesday, August 17, 2021
1:00PM-5:00PM (PST)

***Please note extended meeting duration. ***
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LOS ANGELES COUNTY
COMMISSION ON HIV

AGENDA FOR THE VIRTUAL MEETING OF THE LOS ANGELES COUNTY COMMISSION ON HIV

PLANNING, PRIORITIES AND ALLOCATIONS COMMITTEE

TUESDAY, AUGUST 17, 2021|1:00 PM – 5:00 PM

To Join by Computer: https://tinyurl.com/3zepdnx5
**Link is for non-committee members only*
To Join by Phone: 1-415-655-0001
Access code: 145 232 0861

Planning, Priorities and Allocations Committee Members:			
Frankie Darling Palacios, Co-Chair	Kevin Donnelly, Co-Chair	Everardo Alvizo, LCSW	Al Ballesteros, MBA
Felipe Gonzalez	Joseph Green	Damontae Hack, Alternate	Karl T. Halfman, MS
William King, MD, JD (LoA)*	Miguel Martinez, MPH, MSW	Anthony M. Mills, MD	Derek Murray
LaShonda Spencer, MD	Damone Thomas	Guadalupe Velasquez	DHSP Staff
QUORUM:	8		

AGENDA POSTED: August 11, 2021 * Leave of Absence

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NOTES on AGENDA SCHEDULING, TIMING, POSTED and ACTUAL TIMES, TIME ALLOTMENTS, and AGENDA ORDER: Because time allotments for discussions and decision-making regarding business before the Commission's standing committees cannot always be predicted precisely, posted times for items on the meeting agenda may vary significantly from either the actual time devoted to the item or the actual, ultimate order in which it was addressed on the agenda. Likewise, stakeholders may propose adjusting the order of various items at the

commencement of the committee meeting (Approval of the Agenda), or times may be adjusted and/or modified, at the co-chairs' discretion, during the course of the meeting.
If a stakeholder is interested in joining the meeting to keep abreast of or participate in consideration of a specific agenda item, the Commission suggests that the stakeholder plan on attending the full meeting in case the agenda order is modified or timing of the items is altered. All Commission committees make every effort to place items that they are aware involve external stakeholders at the top of the agenda in order to address and resolve those issues more quickly and release visiting participants from the obligation of staying for the full meeting.

External stakeholders who would like to participate in the deliberation of discussion of an a posted agenda item, but who may only be able to attend for a short time during a limited window of opportunity, may call the Commission's Executive Director in advance of the meeting to see if the scheduled agenda order can be adjusted accordingly. Committee leadership and staff will make every effort to accommodate reasonable scheduling and timing requests—from members or other stakeholders—within the limitations and requirements of other possible constraints.

Call to Order | Introductions | Statement – Conflict of Interest 1:00 P.M. – 1:02 P.M.

I. ADMINISTRATIVE MATTERS 1:02 P.M. – 1:04 P.M.

1. Approval of Agenda **MOTION #1**

2. Approval of Meeting Minutes **MOTION #2**

II. PUBLIC COMMENT 1:04 P.M – 1:15 P.M.

3. Opportunity for members of the public to address the Committee on items of interest that is within the jurisdiction of the Committee.

III. COMMITTEE NEW BUSINESS 1:15 P.M. – 1:20 P.M.

4. Opportunity for Committee members to recommend new business items for the full body or a committee level discussion on non-agendized matters not posted on the agenda, to be discussed and (if requested) placed on the agenda for action at a future meeting, or matters requiring immediate action because of an emergency situation, or where the need to take action arose subsequent to the posting of the agenda.

IV. REPORTS

5. **EXECUTIVE DIRECTOR'S/STAFF REPORT**

a. Operational Updates 1:20 P.M. – 1:35 P.M.

b. Priority Setting and Resource Allocations Process Brief Overview

6. **CO-CHAIR REPORT** 1:35 P.M. – 1:55 P.M.

a. Committee Membership Updates

b. Reflections and Follow-up Questions to Data Presented on 7/20/21

7. **DIVISION OF HIV AND STD PROGRAMS (DHSP)** 1:55 P.M. – 2:45 P.M.

a. Fiscal and Programmatic Report

i. Ryan White Part A Program Year (PY) 30 Expenditures Report

ii. Recommendations for Ryan White Part A Program Year PY 32 Service Category Funding Allocations

BREAK **2:45 P.M – 2:55 P.M.**

8. **V. DISCUSSION** 2:55 P.M. – 4:00 P.M.

a. Ryan White Part A Program Year PY 32 Service Category Ranking Exercise

b. Ryan White Part A Program Year PY 32 Service Category Allocations Exercise

V. DISCUSSION (Continued) 4:00 P.M. – 4:45 P.M.

c. Proposed Ryan White Part A Program Year PY 32 Service Category Rankings **MOTION #3**

d. Proposed Ryan White Part A Program Year PY 32 Service Category Funding Allocations **MOTION #4**

9. **VI. NEXT STEPS** 4:45 P.M. – 4:50 P.M.

a. Task/Assignments Recap

b. Agenda Development for the Next Meeting

11. **VII. ANNOUNCEMENTS** 4:50 P.M. – 4:55 P.M.

a. Opportunity for Members of the Public and the Committee to Make Announcements

12. **VIII. ADJOURNMENT** 5:00 P.M.

a . Adjournment for the Meeting of August 17, 2021.

PROPOSED MOTION(s)/ACTION(s):	
MOTION #1:	**Approve the Agenda Order, as presented or revised.**
MOTION #2:	**Approve Meeting Minutes as presented.**
MOTION #3:	**Approve Proposed Ryan White Part A Program Year PY 32 Service Category Rankings, as presented, or revised, and move to the Executive Committee for Approval.**
MOTION #4	**Approve Proposed Ryan White Part A Program Year PY 32 Service Category Funding Allocations, as presented, or revised, and move to the Executive Committee for Approval.**

LOS ANGELES COUNTY
COMMISSION ON HIV

COMMISSION MEMBER "CONFLICTS-OF-INTEREST"

Updated 8/11/21

The following list identifies "conflicts-of-interest" for Commission members who represent agencies with Part A/B –and/or CDC HIV Prevention-funded service contracts with the County of Los Angeles. According to Ryan White legislation, HRSA guidance and Commission policy, Commission members are required to state their "conflicts-of-interest" prior to priority- and allocation-setting and other fiscal matters concerning the local HIV continuum of care, and to recuse themselves from discussions involving specific service categories for which their organizations have service contracts.

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
ALVAREZ	**Miguel**	No Affiliation	No Ryan White or prevention contracts
ALVIZO	**Everardo**	Long Beach Health & Human Services	Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			HIV and STD Prevention
			HIV Testing Social & Sexual Networks
BALLESTEROS	**Al**	JWCH, INC.	HIV Testing Storefront
			HIV Testing & Syphilis Screening, Diagnosis, & inked Referral…(CSV)
			STD Screening, Diagnosis, and Treatment
			Health Education/Risk Reduction (HERR)
			Mental Health
			Oral Healthcare Services
			Transitional Case Management
			Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transportation Services
BURTON	**Alasdair**	No Affiliation	No Ryan White or prevention contracts
CAMPBELL	**Danielle**	UCLA/MLKCH	Oral Health Care Services
			Medical Care Coordination (MCC)
			Ambulatory Outpatient Medical (AOM)
			Transportation Services

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
CIELO	**Mikhaela**	LAC & USC MCA Clinic	Ambulatory Outpatient Medical (AOM)
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
COFFEY	**Pamela**	Unaffiliated consumer	No Ryan White or prevention contracts
DANIELS	**Michele**	Unaffiliated consumer	No Ryan White or prevention contracts
DARLING-PALACIOS	**Frankie**	Los Angeles LGBT Center	Ambulatory Outpatient Medical (AOM)
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
			STD Screening, Diagnosis and Treatment
			Health Education/Risk Reduction
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Promoting Healthcare Engagement Among Vulnerable Populations
			Transportation Services
DAVIES	**Erika**	City of Pasadena	HIV Testing Storefront
			HIV Testing & Sexual Networks
DONNELLY	**Kevin**	Unaffiliated consumer	No Ryan White or prevention contracts
FINDLEY	**Felipe**	Watts Healthcare Corporation	Transportation Services
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Oral Health Care Services
			Biomedical HIV Prevention
			STD Screening, Diagnosis and Treatment
FULLER	**Luckie**	Los Angeles LGBT Center	Ambulatory Outpatient Medical (AOM)
			HIV Testng Storefront
			HIV Testing Social & Sexual Networks
			STD Screening, Diagnosis and Treatment
			Health Education/Risk Reduction
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Promoting Healthcare Engagement Among Vulnerable Populations
			Transportation Services
GARTH	**Gerald**	AMAAD Institute	No Ryan White or Prevention Contracts
GATES	**Jerry**	AETC	Part F Grantee

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
GONZALEZ	**Felipe**	Unaffiliated consumer	No Ryan White or Prevention Contracts
GORDON	**Bridget**	Unaffiliated consumer	No Ryan White or prevention contracts
GRANADOS	**Grissel**	Children's Hospital Los Angeles	Ambulatory Outpatient Medical (AOM)
			HIV Testing Storefront
			STD Screening, Diagnosis and Treatment
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transitional Case Management-Youth
			Promoting Healthcare Engagement Among Vulnerable Populations
GREEN	**Joseph**	Unaffiliated consumer	No Ryan White or prevention contracts
GREEN	**Thomas**	APAIT (aka Special Services for Groups)	HIV Testing Storefront
			Mental Health
			Transportation Services
HACK	**Damontae**	Unaffiliated consumer	No Ryan White or prevention contracts
HALFMAN	**Karl**	California Department of Public Health, Office of AIDS	Part B Grantee
KOCHEMS	**Lee**	Unaffiliated consumer	No Ryan White or prevention contracts
KING	**William**	W. King Health Care Group	No Ryan White or prevention contracts
LEE	**David**	Charles R. Drew University of Medicine and Science	HIV Testing Storefront
			HIV Testing Social & Sexual Networks
MARTINEZ	**Eduardo**	AIDS Healthcare Foundation	Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Medical Care Coordination (MCC)
			Mental Health
			Oral Healthcare Services
			STD Screening, Diagnosis and Treatment
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
			Sexual Health Express Clinics (SHEx-C)
			Transportation Services
			Medical Subspecialty
			HIV and STD Prevention Services in Long Beach

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
MARTINEZ (PP&A Member)	**Miguel**	Children's Hospital Los Angeles	Ambulatory Outpatient Medical (AOM)
			HIV Testing Storefront
			STD Screening, Diagnosis and Treatment
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transitional Case Management - Youth
			Promoting Healthcare Engagement Among Vulnerable Populations
MILLS	**Anthony**	Southern CA Men’s Medical Group	Biomedical HIV Prevention
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Promoting Healthcare Engagement Among Vulnerable Populations
			Sexual Health Express Clinics (SHEx-C)
			Transportation Services
MINTLINE (SBP Member)	**Mark**	Western University of Health Sciences	No Ryan White or prevention contracts
MORENO	**Carlos**	Children’s Hospital, Los Angeles	Ambulatory Outpatient Medical (AOM)
			HIV Testing Storefront
			STD Screening, Diagnosis and Treatment
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transitional Case Management - Youth
			Promoting Healthcare Engagement Among Vulnerable Populations
MURRAY	**Derek**	City of West Hollywood	No Ryan White or prevention contracts
NASH	**Paul**	University of Southern California	Biomedical HIV Prevention
			Oral Healthcare Services

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
NELSON	**Katja**	APLA Health & Wellness	Case Management, Home-Based
			Benefits Specialty
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
			STD Screening, Diagnosis and Treatment
			Sexual Health Express Clinics (SHEx-C)
			Health Education/Risk Reduction
			Health Education/Risk Reduction, Native American
			Biomedical HIV Prevention
			Oral Healthcare Services
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			HIV and STD Prevention Services in Long Beach
			Transportation Services
			Nutrition Support
PERÉZ	**Mario**	Los Angeles County, Department of Public Health, Division of HIV and STD Programs	Ryan White/CDC Grantee
PRECIADO	**Juan**	Northeast Valley Health Corporation	Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Medical Care Coordination (MCC)
			Oral Healthcare Services
			Mental Health
			Biomedical HIV Prevention
			STD Screening, Diagnosis and Treatment
			Transportation Services
RAY	**Joshua**	Unaffiliated consumer	No Ryan White or prevention contracts
ROBINSON	**Mallery**	No Affiliation	No Ryan White or prevention contracts
RODRIGUEZ	**Isabella**	No Affiliation	No Ryan White or prevention contracts
ROSALES	**Ricky**	City of Los Angeles AIDS Coordinator	No Ryan White or prevention contracts
SATTAH	**Martin**	Rand Schrader Clinic LA County Department of Health Services	Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
SAN AGUSTIN	**Harold**	JWCH, INC.	HIV Testing Storefront
			HIV Testing & Syphilis Screening, Diagnosis, & inked Referral…(CSV)
			STD Screening, Diagnosis and Treatment
			Health Education/Risk Reduction
			Mental Health
			Oral Healthcare Services
			Transitional Case Management
			Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transportation Services
SPENCER	**LaShonda**	Oasis Clinic (Charles R. Drew University/Drew CARES)	Ambulatory Outpatient Medical (AOM)
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
			Medical Care Coordination (MCC)
SPEARS	**Tony**	Capitol Drugs	No Ryan White or prevention contracts
STALTER	**Kevin**	Unaffiliated consumer	No Ryan White or prevention contracts
STEVENS	**Reba**	No Affiliation	No Ryan White or prevention contracts
THOMAS	**Damone**	No Affiliation	No Ryan White or prevention contracts
VALERO	**Justin**	California State University, San Bernardino	No Ryan White or prevention contracts
VEGA	**Rene**	Via Care Community Clinic	Biomedical HIV Prevention
VELAZQUEZ	**Guadalupe**	Unaffiliated consumer	No Ryan White or prevention contracts
WALKER	**Kayla**	No Affiliation	No Ryan White or prevention contracts
WALKER	**Ernest**	Men's Health Foundation	Biomedical HIV Prevention
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Promoting Healthcare Engagement Among Vulnerable Populations
			Sexual Health Express Clinics (SHEx-C)
			Transportation Services
WILSON	**Amiya**	Unique Women's Coalition	No Ryan White or prevention contracts

LOS ANGELES COUNTY
COMMISSION ON HIV

DRAFT

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PLANNING, PRIORITIES AND ALLOCATIONS (PP&A) COMMITTEE MEETING MINUTES

July 20, 2021

COMMITTEE MEMBERS P = Present | A = Absent |EA = Excused Absence			
Frankie Darling Palacios, Co-Chair	P	Karl T. Halfman, MS	P
Everardo Alvizo, LCSW	P	William King, MD, JD (Leave of Absence)	P
Al Ballesteros, MBA	P	David Lee	P
Kevin Donnelly	P	Miguel Martinez, MPH, MSW	P
Alexander Luckie Fuller	A	Anthony M. Mills, MD	P
Felipe Gonzalez	P	Derek Murray	P
Bridget Gordon	P	LaShonda Spencer, MD	P
Joseph Green	P	Maribel Ulloa	P
Michael Green, PhD, MHSA	P	Damone Thomas	P
Damontae Hack, Alternate	A	Guadalupe Velasquez	A
COMMISSION STAFF AND CONSULTANTS			
Cheryl Barrit, Carolyn Echols-Watson, Catherine LaPointe, Jose Rangel-Garibay, Sonja Wright			
DHSP STAFF			
Jane Bowers, Wendy Garland, Pamela Ogata			

*

Some participants may not have been captured electronically. Attendance can be corrected by emailing the Commission.
*Members of the public may confirm their attendance by contacting Commission staff at hivcomm@lachiv.org.
*Meeting minutes may be corrected up to one year from the date of approval.

Meeting agenda and materials can be found on the Commission's website at
http://hiv.lacounty.gov/LinkClick.aspx?fileticket=hHdP9s8AOx8%3d&portalid=22

CALL TO ORDER-INTRODUCTIONS-CONFLICTS OF INTEREST
Frankie Darling-Palacios, Committee Co-Chair, called the meeting to order and members introduced themselves and stated their conflicts of interest.

I. ADMINISTRATIVE MATTERS

1. APPROVAL OF AGENDA

MOTION #1: Approve the Agenda Order, as presented ***(Passed by Consensus)***.

2. APPROVAL OF MEETING MINUTES

MOTION #2: Approved the June 15, 2021 Planning, Priorities and Allocations Committee Meeting Minutes, as presented ***(Passed by Consensus)***. It was noted members have up to one year to make corrections to the minutes.

II. PUBLIC COMMENT

3. Opportunity for members of the public to address the Committee on items of interest that is within the Jurisdiction of the Committee.

There were no public comments.

II. COMMITTEE NEW BUSINESS ITEMS

4. Opportunity for Committee members to recommend new business items for the full body or a committee level discussion on non-agendized matters not posted on the agenda, to be discussed and (if requested) placed on the agenda for action at a future meeting, or matters requiring immediate action because of an emergency situation, or where the need to take action arose subsequent to the posting of the agenda.

There were no new business items identified.

III. REPORTS

5. EXECUTIVE DIRECTOR/STAFF REPORT

a. Operational Updates

C. Barrit reminded the Committee that the staff are in the midst of moving to new offices effective August 6. The new office spaces will be much smaller with 4 workstations shared amongst staff (which is maximize by using a hybrid telework schedule). The new office will be located at 510 S. Vermont Ave, 14th Floor. The Commission meetings, once they resume in person, will be held at the same location in the Terrace Level. The Terrace Level is the only space accessible to the public and offer ample space for gathering with free parking available to Commissioners and members of the public. The building is within walking distance from the Red Line's Wilshire/Vermont station.

b. Data Summit and Priority Setting and Resource Allocation (PSRA) Process Brief Overview

C. Barrit set the stage for the meeting (Data Summit) and provided a brief overview of the priority setting and resource allocation process. Today's meeting serves as the Data Summit where the Committee will hear service utilization, surveillance and other programmatic data to help inform the Committee's ranking of Ryan White services and allocation of funds to those services. The Data Summit promotes a data-driven decision-making process. At the August meeting, PP&A members will hear the fiscal report for Ryan White Program Year 30 (March 1, 2020 to February 28, 2021) and then rank the service categories based on consumer needs. Funding allocations will then follow. The Committee will rank services and allocate funding for Ryan White Program Year 32 (March 1, 2022 – February 28, 2023) and submit the recommendations to the full body in September. The approved allocations will be integrated in the DHSP Part A application which is due in October.

She encouraged members to ask questions and seek clarification on the information presented to the group. She requested that the Committee book another meeting date in August (in addition to the August 17 meeting) to ensure that the PSRA process is completed.

6. CO-CHAIR REPORT

b. Committee Co-Chair Nominations/Elections (Need 2nd Co-Chair)

Bridget Gordon nominated Kevin Donnelly for Co-Chair and there were no other individuals nominated. Kevin Donnelly was elected as Committee Co-Chair by the group by consensus.

7. DIVISION OF HIV AND STD PROGRAMS (DHSP)

P. Ogata noted that the PY 30 fiscal report will be provided at the August meeting. Wendy Garland, DHSP staff, presented data on the following:

a. Utilization by Service Category among Ryan White Priority Populations PY 30
b. Overlap across Ryan White Priority Populations & Estimated HIV Care Continuum
c. Outcomes across Priority Populations PY 30
d. Ryan White PY 30 Utilization Report Summary

Key takeaways from the data include the following:
Characteristics of Ryan White Program (RWP) Clients:

- In Ryan White Year 30 (March 1, 2020 - February 28, 2021) 21,703 clients received at least one RWP core or support RWP services.
- Approximately 2 out of every 5 people living with diagnosed HIV (PLWDH) in Los Angeles County (LAC) in 2020 received at least one RWP HIV service.
- The majority of RWP clients were Latinx with little change over time.
- Majority of RWP clients were cisgender male with little change over time.
- From Year 26 to Year 30 the proportion of RWP clients aged 40-49 decreased while those 60 years and older increased
- From Year 26 to Year 30, there was an increase in RWP clients experiencing homelessness (7% in Year 26 to 10% in Year 30)
- From Year 26 to Year 30, there was a growing percentage of RWP clients reside in the top 3 health districts
- (Hollywood-Wilshire, Central and Southwest)
- From Year 26 to Year 30, was an increase in number MCC clients (23% in Year 26 to 39% in Year 30)

W. Garland noted that COVID-19 impacted the utilization of RW services. **The following are key takeaways on how COVID-19 impacted service usage in LAC:**

- Fewer RWP clients accessed services in April and May of Year 30 compared to Year 29 as a result of COVID-19
- The highest variation in monthly utilization trends in Year 30 was observed among Latinx clients
- Utilization patterns were mainly stable by gender identity
- Fluctuation in use among cisgender males likely because they are the largest population
- Similar patterns of RWP use by age group in Year 30 with fluctuations most visible among largest populations-those groups 30 and older
- Similar patterns of RWP use by housing status in Year 30 with fluctuations most visible among housed clients (the largest population)
- Approximately 1 out of 2 (56%) of RW clients received a RWP service via in Year 30.
- The percentage of RWP clients getting service by telehealth increased from 11% in March to 40% in May
- Largest percentage of clients receiving at least one telehealth service were Latinx (61%), followed by Blacks (55%), the lowest was among Whites (45%)

- While high across all gender categories, a slightly higher percentage of cisgender females compared to cisgender males and transgender clients used services through telehealth
- Highest telehealth use was among clients aged 40-59 (57%) and 60 (55%)
- Lowest telehealth use was among clients 24 years old and younger (52%)
- Approximately 1 in 2 ambulatory/outpatient medical (AOM) clients used on AOM service via telehealth (56%) in Year 30
- Telehealth was a critical strategy to promote continuity of medical care for RWP clients during COVID-19
- Approximately 1 in 2 Medical Care Coordination (MCC) clients accessed at least one service via telehealth (51%)
- While number of MCC clients was lower in March 2020 compared to 2019 due to COVID-19, the number of clients using MCC services exceed the Year 29 all other months
- High percentages of clients using telehealth services have steady since May 2020

The following are key takeaways from the HIV Care Continuum data:

- Engagement, retention in care and viral suppression was higher among RWP clients compared to all PLWH in LAC.
- HIV laboratory tests, like viral load, are used to estimate HIV continuum outcomes. There was a decrease in all HIV continuum outcomes in Year 30 likely due impact of COVID-19 on access to care.
- Viral suppression (VS) was highest among older clients and lowest among those experiencing homelessness or recently incarcerated.
- Retention in Care (RiC) and VS fall short targets across all priority populations and in the RWP.

The following are key takeaways from the Overview of RW Year 30 Utilization Data by Service Category presentation:

- Growing number of clients aged 60 and older, experiencing homelessness and residing in Hollywood-Wilshire, Central and Southwest Health Districts
- More clients were served in Year 30 compared to Year 29, despite COVID, underscoring the importance of expanded modalities to access services
  - Additionally service units per client in Year 30 was the same or higher than in Year 29 for nearly all services
  - While further exploration is needed, preliminary results did not identify disparities by demographic characteristics in service access during COVID pandemic
  - The highest percentage of service units provided via telehealth were for MCC and Mental Health Services
  - Retention in care and viral suppression decreased in Year 30 compared to Year 29 and improvements is needed to meet local and national targets

e. Prevention and HIV/Surveillance Materials Review—the materials were presented at the Prevention Planning Workgroup and the Committee was reminded to review the data in the packet.

8. <u>DISCUSSION: REACTIONS AND QUESTIONS ABOUT THE DATA PRESENTATION</u>

Committee members and meeting participants noted the following comments and questions:

- Clarify in future presentations where Long Beach is on the ranking of Health Districts impacted by HIV.

- The availability of intermediate and longer-term outcomes would be helpful in understanding the effectiveness of Ryan White (RW) services.
- While the data show that COVID-19 affected service utilization, telehealth should be continued as a service delivery modality because it helps keep PLWH in care.
- The greatest variation in RW service utilization was among Latinx clients.
- What will be the overall policy when providers are no longer able to bill for telephone visits under Medi-Cal?
- Income level is not currently collected for HIV continuum data. However, DHSP is looking at using census tracts to estimate income levels.
- W. Garland asked Committee members to review the supplemental data tables that she provided for details on the PY 30 RW service utilization. She indicated that mental health is an underutilized service and it has been a challenge to get clients to seek mental health services. It is unclear how telehealth has impacted mental health services.
- Linkage and Retention Program (LRP) data are derived only from those cases reported in CaseWatch, hence, the number of individuals who used LRP may be higher.
- Foodbank and Nutrition services saw an increase in clients served, units of meals and bags of groceries provided.
- Looking at the HIV continuum data, most RW services did not met national targets of 90% in retention in care and viral suppression.
- Medical Care Coordination (MCC) showed a 57% retention in care and 73% viral suppression rates in PY 30 despite the fact the MCC clients are typically patients with high acuity levels. It was clarified that one year of data for MCC clients does not adequately capture the health outcomes of patients enrolled in the MCC program. Twenty-four months of client level data is needed to capture their HIV health outcomes more accurately. W. Garland noted that DHSP is still working on MCC program evaluation data.
- A member of the public inquired about Part D data. Some Committee members and DHSP/COH staff clarified that DHSP oversees only RW Part A data and organizations that receive Part D dollars report their data directly to the Health Resources Services Administration (HRSA). The 2020 Part D grantees in Los Angeles County are AltaMed, UCLA, and USC. Part C and D grantees also report their data to HRSA directly.

➢ Staff will contact Part D agencies to present their data to PP&A.

- A consumer Committee member indicated that the data presentations need to focus more on basic information so that the community can understand what is being presented. The preparation packet was too long and took too much time and to read. Additionally, it would be useful to see across all service categories what percentage of clients are people of color. A request was made to simplify the information and the materials for consumers to understand.
- Clarify how HRSA reports back data on all Ryan White Program "parts" (i.e., A, B, C, D, and F).
- Provide client demographic data for each RW service category.
- Youth Transitional Case Management (YTCM) contracts ended pre-COVID, which would explain the low number of clients served described in the data presentation.
- PP&A Committee Co-Chair, K. Donnelly, recommended that the Consumer Caucus discuss, in broad strokes, what services and support they need to stay healthy; what is working well with the services they are receiving; and what challenges they face in accessing/using services.

VI. NEXT STEPS

9a. Determine if additional meeting in August is needed

The Committee agreed to confirm August 24 from 1 pm to 5pm as an additional meeting if more time is needed by the group to complete its PY 32 funding allocations recommendations. The recommendations must be on the August 26 Executive Committee and September 9 full Commission meeting agendas to meet grant proposal deadlines.

9b. Task/Assignments Recap

- Staff will follow-up with Part D agencies to present their data to PP&A at a future date.
- Continue the priority setting and resource allocation exercise at the August 17 meeting, beginning with a report from DHSP on Ryan White PY 30 Fiscal Report. The Committee will also discuss service category rankings and funding allocations for PY 32.
- Staff will work with the Consumer Caucus Co-Chairs to seek input on RW services from consumers at their August 12 meeting.

a. Agenda Development for the Next Meeting

This item was covered under 9b.

VII. ANNOUNCEMENTS

a. Opportunity for Members of the Public and the Committee to Make Announcements

There were no announcements.

VIII. ADJOURNMENT

a. Adjournment:

The meeting ended at approximately 4:48 PM

REFRESHER

PRIORITY SETTING AND RESOURCE ALLOCATION PROCESS (PSRA)

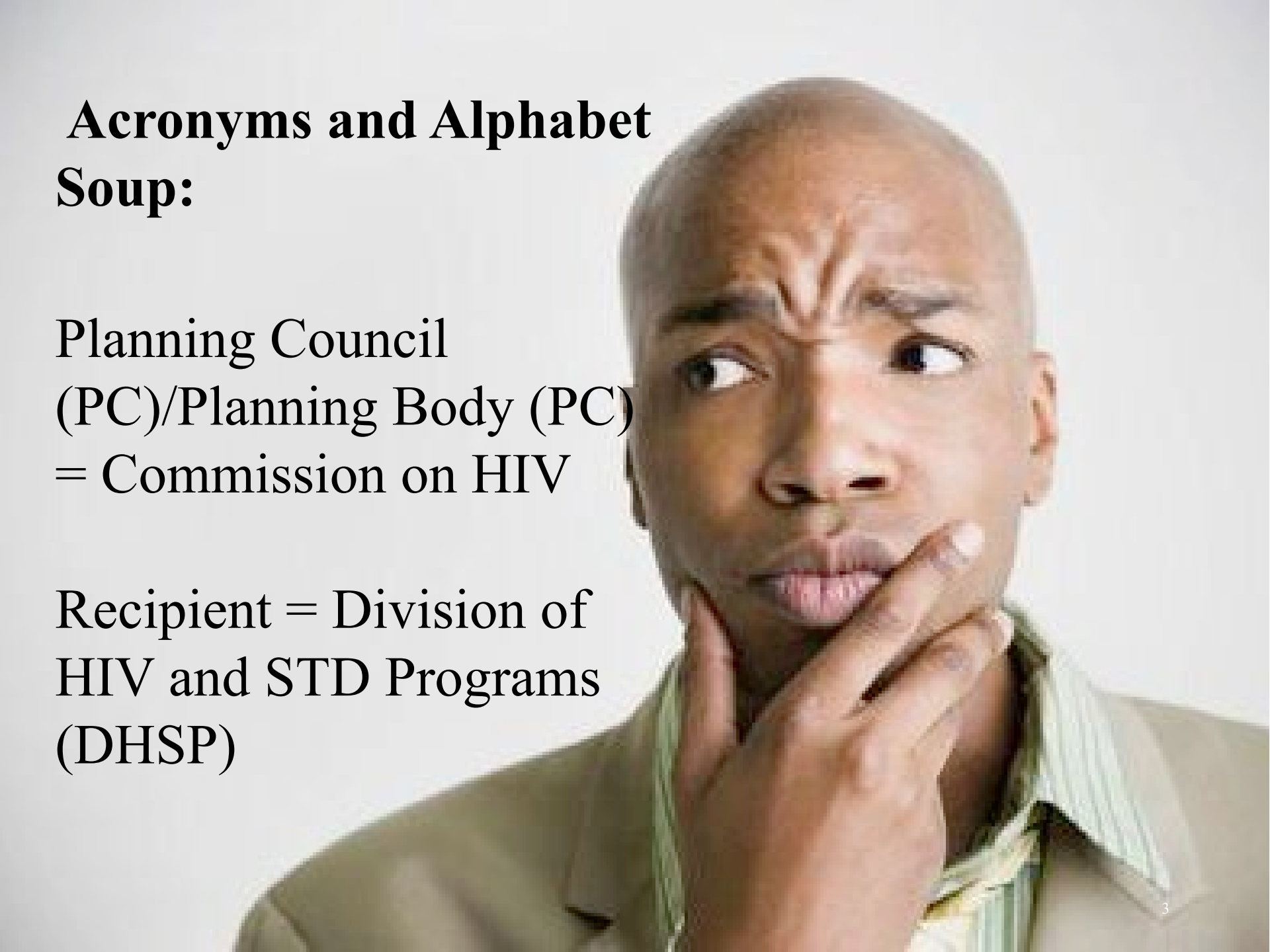
Planning, Priorities and Allocations Committee

August 17, 2021

LOS ANGELES COUNTY COMMISSION ON HIV

Learning Objectives

Learn about the responsibility of planning councils to use sound information and a rational decision-making process when deciding which services and other program categories are priorities (priority setting) and how much to fund them (resource allocation).



Acronyms and Alphabet Soup:

Planning Council (PC)/Planning Body (PC) = Commission on HIV

Recipient = Division of HIV and STD Programs (DHSP)

More Acronyms

- DHSP – Division of HIV and STD Programs
- PSRA – priority setting and resource allocation
- HRSA – Health Resources Services Administration (federal agency that manages Ryan White dollars)
- RW- Ryan White (the law that carves out $ for PLWH is names after him)
- PY- Program Year (begins March 1of one year and ends February 28 of next year; this is the program year defined by HRSA)
- FY- Fiscal Year (begins July 1 of one year and ends June 30 of the next year; used by LA County)
- NCC- Net County Cost (Los Angeles County funds; non grants)
- MAI- Minority AIDS Initiative
- COH – Commission on HIV
- PLWHA- people living with HIV/AIDS


What is Priority Setting &
Resource Allocation (PSRA)?

Priority Setting and Resource Allocation

The most important task of any Planning Council (decision-making) and Planning Body (advisory), with decisions made based on data, and only by PC/PB members

Priority setting and resource allocation must be based on data and *not* anecdotal information or impassioned pleas.

Priority Setting | Service Ranking

Process of deciding which HIV/AIDS services are the most important in providing a comprehensive system of care for all PLWH in the Eligible Metropolitan Area (in our case, Los Angeles County)

Priority Setting

- Must address needs of *all* PLWH regardless of:
  - Who they are
  - Where they live in the County
  - Stage of disease
  - Whether they currently receive services
- Priorities should be set without regard to the availability of funds (RWHAP Part A or other funds)

Directives

GUIDANCE TO THE RECIPIENT (DHSP) ON HOW TO MEET PRIORITIES

INVOLVES INSTRUCTIONS FOR THE RECIPIENT TO FOLLOW IN DEVELOPING REQUIREMENTS FOR PROVIDERS FOR USE IN PROCUREMENT AND CONTRACTING

USUALLY ADDRESSES POPULATIONS TO BE SERVED, GEOGRAPHIC AREAS TO BE PRIORITIZED, AND/OR SERVICE MODELS OR STRATEGIES TO BE USED

Resource Allocation

- Process of determining how much RWHAP Part A program funding will be allocated to each service category
- PC instructs the recipient on how to distribute the funds in contracting for service categories
- Some lower-ranked service categories may receive larger allocations than higher-ranked service categories due to cost per client and services available through other funding streams

Reallocation

- Process of moving program funds across service categories after the initial allocations are made. This may occur:
  - right after grant award (partial and final award), since the award is usually higher or lower than the amount requested in the application
  - during the program year, when funds are underspent in one category and demand is greater in another

Order of Decision-Making

1 Rank Service Categories → 2 Allocate Funds by Service Categories → 3 Develop Instructions to DHSP (Directives) → 4 Reallocation

Ranking DOES NOT equal Level of Allocation by Percentage

Directives are informed by COH Committees, Caucuses, Task Forces, data, PLWH and provider input.

What are the Ryan White Service Categories?

These are the services ranked by the Commission during the PSRA process.

Core Medical Services

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

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

Service Category Ranking

Prioritization: rank service categories based on consumer need (ONLY!)

What services are needed from most to least?

Note: Funding availability is not a consideration; only consumer need.

Steps in the PSRA Process

Needs Assessment

- Joint effort of PC/PB and recipient (led by PC)
- Includes:
  - Epidemiologic profile
  - Estimates of the number and characteristics of PLWHA with unmet need and of individuals with HIV/AIDS who are unaware of their status
  - Assessment of service needs and barriers to care
  - Resource inventory
  - Profile of provider capacity and capability
  - Assessment of unmet need/service gaps

PSRA Tips

- There is no one “right” way to set priorities and allocate resources.
- PSRA process must be documented in writing and used to guide deliberations and decision making.
  - A grievance can be filed if the planning council deviates from its established process.
- Agree on the PSRA process, its desired outcomes, and responsibilities for carrying out the process.

Steps in the Priority Setting and Resource Allocations Process

1

•Review core medical and support service categories, including HRSA service definitions

2

- Review data/information from DHSP

3

- Agree on how decisions will be made; what values will be used to drive decisions.

Steps in the Priority Setting and Resource Allocations Process

4

- Rank services by priority

5

- Allocate funding resources to services by percentage

6

- Provide instructions to DHSP on how to best meet the priorities (Directives)

Data for Decision-Making

Data to Support Decision-Making

- Needs assessment findings
- Cost-effectiveness data
- Actual service cost and utilization data
- Priorities of PLWH who will use services
- The amount of funds provided by other sources
- Use of RWHAP Part A funds to work with other services providers

Leveraging Other Resources

Understand service categories and amounts of funding provided by sources other than RWHAP Part A

- Program Income from RWHAP Parts B, C, D, F
- Housing Continuum of Care/HOPWA
- SAMHSA
- Medicaid/Medicare
- Net County Cost (NCC)
- County-wide resources
- Centers for Disease Control and Prevention
- Other grants

Expenditure Review

- Prior Program Year Final Expenditures for Ryan White Part A and Minority Initiative (MAI) funds
- Current PY estimates for Part A, MAI and Part B Expenditures
- Future RFP funding needs
- Current and future PY Expanded Service Categories with anticipated expenditures increases.
- Total PY Budget Amounts for Part A, B and MAI
- Net County Cost (NCC) Budget for services/ supportive care

SUMMARY - RWP EXPENDITURE REPORT
As of April 8, 2021

COUNTY OF LOS ANGELES - DEPARTMENT OF PUBLIC HEALTH - DIVISION OF HIV AND STD PROGRAMS
RYAN WHITE PART A, MAI YEAR 30 AND PART B YR 30 EXPENDITURES BY RWP SERVICE CATEGORIES

1	2	3	4	5	6	7	8	9	10	11
SERVICE CATEGORY	TOTAL FULL YEAR EXPENDITURES PART A	TOTAL FULL YEAR EXPENDITURES MAI	TOTAL FULL YEAR EXPENDITURES PART A AND MAI	TOTAL FULL YEAR EXPENDITURES PART B	TOTAL FULL YEAR EXPENDITURES HIV NCC	TOTAL FULL YEAR EXPENDITURES FOR RWP SERVICES (Total Columns 4+5+6)	TOTAL EXPENDITURE PERCENTAGES FOR PART A, MAI, PART B, HIV NCC	COH YR 30 ALLOCATION PERCENTAGES FOR HRSA PART A AND MAI	COH YR 30 ALLOCATIONS FOR HRSA PART A AND MAI	VARIANCE BETWEEN TOTAL FULL YEAR EXPENDITURES ACROSS MULTIPLE FUNDING AND COH PART A/MAI ALLOCATIONS (Columns 8-9)
OUTPATIENT/ AMBULATORY MEDICAL CARE (AOM)	$ 8,252,137	$ -	$ 8,252,137	$ -	$ -	$ 8,252,137	17.98%	24.85%	$ 9,614,116	-6.87%
MEDICAL CASE MGMT (Medical Care Coordination)	$ 11,042,954	$ 108,648	$ 11,151,602	$ -	$ 1,798,673	$ 12,950,275	28.22%	27.26%	$ 10,546,511	0.96%
ORAL HEALTH CARE	$ 6,587,521	$ -	$ 6,587,521	$ -	$ -	$ 6,587,521	14.35%	12.86%	$ 4,975,353	1.49%
MENTAL HEALTH	$ 408,834	$ -	$ 408,834	$ -	$ 1,072	$ 409,906	0.89%	0.55%	$ 212,787	0.34%
HOME AND COMMUNITY BASED HEALTH SERVICES	$ 2,892,613	$ -	$ 2,892,613	$ -	$ -	$ 2,892,613	6.30%	6.09%	$ 2,356,135	0.21%
EARLY INTERVENTION SERVICES (HIV Testing Services)	$ 456,870	$ -	$ 456,870	$ -	$ -	$ 456,870	1.00%	0.54%	$ 208,918	0.46%
NON-MEDICAL CASE MANAGEMENT-Benefits Specialty Services	$ 1,345,389	$ -	$ 1,345,389	$ -	$ -	$ 1,345,389	2.93%	5.40%	$ 2,089,184	-2.47%
NON-MEDICAL CASE MANAGEMENT-Traditional Case Management	$ -	$ 369,386	$ 369,386	$ -	$ -	$ 369,386	1.43%	0.54%	$ 208,918	0.89%
NON-MEDICAL CASE MANAGEMENT-Traditional Case Management **(MAI CARRYOVER FROM YR 29 to YR 30)**	$ -	$ 285,908	$ 285,908	$ -	$ -	$ 285,908				
HOUSING-RCFCI, TRCF	$ 406,316	$ -	$ 406,316	$ 3,847,000	$ -	$ 4,253,316	9.27%	1.30%	'$ 502,952 Part A portion only	7.97%
HOUSING-Temporary and Permanent Supportive with Case Management	$ -	$ 2,913,290	$ 2,913,290	$ -	$ -	$ 2,913,290	6.35%	8.23%	$ 3,184,071	-1.88%
OUTREACH (Linkage and Re-engagement Program and Partner Services)	$ 653,999	$ -	$ 653,999	$ -	$ -	$ 653,999	1.43%	5.08%	$ 1,965,381	-3.65%
SUBSTANCE ABUSE TREATMENT - RESIDENTIAL	$ -	$ -	$ -	$ 785,200	$ -	$ 785,200	1.71%	Part B	Part B	Part B
MEDICAL TRANSPORTATION	$ 386,984	$ -	$ 386,984	$ -	$ 1,969	$ 388,953	0.85%	1.72%	$ 665,444	-0.87%
FOOD BANK/HOME DELIVERED MEALS - NUTRITION SUPPORT	$ 3,233,869	$ -	$ 3,233,869	$ -	$ -	$ 3,233,869	7.05%	5.43%	$ 2,100,791	1.62%
LEGAL	$ 110,713	$ -	$ 110,713	$ -	$ -	$ 110,713	0.24%	0.15%	$ 58,033	0.09%
SUB-TOTAL DIRECT SERVICES	$ 35,778,198	$ 3,677,232	$ 39,455,430	$ 4,632,200	**$ 1,801,714**	$ 45,889,344	100.00%	100.00%	$ 38,688,596	
YR 30 ADMINISTRATION (INCLUDING PLANNING COUNCIL)	$ 4,057,158	$ 376,813	$ 4,433,971	$ 367,800	**$ 2,179,146**	$ 6,980,917				
YR 30 CONTINUOUS QUALITY MANAGEMENT (HRSA Part A Legislative Requirement)	$ 736,224	$ -	$ 736,224	$ -	$ -	$ 736,224				
TOTAL	$ 40,571,580	$ 4,054,045	$ 44,625,625	$ 5,000,000	**$ 3,980,860**	$ 53,606,485				

SUMMARY - RWP EXPENDITURE REPORT
As of April 8, 2021

COUNTY OF LOS ANGELES - DEPARTMENT OF PUBLIC HEALTH - DIVISION OF HIV AND STD PROGRAMS

RYAN WHITE PART A, MAI YEAR 30 AND PART B YR 30 EXPENDITURES BY RWP SERVICE CATEGORIES

Note: Negative percentages in Column 10 indicates that the percentages for expenditures is
less than the COH Part A/MAI allocation percentages

Recommended PY 32 RW Allocations from DHSP

	Part A Ceiling	MAI Ceiling	Part A/MAI Totals
Total Award Ceiling	**$ 42,361,728**	**$ 3,814,344**	**$ 46,176,072**
Admin Ceiling	$ 4,236,172	$ 381,434	$ 4,617,606
3% CQM	$ 1,270,852	$ -	$ 1,270,852
Direct Services	$ 36,854,704	$ 3,432,910	$ 40,287,614

	Service Category	PART B	Part A Recommendation	Part A %	MAI Recommendation	MAI %	Total Part A/MAI Recommended $	Total Part A/MAI %
CORE SERVICES (75.8%)	Outpatient/Ambulatory Health Services	$ 851,500	$ 9,400,000	25.51%	$ -	0.00%	**$ 9,400,000**	**23.33%**
	AIDS Drug Assistance Program (ADAP) Treatments	$ -	$ -	0.00%	$ -	0.00%	**$ -**	**0.00%**
	AIDS Pharmaceutical Assistance (local)	$ -	$ -	0.00%	$ -	0.00%	**$ -**	**0.00%**
	Oral Health	$ -	$ 6,500,000	17.64%	$ -	0.00%	**$ 6,500,000**	**16.13%**
	Early Intervention Services	$ -	$ -	0.00%	$ -	0.00%	**$ -**	**0.00%**
	Health Insurance Premium & Cost Sharing Assistance	$ -	$ -	0.00%	$ -	0.00%	**$ -**	**0.00%**
	Home Health Care	$ -	$ -	0.00%	$ -	0.00%	**$ -**	**0.00%**
	Home and Community Based Health Services	$ -	$ 2,500,000	6.78%	$ -	0.00%	**$ 2,500,000**	**6.21%**
	Hospice Services	$ -	$ -	0.00%	$ -	0.00%	**$ -**	**0.00%**
	Mental Health Services	$ -	$ 1,500,000	4.07%	$ -	0.00%	**$ 1,500,000**	**3.72%**
	Medical Nutritional Therapy	$ -	$ -	0.00%	$ -	0.00%	**$ -**	**0.00%**
	Medical Case Management (MCC)	$ -	$ 10,641,704	28.88%	$ -	0.00%	**$ 10,641,704**	**26.41%**
	Substance Abuse Services Outpatient	$ -	$ -	0.00%	$ -	0.00%	**$ -**	**0.00%**
	Case Management (Non-Medical) Benefits Specialty	$ -	$ 900,000	2.44%	$ -	0.00%	**$ 900,000**	**2.23%**
	Case Management (Non-Medical) TCM - Jails	$ -	$ -	0.00%	$ 432,910	12.61%	**$ 432,910**	**1.07%**
	Child Care Services	$ -	$ 350,000	0.95%	$ -	0.00%	**$ 350,000**	**0.87%**

SUPPORT SERVICES (24.2%)	Emergency Financial Assistance	$ -	$ -	0.00%	$ -	0.00%	**$ -**	**0.00%**
	Food Bank/Home-delivered Meals	$ -	$ 3,300,000	8.95%	$ -	0.00%	**$ 3,300,000**	**8.19%**
	Health Education/Risk Reduction	$ -	$ -	0.00%	$ -	0.00%	**$ -**	**0.00%**
	Housing Services RCFCI	$ 3,445,800	$ 217,000	0.59%	$ -	0.00%	**$ 217,000**	**0.54%**
	Housing Services TRCF	$ 407,500	$ 136,000	0.37%	$ -	0.00%	**$ 136,000**	**0.34%**
	Housing Services /Rental Subsidies with CM	$ -	$ -	0.00%	$ 3,000,000	87.39%	**$ 3,000,000**	**7.45%**
	Legal Services	$ -	$ 370,000	1.00%	$ -	0.00%	**$ 370,000**	**0.92%**
	Linguistic Services	$ -	$ 240,000	0.65%	$ -	0.00%	**$ 240,000**	**0.60%**
	Medical Transportation	$ -	$ 800,000	2.17%	$ -	0.00%	**$ 800,000**	**1.99%**
	Outreach Services (LRP)	$ -	$ -	0.00%	$ -	0.00%	**$ -**	**0.00%**
	Psychosocial Support Services	$ -	$ -	0.00%	$ -	0.00%	**$ -**	**0.00%**
	Referral	$ -	$ -	0.00%	$ -	0.00%	**$ -**	**0.00%**
	Rehabilitation	$ -	$ -	0.00%	$ -	0.00%	**$ -**	**0.00%**
	Respite Care	$ -	$ -	0.00%	$ -	0.00%	**$ -**	**0.00%**
	Substance Abuse Residential	$ 785,200	$ -	0.00%	$ -	0.00%	**$ -**	**0.00%**
	Treatment Adherence Counseling	$ -	$ -	0.00%	$ -	0.00%	**$ -**	**0.00%**
	Overall Total	**$ 5,490,000**	**$ 36,854,704**		**$ 3,432,910**		**$ 40,287,614**	
	Admin	**$ 610,000**	**$ 4,236,172**		**$ 381,434**		**$ 4,617,606**	
	CQM	**$ -**	**$ 1,270,852**		**$ -**		**$ 1,270,852**	
		$ 6,100,000	**$ 42,361,728**		**$ 3,814,344**		**$ 46,176,072**	

Table 1. Sociodemographic Characterisitics of and HIV Care Indicators for Clients Utilizing Ryan White Program (RWP) Services in RWP Years 26-30 (3/1/2016 - 2/28/2021), Los Angeles, California

Characteristic	Year 26 (03/01/2016-02/28/2017)		Year 27 (03/01/2017-02/28/2018)		Year 28 (03/01/2018-02/28/2019)		Year 29 (03/01/2019-02/28/2020)		Year 30 (03/01/2020-02/28/2021)	
	N	*%*	*N*	*%*	*N*	*%*	*N*	*%*	*N*	*%*
Total Clients	**20,469**	**100.0**	**20,638**	**100.0**	**21,027**	**100.0**	**21,397**	**100.0**	**21,703**	**100.0**
Race/Ethnicity										
White	4,580	22.4	4,552	22.1	4,644	22.1	4,696	22.0	4,679	21.6
Latinx	10,150	49.6	10,234	49.6	10,419	49.6	10,680	49.9	10,857	50.0
Black	4,904	24.0	4,968	24.1	5,033	23.9	5,083	23.8	5,226	24.1
Asian	690	3.4	725	3.5	774	3.7	783	3.7	775	3.6
Native Hawaiian/Pacific Islander	78	0.4	89	0.4	87	0.4	82	0.4	83	0.4
Native American/Alaska Native	57	0.3	64	0.3	60	0.3	60	0.3	65	0.3
Other/Unknown [a]	10	0.1	6	0.0	10	0.1	13	0.1	18	0.1
Gender										
Cisgender male	17,384	84.9	17,602	85.3	18,010	85.7	18,316	85.6	18,633	85.9
Cisgender female	2,689	13.1	2,640	12.8	2,605	12.4	2,628	12.3	2,587	11.9
Transgender woman	388	1.9	390	1.9	403	1.9	433	2.0	458	2.1
Another gender identity [b]	8	0.0	6	0.0	9	0.0	20	0.1	15	0.1
Age Group										
13-17 years	16	0.1	12	0.1	11	0.0	7	0.0	4	0.0
18-24 years	731	3.6	729	3.5	713	3.4	679	3.2	601	2.8
25-29 years	1,695	8.3	1,753	8.5	1,837	8.7	1,823	8.5	1,793	8.3
30-39 years	4,232	20.7	4,425	21.4	4,632	22.0	4,843	22.6	4,993	23.0
40-49 years	5,512	26.9	5,131	24.9	4,958	23.6	4,773	22.3	4,711	21.7
50-59 years	5,784	28.3	5,873	28.5	5,904	28.1	6,010	28.1	6,075	28.0
60 and older	2,499	12.2	2,715	13.2	2,972	14.1	3,252	15.3	3,526	16.3
Primary Language										
English	14,522	71.0	14,622	70.9	15,033	71.5	15,258	71.3	15,596	71.9
Spanish	5,630	27.5	5,629	27.3	5,594	26.6	5,613	26.2	5,572	25.7
Other	251	1.2	288	1.4	95	1.4	300	1.4	283	1.3
Missing	66	0.3	99	0.5	105	0.5	226	1.1	252	1.2
Income at Enrollment by Federal Poverty Level (FPL)										
At/below FPL	13,396	65.5	13,622	66.0	13,721	65.3	13,337	62.3	13,542	62.4
101-200% FPL	4,519	22.1	4,491	21.8	4,615	22.0	4,676	21.9	4,628	21.3
201-500% FPL	2,471	12.1	2,455	11.9	2,619	12.5	3,114	14.6	2,965	13.7
Above 500% FPL	83	0.4	70	0.3	72	0.3	92	0.4	65	0.3
Income not reported [c]	0	-	0	-	0	-	180	0.8	503	2.3
Primary Insurance										
Private	1,859	9.1	1,800	8.7	2,011	9.6	2,262	10.6	2,476	11.4
Public	11,563	56.5	11,481	55.6	11,570	55.0	11,514	53.8	11,914	54.9
No Insurance	6,963	34.0	7,277	35.3	7,374	35.1	7,534	35.2	7,224	33.3
Other	84	0.4	80	0.4	72	0.3	87	0.4	89	0.4
Current Housing Status										
Permanent	17,660	86.3	17,653	85.5	17,759	84.5	17,895	83.6	18,555	85.5
Institutional	850	4.2	799	3.9	779	3.7	715	3.3	557	2.6
Homeless [d]	1,437	7.0	1,604	7.8	1,832	8.7	2,210	10.3	2,121	9.8
Unknown/Unreported	522	2.6	582	2.8	657	3.1	577	2.7	470	2.2
History of Incarceration										
No history	16,586	81.0	16,764	81.2	17,063	81.2	17,374	81.2	17,681	81.5
Incarcerated within the last 24 months	1,781	8.7	1,734	8.4	1,821	8.7	1,793	8.4	1,698	7.8
Incarcerated over 2 years ago	1,958	9.6	1,896	9.2	1,843	8.8	1,815	8.5	1,904	8.8
Unknown/Unreported	144	0.7	244	1.2	300	1.4	415	1.9	420	1.9
HIV Exposure Category [e]										
MSM	13,520	66.1	13,720	66.5	14,207	67.6	14,432	67.5	14,747	68.0
Heterosexual	4,987	24.4	4,900	23.7	4,855	23.1	4,895	22.9	4,891	22.5
MSM-IDU	536	2.6	510	2.5	502	2.4	530	2.5	524	2.4
IDU	543	2.7	507	2.5	507	2.4	497	2.3	501	2.3
Other	351	1.7	314	1.5	277	1.3	275	1.3	263	1.2
Missing/No identified risk	532	2.6	687	3.3	679	3.2	768	3.6	777	3.6
Engaged in HIV Care in Reporting Year [h]	19,778	96.6	19,978	96.8	20,222	96.2	20,629	96.4	19,943	91.89
Retained in HIV Care in Reporting Year [i]	16,529	80.8	16,549	80.2	16,828	80.0	16,968	79.3	14,190	65.38
Viral Suppresion in Reporting Year [j]	16,825	82.2	17,126	83.0	17,538	83.4	17,881	83.6	17,626	81.21
Received ≥1 RWP-Supported Medical Visit in Year 30	6,278	30.7	5,475	26.5	5,930	28.2	6,320	29.5	5,653	26.05
Average Number of RWP Services per Client in Year 30, mean (range)	1.9 (1-10)		1.8 (1-12)		1.7 (1-10)		1.8 (1-10)		1.8 (1 - 9)	

Characteristic		Year 26 (03/01/2016-02/28/2017)		Year 27 (03/01/2017-02/28/2018)		Year 28 (03/01/2018-02/28/2019)		Year 29 (03/01/2019-02/28/2020)		Year 30 (03/01/2020-02/28/2021)	
		N	*%*	*N*	*%*	*N*	*%*	*N*	*%*	*N*	*%*
Total Clients		20,469	100.00	20,638	100.0	21,027	100.0	21,397	100.0	21,703	100.0
Residence Service Planning Area	**Residence Health District**										
Antelope Valley (1)		***291***	***1.4***	***284***	***1.4***	***407***	***1.9***	***460***	***2.1***	***455***	***2.10***
	Antelope Valley (5)	291	1.4	284	1.4	407	1.9	460	2.1	455	2.10
San Fernando (2)		***2,147***	***10.5***	***2,180***	***10.6***	***2,958***	***14.1***	***2,971***	***13.9***	***3,134***	***14.44***
	East Valley (19)	684	3.3	669	3.2	935	4.4	925	4.3	953	30.41
	Glendale (27)	191	0.9	195	0.9	274	1.3	292	1.4	383	12.22
	San Fernando (62)	234	1.1	251	1.2	367	1.7	360	1.7	370	11.81
	West Valley (86)	1,039	5.1	1,065	5.2	1,382	6.6	1,394	6.5	1,428	45.56
San Gabriel (3)		***1,097***	***5.4***	***1,165***	***5.6***	***1,563***	***7.4***	***1,565***	***7.3***	***1,646***	***7.58***
	Alhambra (3)	159	0.8	175	0.8	242	1.2	255	1.2	270	16.40
	El Monte (23)	336	1.6	343	1.7	464	2.2	444	2.1	459	27.89
	Foothill (25)	154	0.8	152	0.7	199	0.9	212	1.0	224	13.61
	Pasadena (50)	159	0.8	171	0.8	207	1.0	200	0.9	210	12.76
	Pomona (54)	289	1.4	324	1.6	451	2.1	454	2.1	483	29.34
Metro (4)		5,070	24.8	5,118	24.8	6,899	32.8	6,824	31.9	6,771	31.20
	Central (9)	1,912	9.3	1,875	9.1	2,536	12.1	2,552	11.9	2,509	37.06
	Hollywood-Wilshire (34)	2,581	12.6	2,658	12.9	3,581	17.0	3,505	16.4	3,478	51.37
	Northeast (47)	577	2.8	585	2.8	782	3.7	767	3.6	784	11.58
West (5)		434	2.1	441	2.1	673	3.2	719	3.4	729	3.36
	West (84)	434	2.1	441	2.1	673	3.2	719	3.4	729	100.00
South (6)		2,185	10.7	2,117	10.3	3,119	14.8	3,115	14.6	3,197	14.73
	Compton (12)	341	1.7	330	1.6	484	2.3	455	2.1	491	15.36
	South (69)	422	2.1	402	1.9	591	2.8	611	2.9	642	20.08
	Southeast (72)	411	2.0	405	2.0	546	2.6	573	2.7	582	18.20
	Southwest (75)	1,011	4.9	980	4.7	1,498	7.1	1,476	6.9	1,482	46.36
East (7)		1,231	6.0	1,172	5.7	1,559	7.4	1,516	7.1	1,586	7.31
	Bellflower (6)	236	1.2	221	1.1	302	1.4	264	1.2	271	17.09
	East LA (16)	270	1.3	260	1.3	344	1.6	351	1.6	362	22.82
	San Antonio (58)	514	2.5	487	2.4	641	3.0	642	3.0	685	43.19
	Whittier (91)	211	1.0	204	1.0	272	1.3	259	1.2	268	16.90
South Bay (8)		2,265	11.1	2,145	10.4	2,673	12.7	2,615	12.2	2,776	12.79
	Harbor (31)	201	1.0	193	0.9	251	1.2	253	1.2	305	10.99
	Inglewood (37)	566	2.8	542	2.6	771	3.7	799	3.7	893	32.17
	Long Beach (40)	1,323	6.5	1,241	6.0	1,364	6.5	1,291	6.0	1,230	44.31
	Torrance (79)	175	0.9	169	0.8	287	1.4	272	1.3	348	12.54
Missing	*Missing*	5,748	28.1	6,016	29.2	1,176	5.6	1,612	7.5	1,409	6.49

Data source: HIV Casewatch, as of 7/26/18 for Year 26, 7/6/18 for Year 27, 4/2/19 for Year 28 and 5/5/2020 for Year 29. Surveillance data as of 9/10/18 for Year 26 and 27, 4/20/19 for Year 28, 5/12/2020 for Year 29 and 5/7/2021 for Year 30

*Excludes clients with a missing, unknown, or negative HIV/AIDS status

[a]Other/Unknown includes more than one race and or race/ethncity not reported

[b]Other gender identity includes transgender men or another gender identity.

[c]Clients missing income received Permanent Supportive Housing (Housing for Health) services

[d]Defined as having non-permanent living situations, including homeless, transient or transitional

[e]MSM is men who have sex with men; IDU is injection drug use; Other includes hemophaelia/coagulation disorder, perinatal, transfusion, and other

[f]Defined by MAI as male MSM of color either 18-29 years old or 30 years old and older. Reported counts include all genders who match the other criteria

[g]Percentages are based on the total for the characteristic

[h]Defined as having ≥1 HIV laboratory test (viral load, CD4 or genotype test) reported in the reporting year

[i]Defined as having ≥2 HIV laboratory tests (viral load, CD4 or genotype test) reported at >90 days apart in the 12 months before the reporting period end

[j]Suppression defined as viral load <200 copies/ml at most recent test reported in the period. Clients with no viral load test reported in the period are categorized as not suppressed

Table 2: Number of Clients and Ryan White Program (RWP) Utilization by Service Category RWP Years Years 26-30 (03/01/2016 - 02/28/2021), Los Angeles, CA (provisional)

	Year 26 (03/01/2016-02/28/2017)		Year 27 (03/01/2017-02/28/2018)		Year 28 (03/01/2018-02/28/2019)		Year 29 (03/01/2019-02/28/2020)		Year 30 (03/01/2020-02/28/2021)	
Service Category	Unique Clients[a]	% of all RWP clients	Unique Clients[a]	% of all RWP clients	Unique Clients[a]	% of all RWP clients	Unique Clients[a]	% of all RWP clients	Unique Clients[a]	% of all RWP clients
Total Unduplicated Clients	**20,469**	**100**	**20,638**	**100**	**21,027**	**100**	**21,397**	**100**	**21,703**	**100**
Home-Based Case Management	**357**	**1.7**	**305**	**1.5**	**297**	**1.4**	**302**	**1.4**	**298**	**1.4**
Housing Services	**138**	**0.7**	**137**	**0.7**	**132**	**0.6**	**227**	**1.1**	**234**	**1.1**
Permanent Supportive Housing (H4H)[b]	*Not contracted*		*Not contracted*		*Not contracted*		*108*	*0.5*	147	0.7
Residential Care Facilities for the Chronically Ill	*107*	*0.5*	*101*	*0.5*	*97*	*0.5*	*90*	*0.4*	59	0.3
Transitional Residential Care Facilities	*31*	*0.2*	*39*	*0.2*	*36*	*0.2*	*35*	*0.2*	29	0.1
Language Services[c]	**5**	**0.0**	*Not in Casewatch*		*Not in Casewatch*		*Not in Casewatch*		*Not in Casewatch*	
Medical Case Management (Medical Care Coordination)	**4,705**	**23.0**	**5,972**	**28.9**	**7,326**	**34.8**	**7,356**	**34.4**	**8,350**	**38.5**
Medical Nutritional Therapy	**43**	**0.2**	**38**	**0.2**	**32**	**0.2**	**10**	**0.1**		
Medical Outpatient	**15,411**	**75.3**	**15,146**	**73.4**	**14,567**	**69.3**	**15,013**	**70.2**	**15,266**	**70.3**
Mental Health Services	**874**	**4.3**	**827**	**4.0**	**835**	**4.0**	**682**	**3.2**	**755**	**3.5**
Non-Medical Case Management	**6,466**	**31.6**	**5,644**	**27.3**	**3,482**	**16.6**	**4,688**	**21.9**	**5,044**	**23.2**
Benefits Specialty	*5,474*	*26.7*	*4,829*	*23.4*	*2,617*	*12.5*	*3,897*	*18.2*	4,567	21.0
Transitional CM - Jails	*851*	*4.2*	*786*	*3.8*	*813*	*3.9*	*805*	*3.8*	476	2.2
Linkage Case Management[b]	*152*	*0.7*	*6*	*0.0*	*Not contracted*		*Not contracted*		*Not contracted*	
Transitional CM Youth Program	*124*	*0.6*	*125*	*0.6*	*115*	*0.6*	*67*	*0.3*	*67*	*0.3*
Nutrition Support	**1,917**	**9.4**	**1,852**	**9.0**	**1,801**	**8.6**	**2,012**	**9.4**	**2,133**	**9.8**
Food Bank	*1,696*	*8.3*	*1,606*	*7.8*	*1,481*	*7.0*	*1,637*	*7.7*	1,728	8.0
Delivered Meals	*343*	*1.7*	*396*	*1.9*	*476*	*2.3*	*554*	*2.6*	579	2.7
Oral Health Care	**4,154**	**20.3**	**3,998**	**19.4**	**4,082**	**19.4**	**4,448**	**20.8**	**3,384**	**15.6**
General Oral Health	*3,845*	*18.8*	*3,537*	*17.1*	*3,657*	*17.4*	*4,115*	*19.2*	3,126	14.4
Specialty Oral Health	*3,456*	*16.9*	*3,413*	*16.5*	*3,375*	*16.1*	*3,678*	*17.2*	2,706	12.5
Outreach Services (Linkage and Re-Engagement Program)[d]	**38**	**0.2**	**108**	**0.5**	**112**	**0.5**	**113**	**0.5**	**15**	**0.1**
Substance Abuse Services - Outpatient[b]	**31**	**0.2**	**24**	**0.1**	**5**	**0.0**	*Not contracted*		*Not contracted*	
Substance Abuse Services - Residential	**398**	**1.9**	**302**	**1.5**	**140**	**0.7**	**115**	**0.5**	**112**	**0.5**
Rehabilitation[b]	*254*	*1.2*	*163*	*0.8*	*36*	*0.2*	*Not contracted*		*Not contracted*	
Detox[b]	*170*	*0.8*	*72*	*0.3*	*3*	*0.0*	*Not contracted*		*Not contracted*	
Transitional	*130*	*0.6*	*144*	*0.7*	*105*	*0.5*	*155*	*0.5*	*112*	*0.5*

Data source: HIV Casewatch, as of 07/06/18 for Year 27, 04/02/19 for Year 28, 5/12/2020 for Year 29 and 5/7/2021 for Year 30

*Excludes clients with a missing, unknown, or negative HIV/AIDS status

[a]The sum of clients served for all categories will exceed total number of RWP clients as clients may receive more than one service

[b]Permanent Supportive Housing (H4H) contract began Year 29; Linkage Case Management contract ended during Year 27; Substance Abuse Services - Outpatient contract ended after Year 28; Substance Abuse Service - Residential (Rehabilitation and Detox) ended after Year 28

[c]Language services not reported in Casewatch after Year 26

[d]Outreach services limited to clients receiving linkage/rengagement case management reported in HIV Casewatch. Total clients receiving LRP services were: 392 in Year 26, 592 in Year 27, 712 in Year 28, 598 in Year 29, Year 30 is delayed due to reassignment of staff to COVID-19.

Table 3a: Crosswalk Comparison of Ryan White Program (RWP) Priority Populations in Year 30[a] (N = 21,703)

Count *% of row population*	**Youth Aged 18-29**	**MSM of Color[b]**	**Women**	**Transgender Persons[c]**	**50 Years and Older**	**African Americans**	**PWID**	**Current Homeless-ness**	**Recently Incarcerated (Past 24M)**
Youth Aged 18-29	*2,398*	1,612 67.2%	191 8.0%	74 3.1%	-	759 31.7%	65 2.7%	356 14.9%	233 9.7%
MSM of Color[b]	1,612 13.9%	*11,582*	34 0.3%[d]	362 3.1%	4,132 35.7%	3,183 27.5%	344 3.0%	1,044 9.0%	799 6.9%
Women	191 7.4%	34 1.3%	*2,587*	-	1,376 53.2%	930 36.0%	99 3.8%	235 9.1%	134 5.2%
Transgender Persons[c]	74 15.8%	362 77.2%	-	*469*	148 31.6%	132 28.1%	17 3.6%	115 24.5%	82 17.5%
50 Years and Older	-	4,132 43.9%	1,376 14.3%	148 1.5%	*9,601*	2,244 23.4%	592 6.2%	663 6.9%	542 5.7%
African Americans	759 14.5%	3,183 60.9%	930 17.8%	132 2.5%	2,244 42.9%	*5,226*	241 4.6%	760 14.5%	677 13.0%
PWID	65 6.3%	344 33.6%	99 9.7%	17 1.7%	592 57.8%	241 23.5%	*1,025*	222 21.7%	224 21.9%
Current Homelessness	356 16.8%	1,044 49.2%	235 11.1%	115 5.4%	663 31.3%	760 35.8%	222 10.5%	*2,121*	505 23.8%
Recently Incarcerated (Past 24M)	233 13.7%	799 47.1%	134 7.9%	82 4.8%	542 31.9%	677 39.9%	224 13.2%	505 29.7%	*1,698*

[a] Limited to membership in two priority populations; a client could be in more than two priority populations as population defintions are not mutually exclusive
[b] MSM defined as PLWH who were male sex at birth and who have sex with men as primary risk category
[c] Includes 458 transgender women and 11 transgender men
[d] MSM of color reported includes all genders if MSM is the mode of transmission and race/ethnicity is not White

Table 3b. Estimated HIV Care Continuum Outcomes for RWP Priority Populations, Year 30 (N = 21,703)

	Engaged in Care[e]		**Retained in Care[f]**		**Virally Suppressed[g]**	
Youth Aged 18-29	2,146	89.5%	1,310	54.6%	1,814	75.7%
MSM of Color[b]	10,646	91.9%	7,518	64.9%	9,397	81.1%
Women	2,409	93.1%	1,750	67.7%	2,136	82.6%
Transgender Persons[c]	428	91.3%	317	67.6%	360	76.8%
50 Years and Older	8,997	93.7%	6,834	71.2%	8,224	85.7%
African Americans	4,693	89.8%	3,175	60.8%	3,944	75.5%
PWID	921	89.9%	650	63.4%	768	74.9%
Current Homelessness	1,868	88.1%	1,207	56.9%	1,417	66.8%
Recently Incarcerated (Past 24M)	1,520	89.5%	1,015	59.8%	1,149	67.7%
Total Clients	19,943	91.9%	14,190	65.4%	17,626	81.2%

[e] Engagement in Care defined as 1 ≥ viral load, CD4 or genotype test reported in the 12 month period based on HIV laboratory data as of 05/7/2021
[f] Retention in care defined as 2 ≥ viral load, CD4 or genotype test reported >30 days apart in the 12 month period based on HIV laboratory data as of 05/7/2021
[g] Viral suppression defined as most recent viral load test <200 copies/mL in the 12 month period based on HIV laboratory data as of 05/7/2021

Data Source: HIV CaseWatch data as of 05/05/2021
Excludes Ryan White services not recorded in HIV CaseWatch
Subpopulations are not mutually exclusive

Table 4: Clients Served and Units of Service for Ryan White Program (RWP) Services, RWP Year 30 (March 1, 2020-February 28, 2021), Los Angeles, CA (provisional)

Service Category	Unique Clients[a]	Percent of RWP Clients	Total Units[b]	Unit Definition	Units Per Client
Total Unduplicated Clients	**21,703**				
Home-Based Case Management	**298**	**1.37**	**98,487**	***Various***	**330**
Case Management	295	1.36	14,101	*Hours*	48
Homemaker	188	0.87	71,641	*Hours*	381
Nutrition	56	0.26	7,014	*Nutritional*	125
Psychotherapy CM	69	0.32	2,436	*Hours*	35
Attendant Care	13	0.06	3,287	*Hours*	253
Durable Medical Equipment	6	0.03	8	*Items of*	1
Housing Services	**234**	**1.08**	**59,538**	***Days***	**254**
Permanent Supportive Housing (H4H)	147	0.68	39,839	*Days*	271
Residential Care Facilities for the Chronically	59	0.27	14,926	*Days*	253
Transitional Residential Care Facilities	29	0.13	4,773	*Days*	165
Medical Care Coordination	**8,350**	**38.47**	**118,793**	***Hours***	**14**
Medical Outpatient[c,d]	**15,266**	**70.34**	**52,811**	***Visits***	**3**
Medical Outpatient	15,266	70.34	52,811	*Visits*	3
Supplemental AOM Procedures	10,814	49.83	253,526	*Procedures*	23
Mental Health Services	**755**	**3.48**	**5,590**	***Sessions***	**7**
Non-Medical CM	**5,044**	**23.24**	**18,201**	***Hours***	**4**
Benefits Specialty	4,567	21.04	16,413	*Hours*	4
Transitional CM-Jails	476	2.19	1,652	*Hours*	3
Transitional CM-Youth	49	0.23	136	*Hours*	3
Nutrition Support	**2,133**	**9.83**	**376,550**	***Various***	**177**
Delivered Meals	579	2.67	249,293	*Meals*	431
Food Bank	1,728	7.96	111,830	*Bags of*	65
Oral Health Care	**3,384**	**15.59**	**29,581**	***Procedures***	**9**
General Oral Health	3,126	14.40	18,837	*Procedures*	6
Specialty Oral Health	2,706	12.47	10,744	*Procedures*	4
Outreach Services (LRP Program)	**15**	**0.07**	**69**	***Hours***	**5**
Substance Abuse Services - Residential	**112**	**0.52**	**12,727**	***Days***	**114**

[a]The sum of clients served for all categories will exceed total number of RWP clients as clients may receive more than one service

[b]DHSP Service Category Total Units are a sum of the subservice units regardless of the unit definition

[c]Clients who received only Supplemental AOM Procedures in Medical Outpatient are not in the preceding Tables 1 and 2; they are not reimbursed by the same methods as the other services

[d]Medical Outpatient excludes clients who only received Supplemental AOM and all Supplemental AOM units. Totals including Supplemental AOM: 15,884 Unique Clients, 306,337 Total Units

All cost reimbursement services are reported, except MCC services not associated with enrollment

Ryan White Program Year 30
Care Utilization Data Summary

Wendy Garland, MPH
Division of HIV and STD Programs

July 21, 2021
COH Priorities, Planning and Allocations Committee

Presentation Overview:

- Ryan White (RWP) care utilization data sources, interpretations and limitations
- Trends in demographic and socio-economic characteristics of RWP clients
- Impact of COVID-19 on RWP service utilization
- HIV Care Continuum outcomes for RWP clients
- Overview of RWP service utilization by service category
- Q&A and Discussion

Where does the Utilization Report data come from?

DHSP subrecipients

- HIV Casewatch (DHSP local HIV data system)
- Electronic transfer of data files
- DHSP monthly reports (transportation, et)

DHSP/DPH staff

- STD Casewatch (DHSP local STD data system)
- Linkage Re-engagement Program ACCESS Database
- eHARS (HIV surveillance data system)

Data Limitations

- Timeliness and completeness of data reporting
- Not representative of PLWH outside of the RWP

Data Interpretation

County of Los Angeles Public Health

Can Address

- The estimated number of unduplicated RW clients served each reporting year
- How many clients enrolled/used each service
  - Disparities in utilization
- How many service units were provided
- HIV care continuum outcomes
- How services were utilized (in-person vs. telehealth)

Cannot Address

- What services clients need
- Where there are service gaps
- Why number of clients changes from one year to next
- The estimated number of PLWH without insurance
- Which service category has the best outcomes

Uses of the Utilization Data

- Program Monitoring and Evaluation/Planning
- To describe the extent to which RWP services are being used in LAC –this includes data all services that are **eligible to be paid for by DHSP** (“fundable”)
- Cost and Budget Analysis/Resource Expenditures and Allocations
  - To describe the cost of RWP services that are **paid for by DHSP** (“funded”) – a subset of those clients that received fundable services
- A comparison of clients receiving funded (N=15,266) vs fundable (N=21,703) reveal no significant socio-demographic differences between these group.

REFERENCES

- RWP Clients and Utilization Trends
  - Table 1: Characteristics of Clients from Year 26-Year 30
  - Table 2: Service Utilization from Year 26-Year 30
- Table 3: Priority Population Table (“Castillo Table”)
- Table 4: Service Utilization

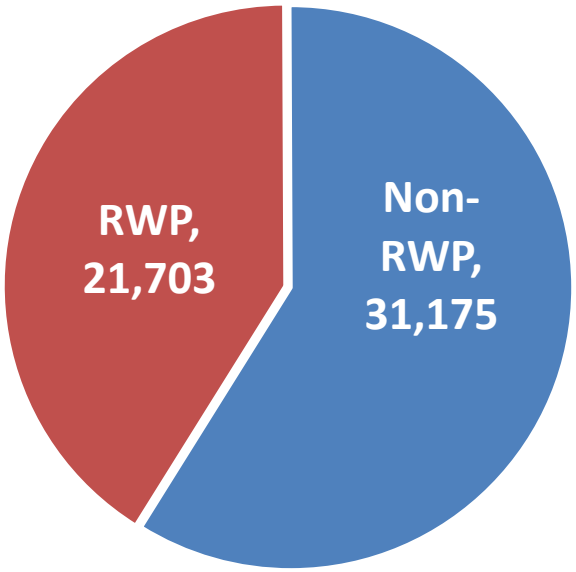
Characteristics of Ryan White Program Clients

Year 30 Los Angeles County Ryan White Program (RWP) Population

In Ryan White Year 30 (March 1, 2020 - February 28, 2021) **21,703** clients received at least one RWP core or support RWP services.

Approximately **2 out of every 5 people living with diagnosed HIV (PLWDH)** in LAC in 2020 received at least one RWP HIV service

RWP Utilization among PLWDH in LAC, 2020

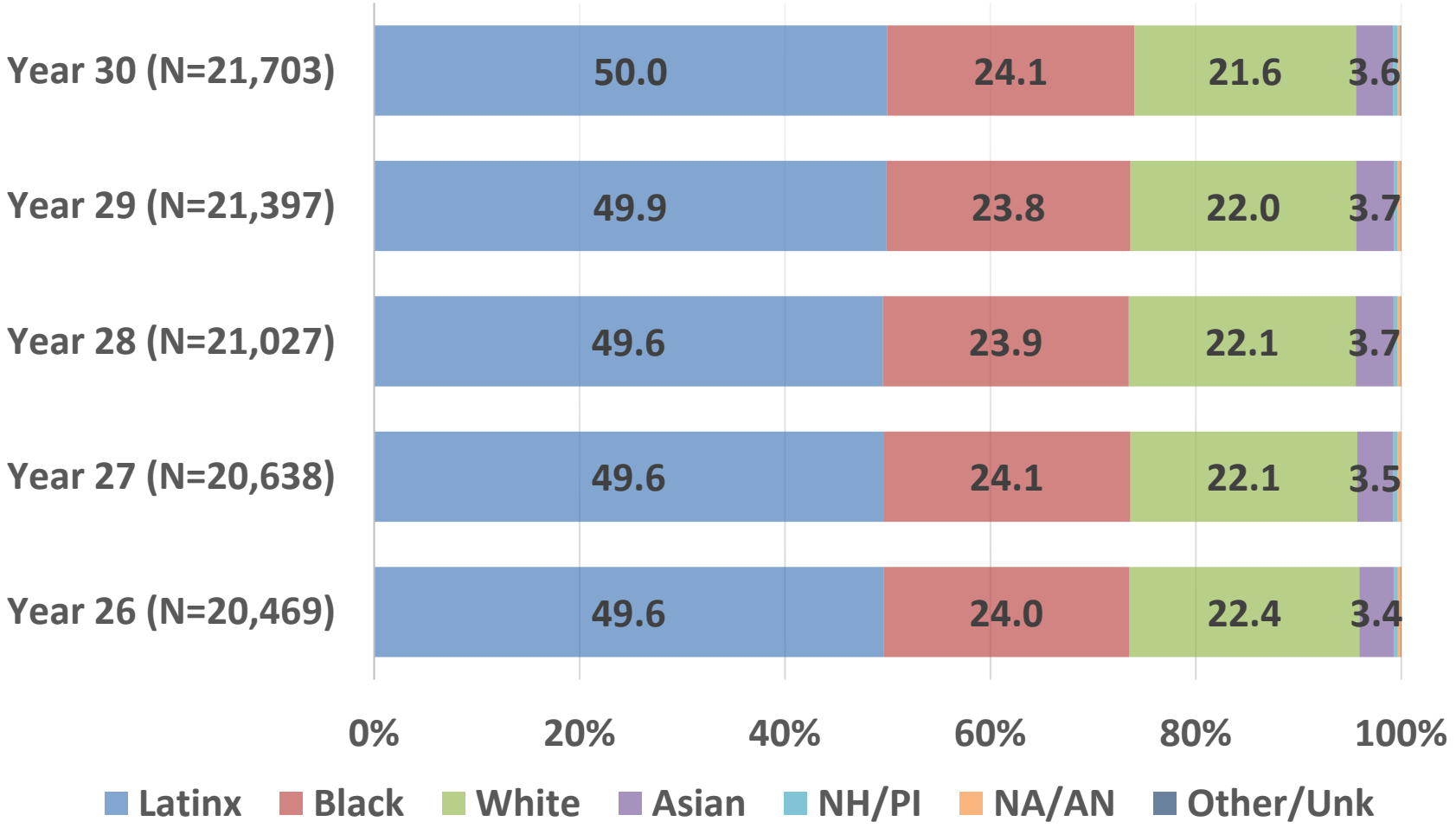


REFERENCE: Table 1. Ryan White Clients Receiving Fundable RW Services in RW Years 26-30

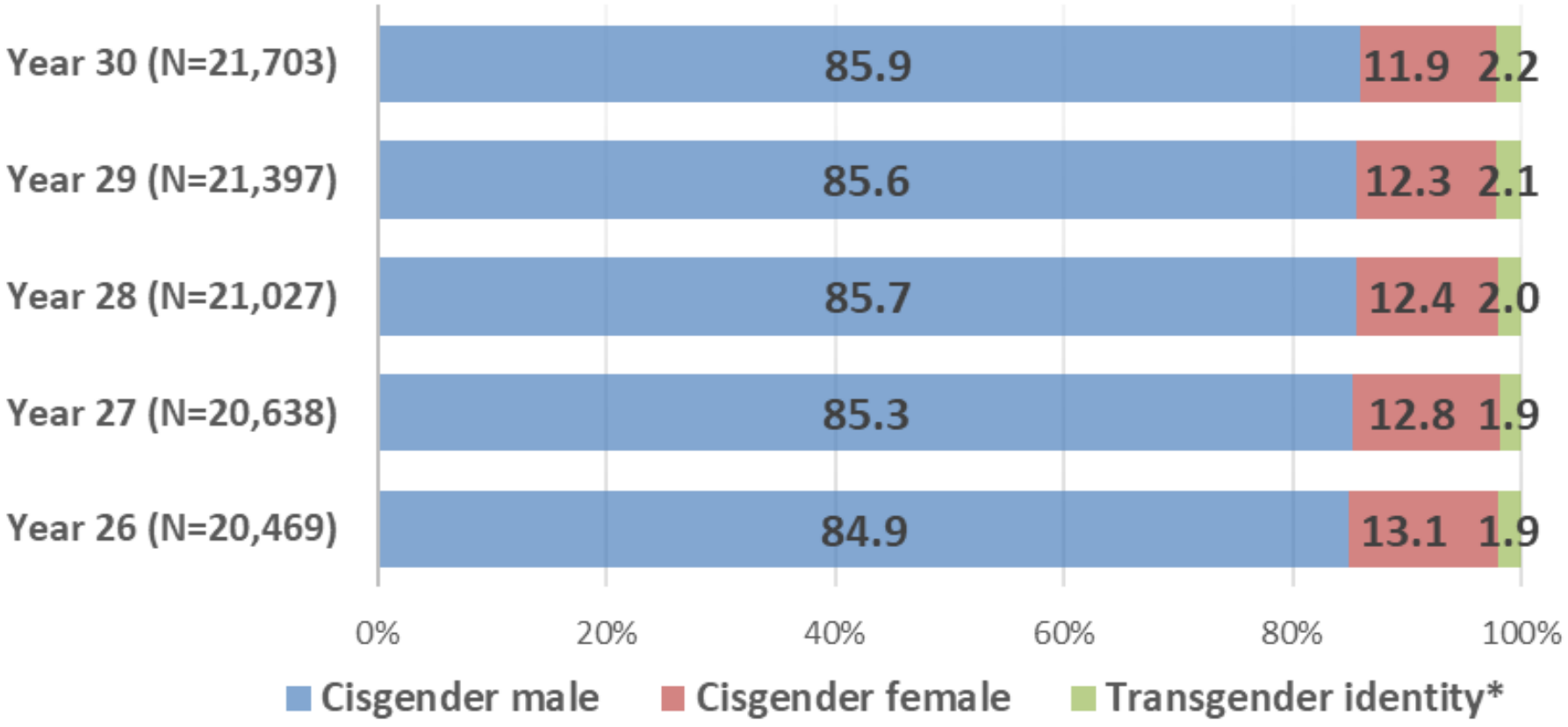
Table 1. Sociodemographic Characterisitics of and HIV Care Indicators for Clients Utilizing Ryan White Program (RWP) Services in RWP Years 26-30 (3/1/2016 - 2/28/2021), Los Angeles, California

Characteristic	Year 26 (03/01/2016-02/28/2017)		Year 27 (03/01/2017-02/28/2018)		Year 28 (03/01/2018-02/28/2019)		Year 29 (03/01/2019-02/28/2020)		Year 30 (03/01/2020-02/28/2021)	
	N	*%*	*N*	*%*	*N*	*%*	*N*	*%*	*N*	*%*
Total Clients	**20,469**	**100.0**	**20,638**	**100.0**	**21,027**	**100.0**	**21,397**	**100.0**	**21,703**	**100.0**
Race/Ethnicity										
White	4,580	22.4	4,552	22.1	4,644	22.1	4,696	22.0	4,679	21.6
Latinx	10,150	49.6	10,234	49.6	10,419	49.6	10,680	49.9	10,857	50.0
Black	4,904	24.0	4,968	24.1	5,033	23.9	5,083	23.8	5,226	24.1
Asian	690	3.4	725	3.5	774	3.7	783	3.7	775	3.6
Native Hawaiian/Pacific Islander	78	0.4	89	0.4	87	0.4	82	0.4	83	0.4
Native American/Alaska Native	57	0.3	64	0.3	60	0.3	60	0.3	65	0.3
Other/Unknown[a]	10	0.1	6	0.0	10	0.1	13	0.1	18	0.1
Gender										
Cisgender male	17,384	84.9	17,602	85.3	18,010	85.7	18,316	85.6	18,633	85.9
Cisgender female	2,689	13.1	2,640	12.8	2,605	12.4	2,628	12.3	2,587	11.9
Transgender woman	388	1.9	390	1.9	403	1.9	433	2.0	458	2.1
Another gender identity[b]	8	0.0	6	0.0	9	0.0	20	0.1	15	0.1

The majority of RWP clients were Latinx with little change over time

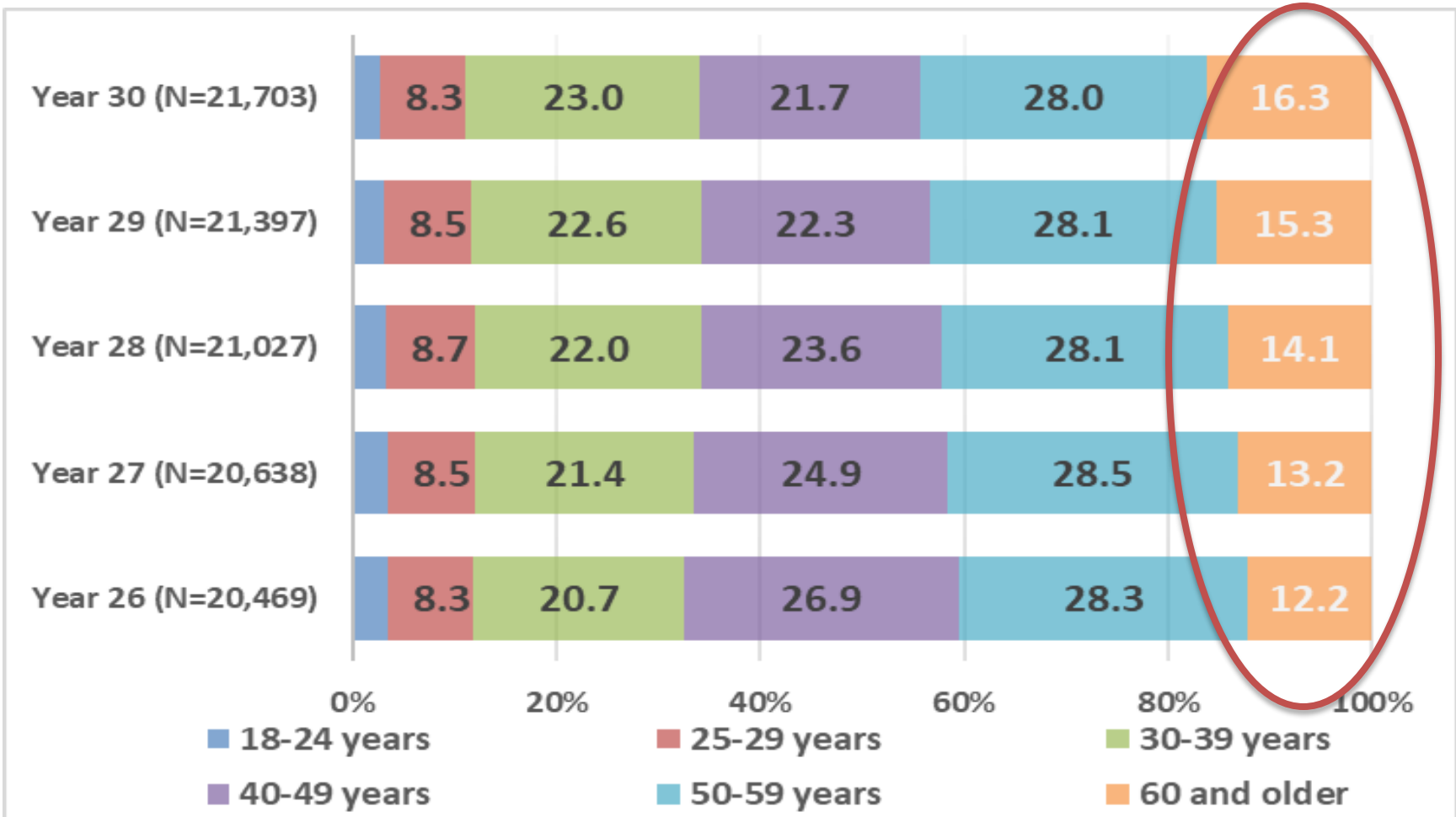


Majority of RWP clients were cisgender male with little change over time



*Includes transgender women, transgender men, other gender identity or gender not reported. In each year, transgender women represent ~95% of transgender RWP clients

From Year 26 to Year 30 the proportion of RWP clients aged 40-49 decreased while those 60 years and older increased



Note: Clients aged 13-17 represent <0.05% of RWP clients and are not shown on figure

- Increase in RWP clients experiencing homelessness
- Growing % of RWP clients reside in the top 3 HDs
- Increasing number MCC clients

		Year 26 N=20,469	Year 27 N=20,638	Year 28 N=21,027	Year 29 N=21,397	Year 30 N=21,703
Socio-economic Characteristics	Living ≤ 100% FPL	66%	66%	65%	62%	62%
	Uninsured	34%	35%	35%	35%	33%
	Spanish-speaking	28%	27%	27%	26%	26%
	Incarcerated ≤2 years	9%	8%	9%	8%	9%
	Experiencing homelessness	**7%**	**8%**	**9%**	**10%**	**10%**
HD of Residence	Hollywood-Wilshire	13%	13%	17%	16%	17%
	Central	9%	9%	12%	12%	12%
	Southwest	5%	5%	7%	7%	7%
Top 3 Services Utilized	Medical CM	**23%**	**29%**	**35%**	**34%**	**39%**
	Medical Outpatient	75%	73%	69%	70%	70%
	Non-Medical CM	32%	27%	17%	22%	23%

Questions and Discussion

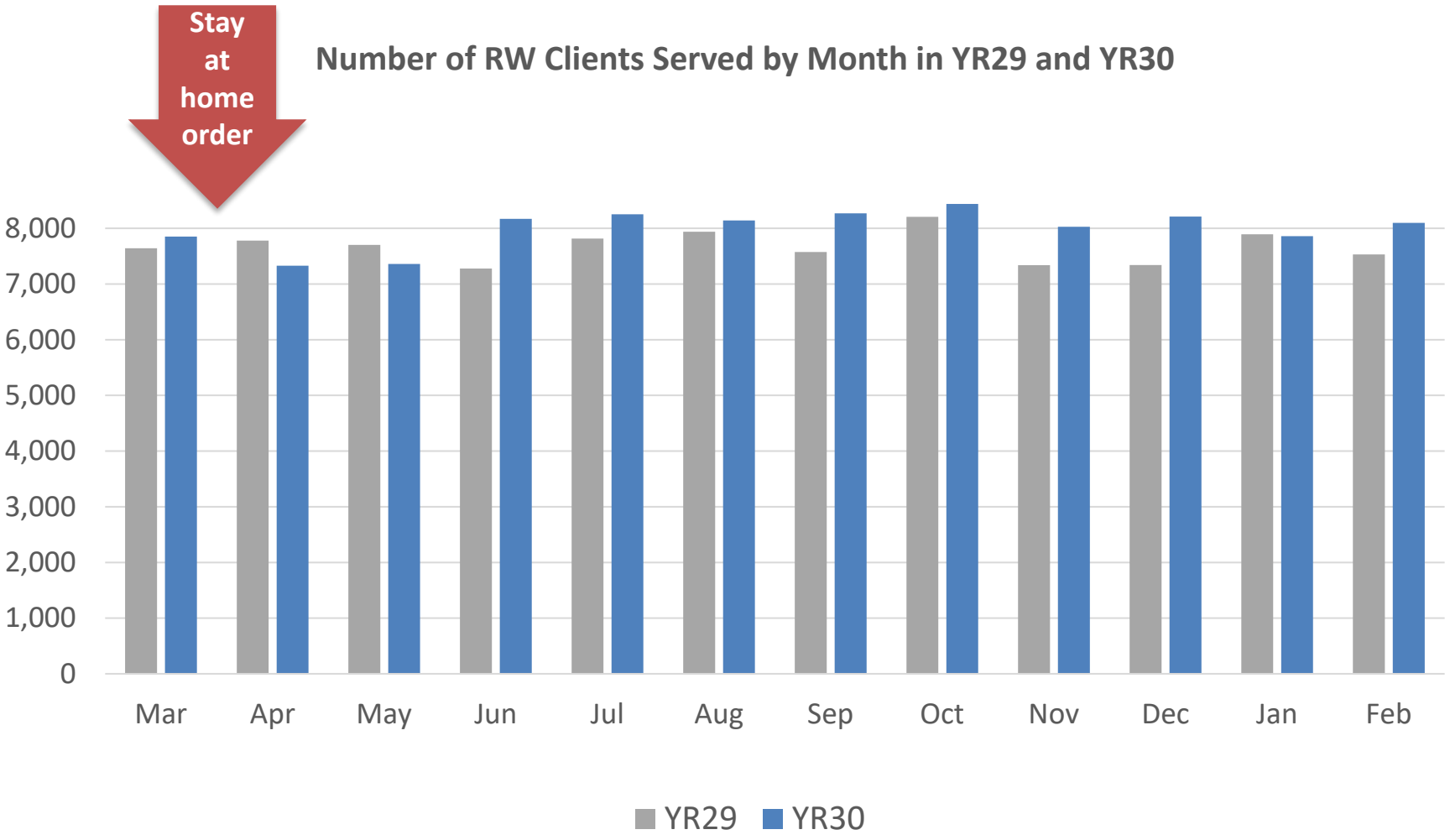
County of Los Angeles Public Health

Impact of COVID-19 on Utilization of Ryan White Program Services

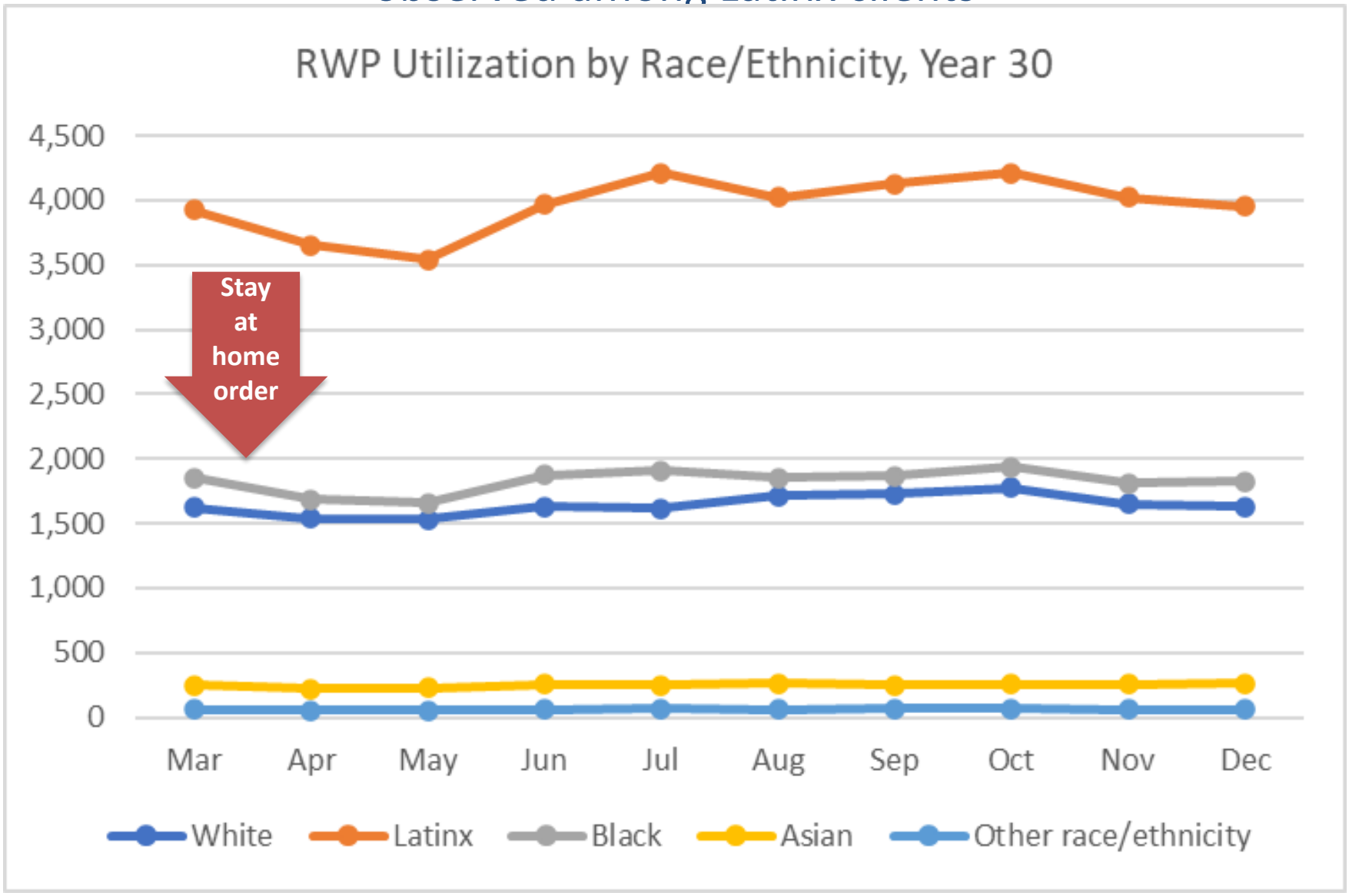
Impact of COVID-19 on RWP Service Utilization

- A monthly report was developed in early 2020 to monitor the impact of COVID-19 on RWP continuity
  - Compares year-to-date (YTD) data for Years 30 (March 2020-February 2021) and Year 29 (March 2019-February 2020)
  - Tracks changes in clients accessing services and types of services utilized
  - Monitor adoption of telehealth modalities and impact on service continuity during COVID-19 in Year 30

- Fewer RWP clients accessed services in April and May of Year 30 compared to Year 29 as a result of COVID-19

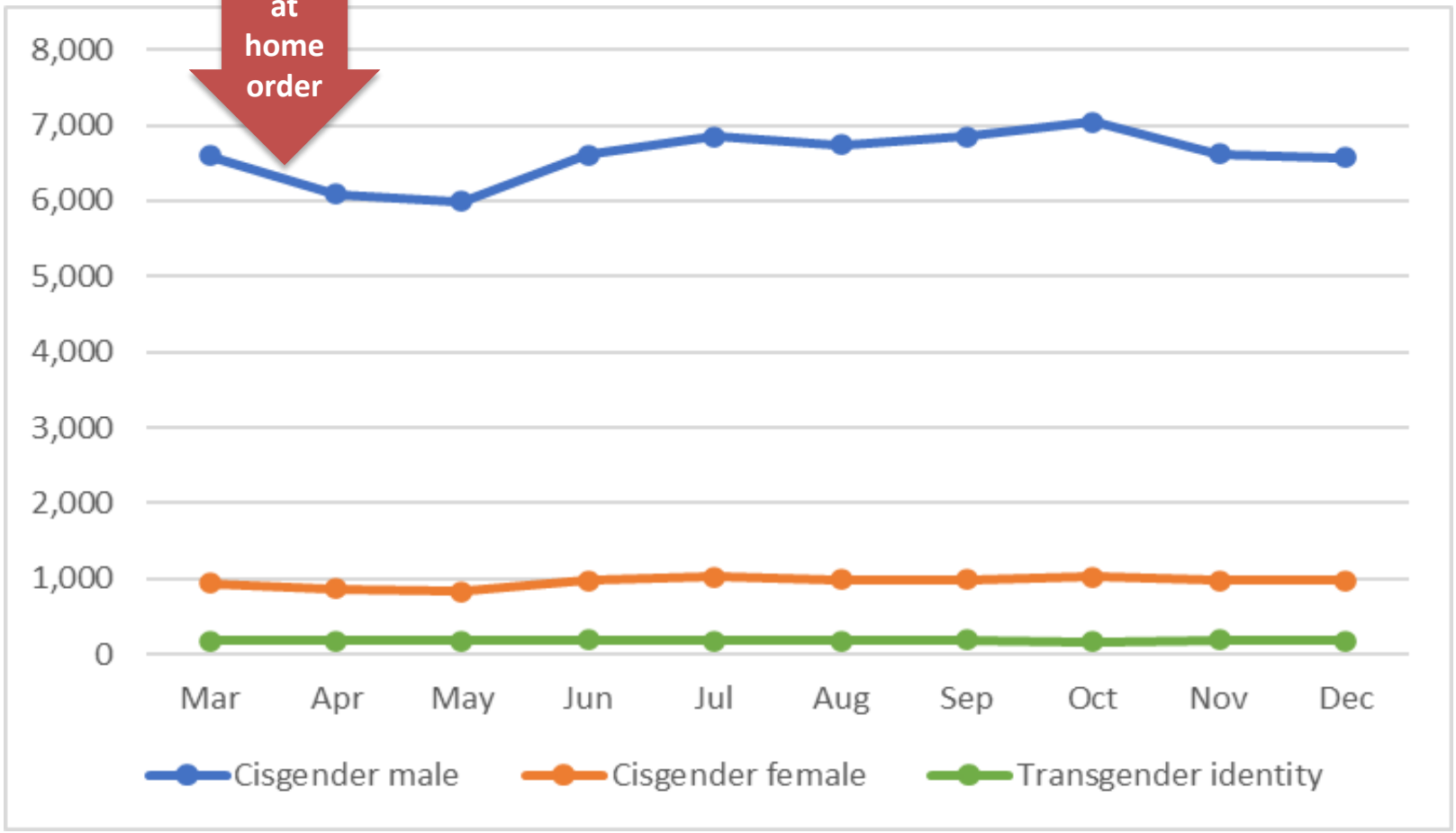


The highest variation in monthly utilization trends in Year 30 was observed among Latinx clients



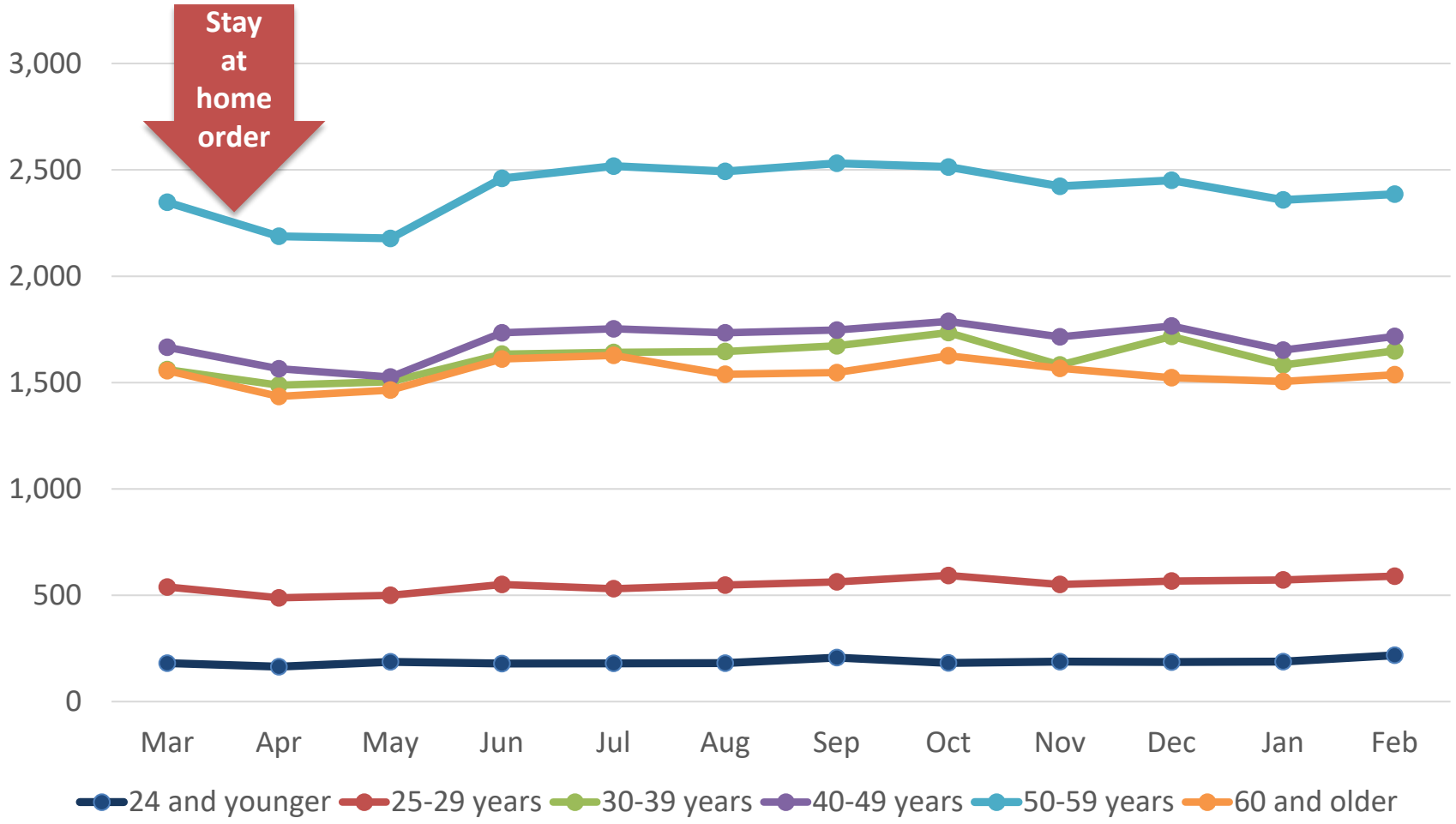
Utilization patterns mainly stable by gender identity

Fluctuation in use among cisgender males likely because they are the largest population

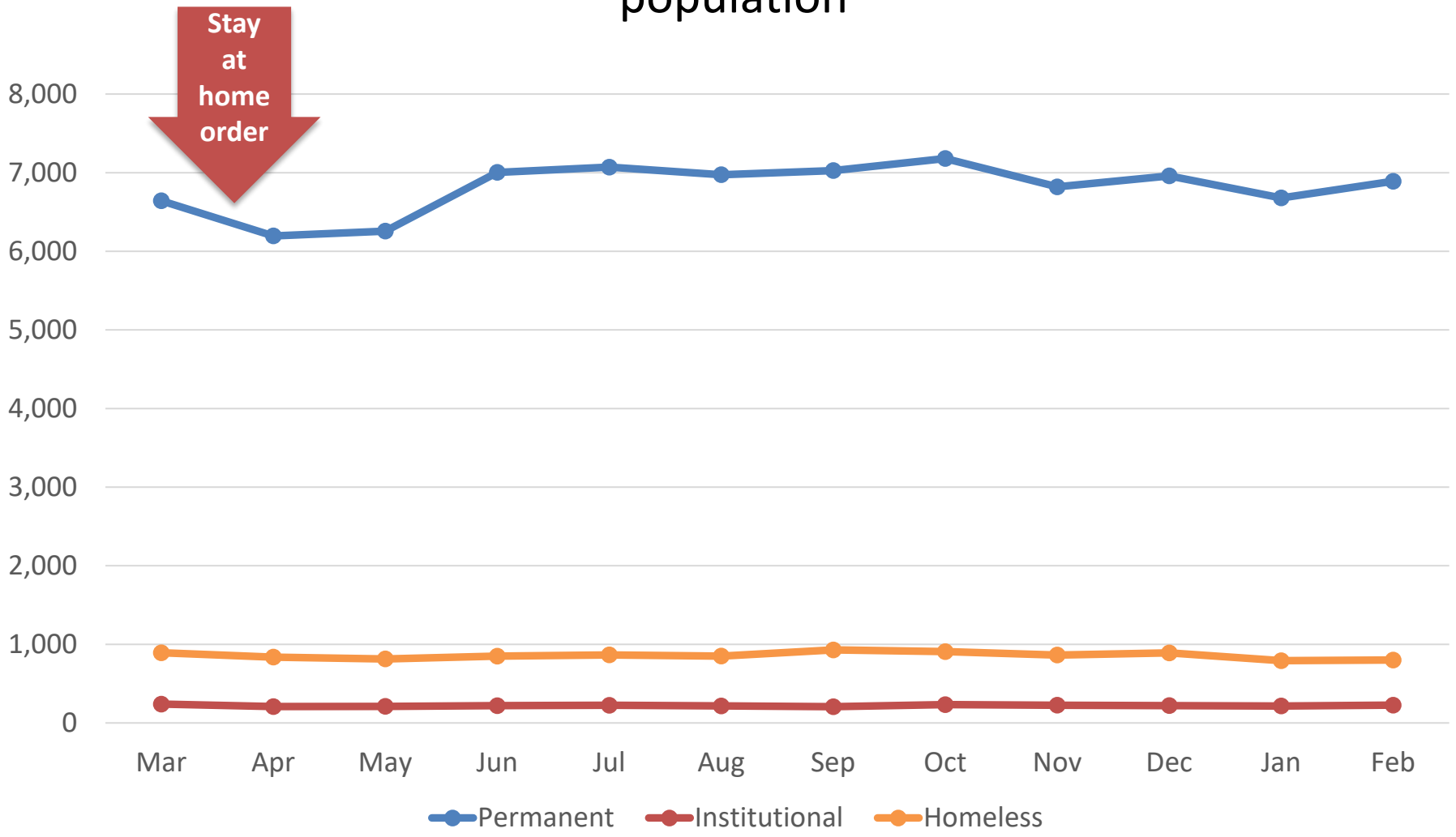


Note: Transgender identity includes Year 30 clients who identified as a transgender women, transgender men, or an unspecified transgender identity

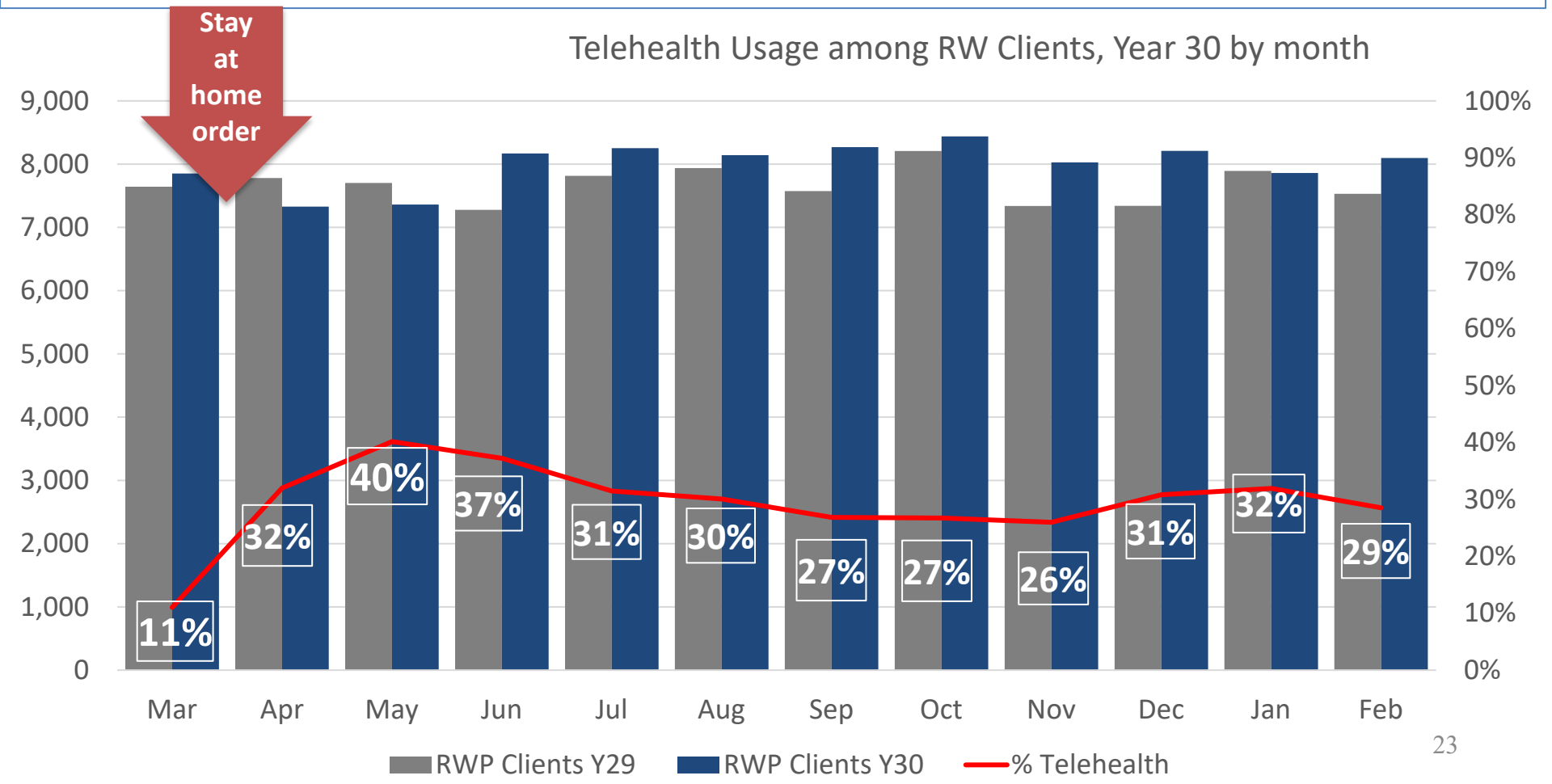
Similar patterns of RWP use by age group in Year 30 with fluctuations most visible among largest populations –those groups 30 and older



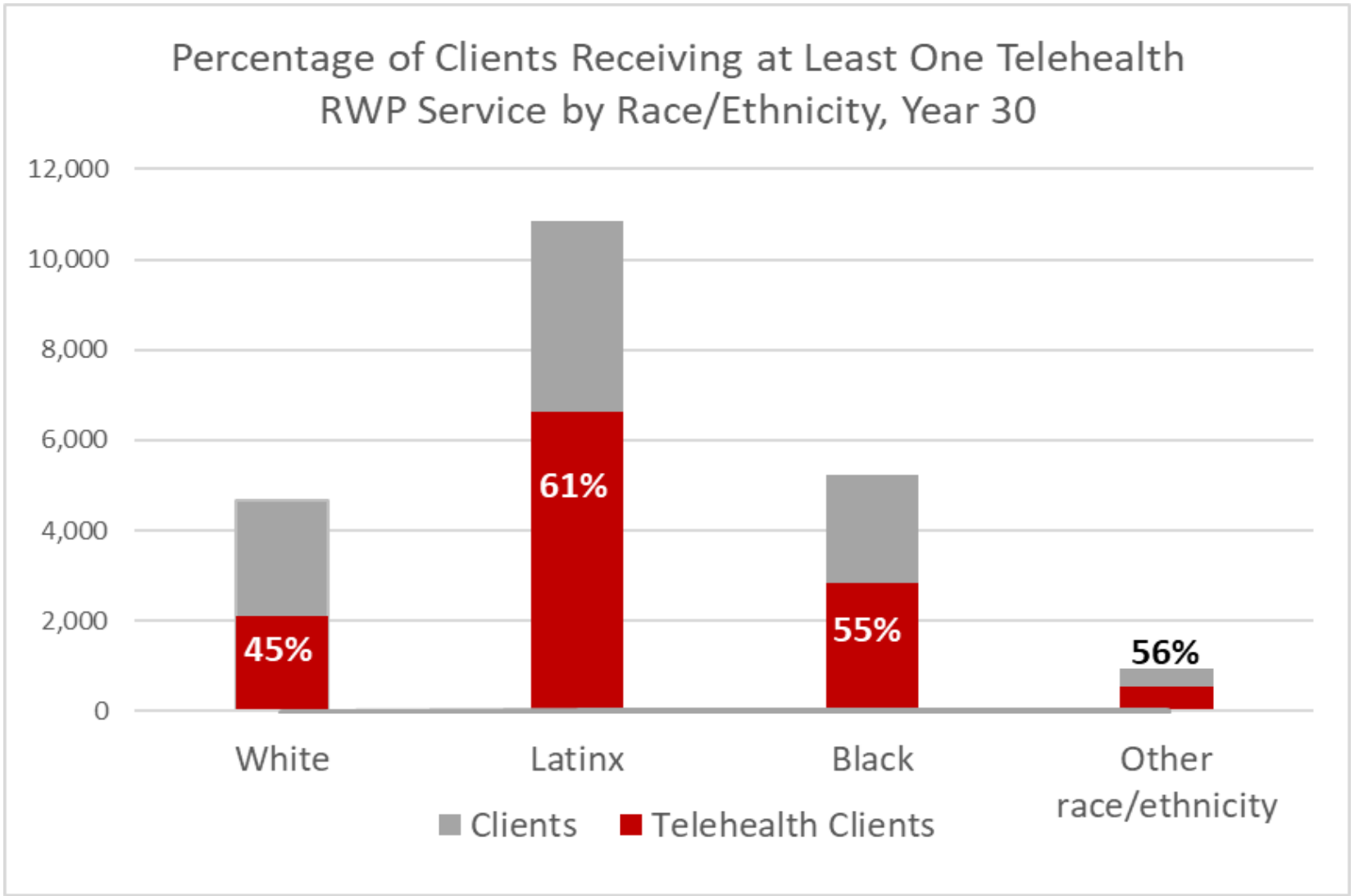
Similar patterns of RWP use by housing status in Year 30 with fluctuations most visible among housed clients - largest population



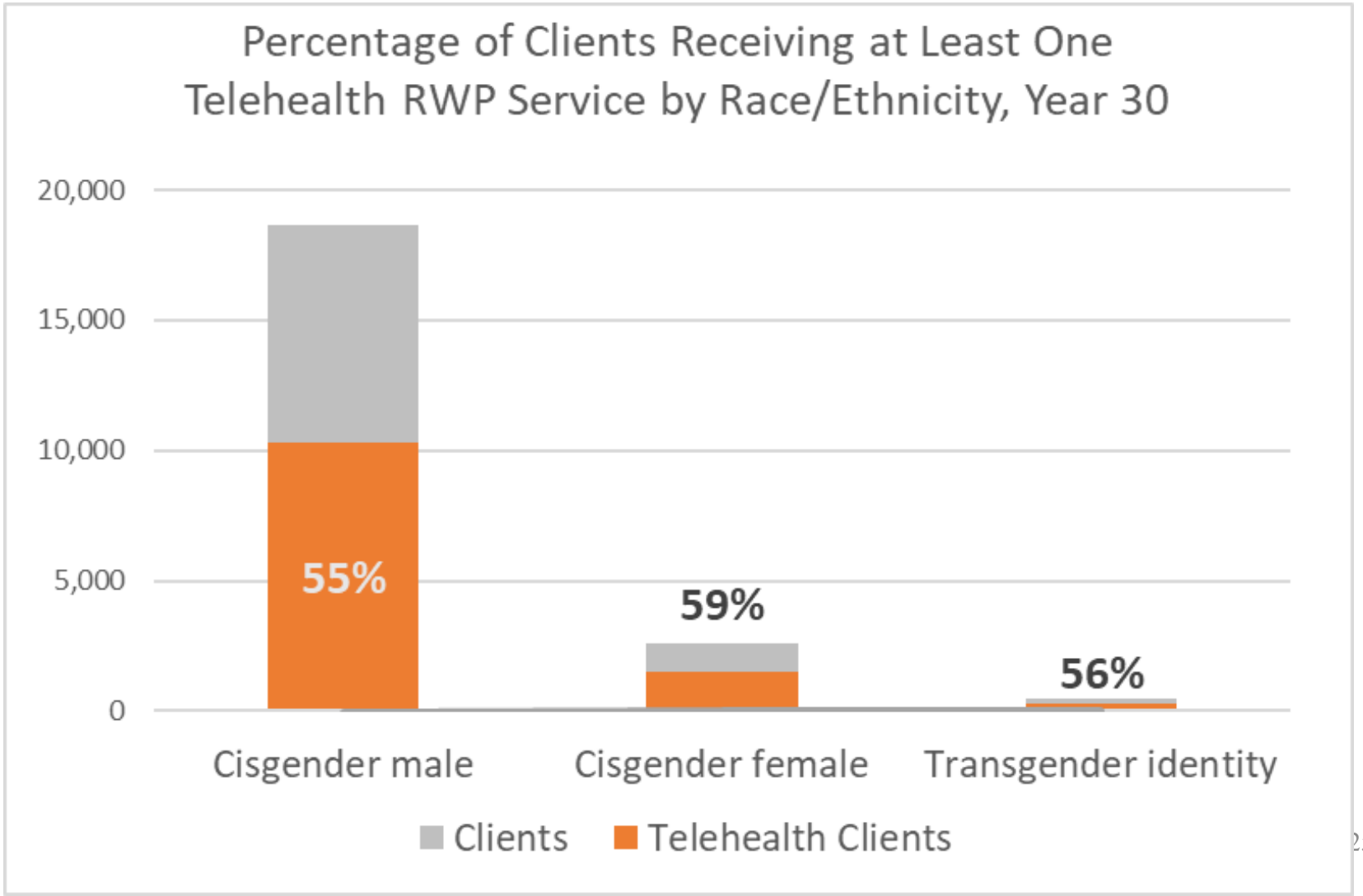
- Fewer RWP clients accessed services in April, May and January of Year 30 compared to Year 29
- Approximately 1 out of 2 (56%) of RW clients received a RWP service via in Year 30.
- The percentage of RWP clients getting service by telehealth increased from 11% in March to 40% in May



Largest percentage of clients receiving at least one telehealth service were Latinx (61%), followed by Blacks (55%), the lowest was among Whites (45%)

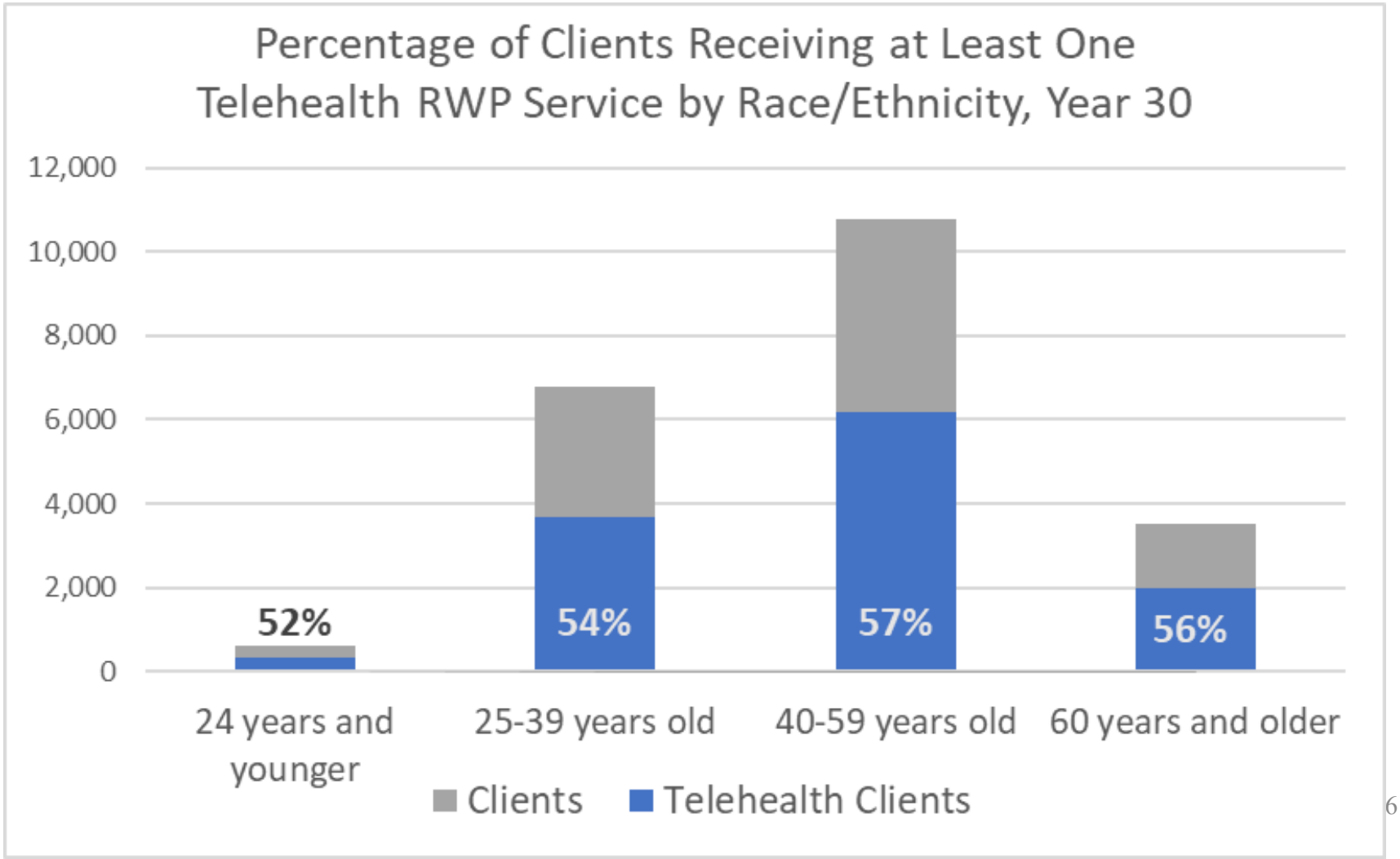


While high across all gender categories, a slightly higher percentage of cisgender females compared to cisgender males and transgender clients used services through telehealth

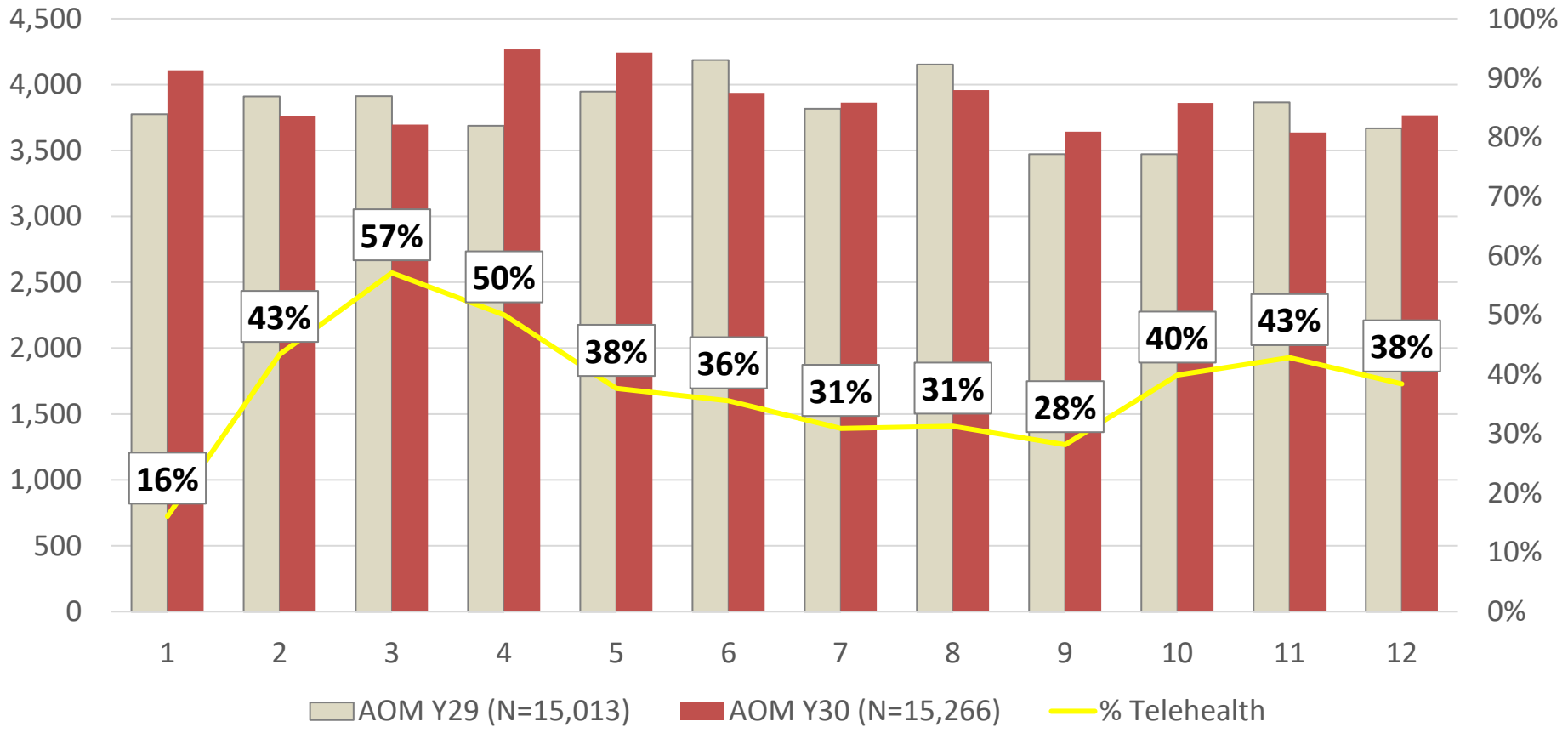


Highest telehealth use was among clients aged 40-59 (57%) and 60 (55%)

Lowest telehealth use was among clients 24 years old and younger (52%)

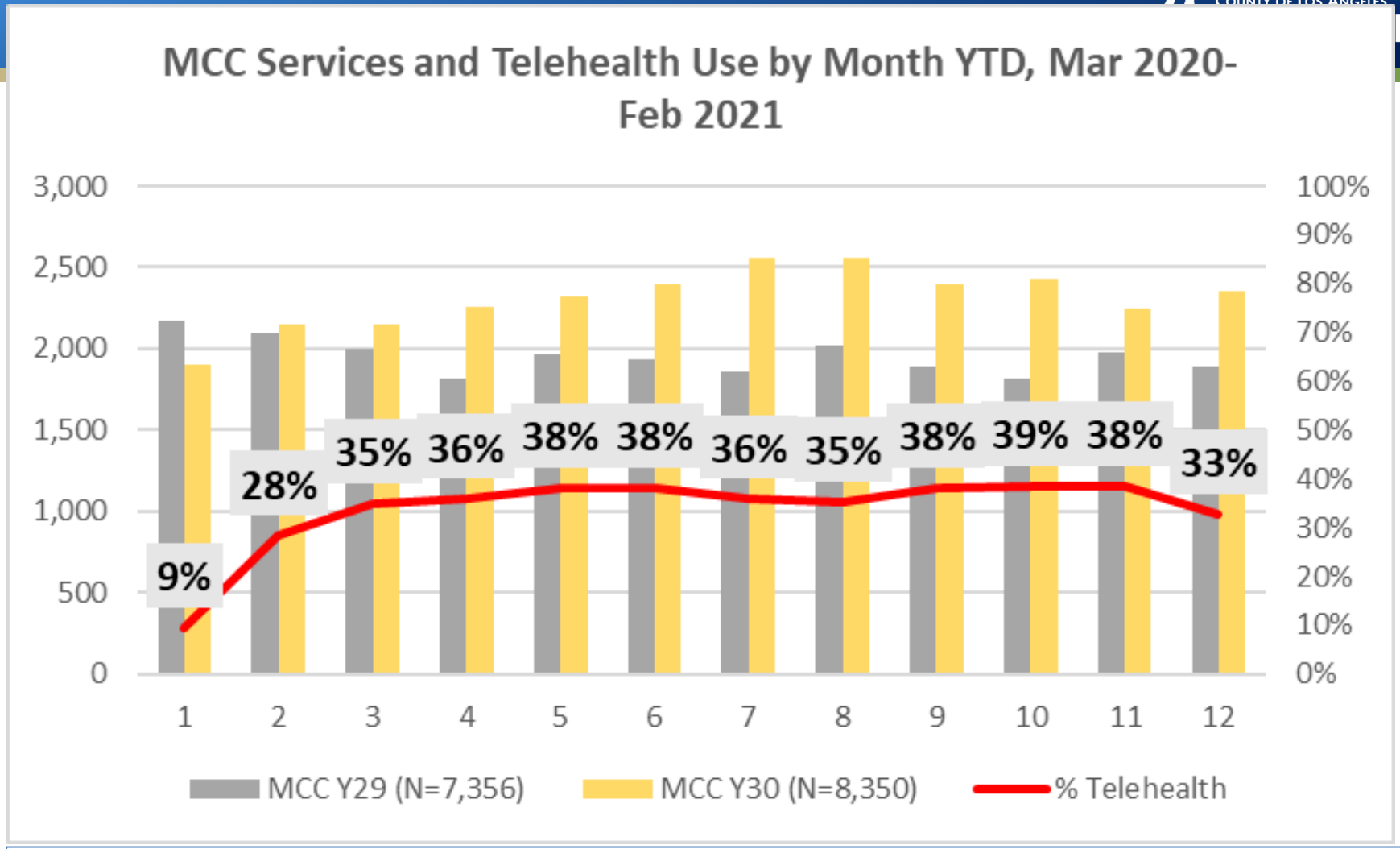


Ambulatory Outpatient Medical Services and Telehealth Use, Mar 2020-Feb 2021



Approximately 1 in 2 AOM clients used on AOM service via telehealth (56%) in Year 30

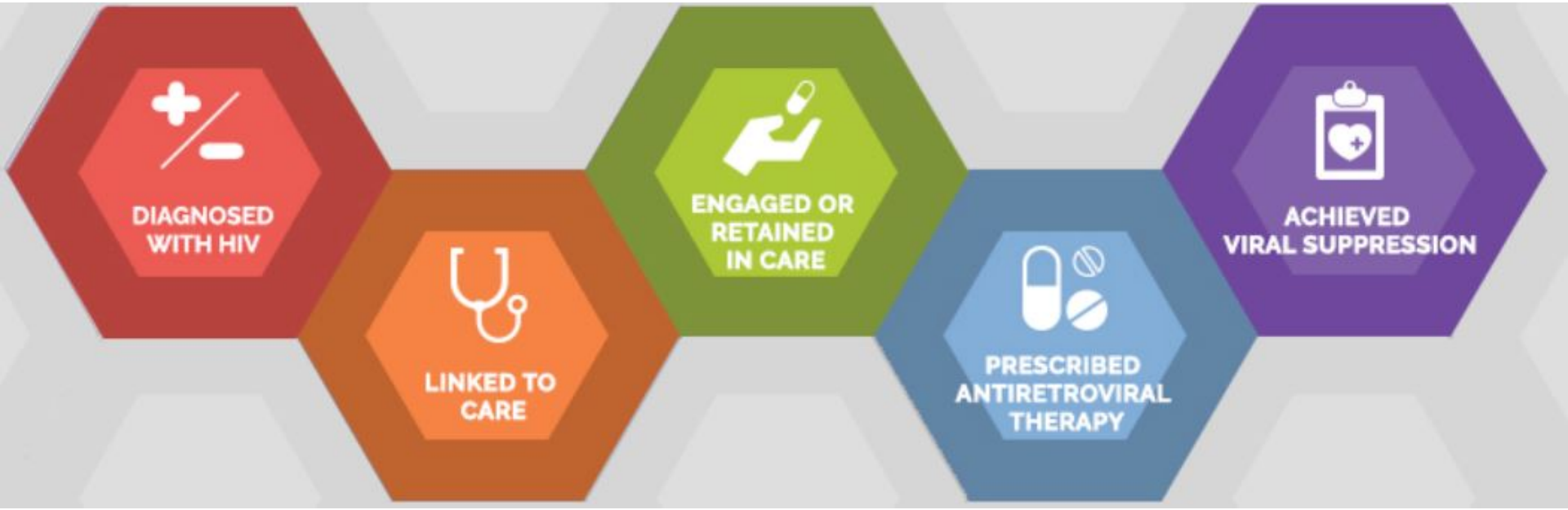
Telehealth was a critical strategy to promote continuity of medical care for RWP clients during COVID-19



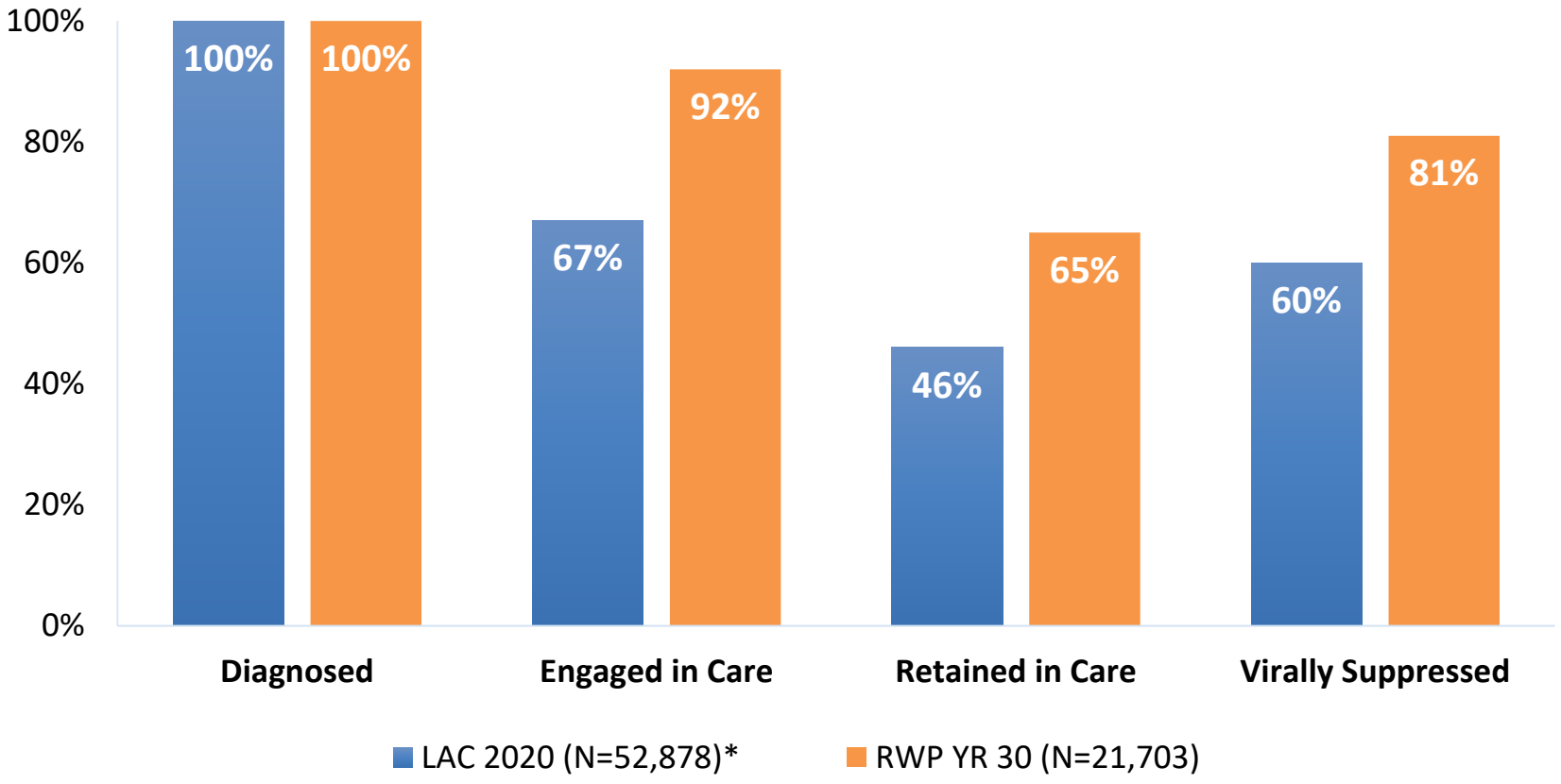
- Approximately 1 in 2 MCC clients accessed at least one service via telehealth (51%)
- While number of MCC clients was lower in March 2020 compared to 2019 due to COVID-19, the number of clients using MCC services exceed the Year 29 all other months
- High percentages of clients using telehealth services have steady since May 2020

Questions and Discussion

HIV Care Continuum Outcomes



Engagement, retention in care and viral suppression was higher among RWP clients compared to all PLWH in LAC

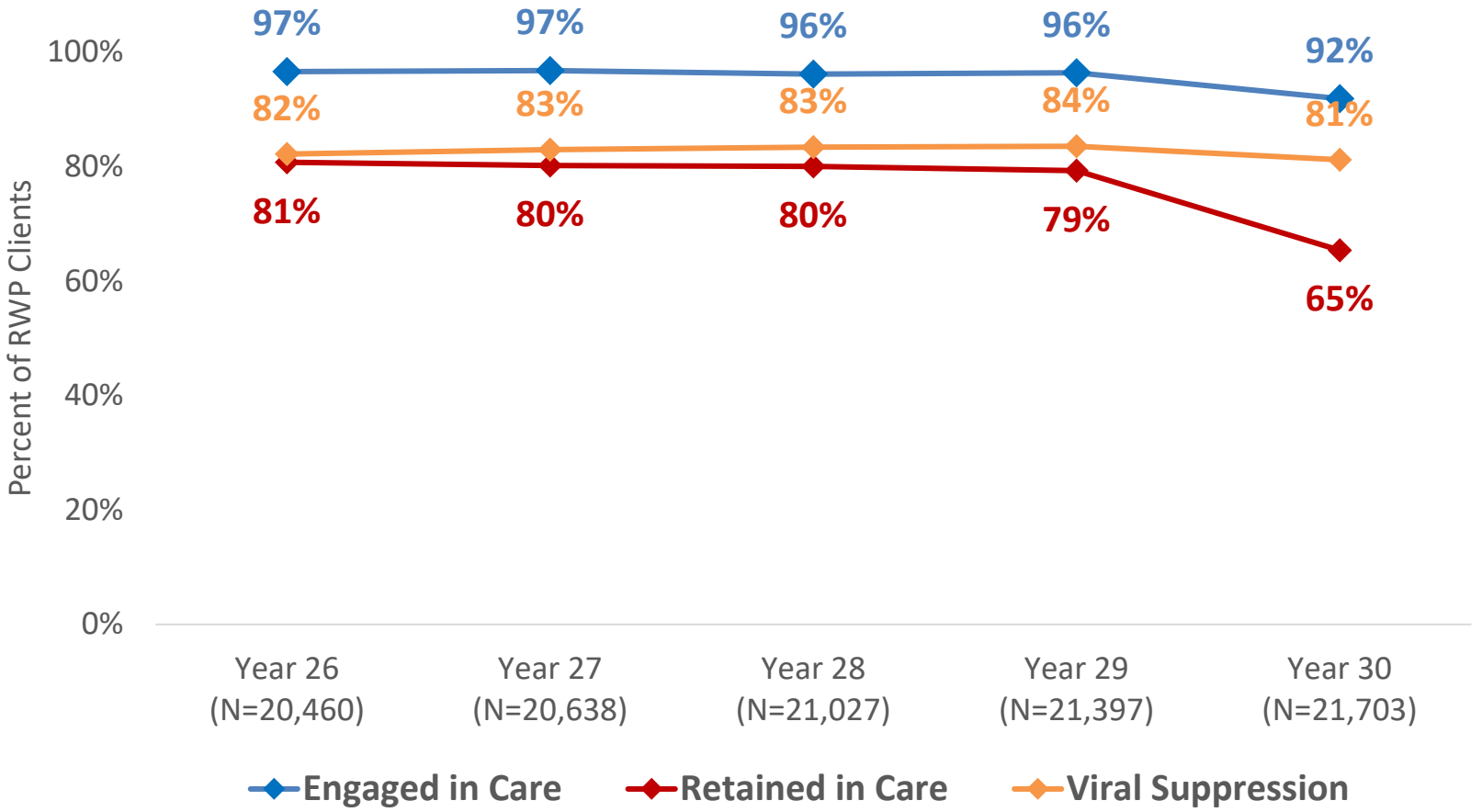


Note: LAC surveillance data is for Jan-Dec 2020 and RWP data is Mar 2020-Feb 2021
*Source: Los Angeles County HIV Surveillance Program

HIV Continuum Outcomes

HIV laboratory tests, like viral load, are used to estimate HIV continuum outcomes

Decrease in all HIV continuum outcomes in Year 30 likely due impact of COVID-19 on access to care



Engaged in Care: % of clients with ≥1 HIV lab test (VL, CD4 or genotype reported in each RW year)
Retained in Care: % of clients with ≥2 HIV lab tests ≥ 3 months apart reported in each RW year
Viral Suppression: % of clients with most recent VL test<=200 copies/ml reported in each RW year. Clients with no VL test are assumed to have unsuppressed VL.

VS was highest among older clients and lowest among those experiencing homelessness or recently incarcerated

RiC and VS fall short targets across all priority populations and in the RWP

	Total Clients	Engagement in Care[a]	Retention in Care[b]	Viral Suppression[c]
Men Who Have Sex with Men[d]	11,582	92%	65%	81%
Clients aged 50 Years and Older	9,601	94%	71%	86%
African American Clients	5,226	90%	61%	75%
Youth (Clients Aged 18-29)	2,398	89%	55%	76%
Currently Experiencing Homelessness	2,121	88%	57%	67%
Recently Incarcerated (Past 24M)	1,698	90%	60%	68%
Transgender Clients[e]	469	91%	68%	77%
All RWP	**21,703**	**92%**	**65%**	**81%**
Local* and 2025/2030 EHE Targets**	**--**	**--**	**90%***	**95%****

[a] *Defined as 1 ≥ HIV lab tests (viral load, CD4 or genotype test) reported in the 12 month period as of 05/7/2021*

[b] *Defined as ≥ 2 HIV lab tests reported >30 days apart in the 12 month period as of 05/7/2021*

[c] *Defined as viral load test <200 copies/mL at most recent test in the 12 month period as of 05/7/2021*

[d] *Defined as clients with male sex at birth, a non-White race/ethnicity, and MSM as primary HIV exposure category*

[e] *Includes 458 transgender women and 11 transgender men*

Overview of RW Year 30 Utilization Data by Service Category

Year 30 RW Part A, Part B, and MAI Core and Support Services

County of Los Angeles Public Health

Core Services

1. Medical Case Management (MCC)
2. Outpatient/Ambulatory Health Services
3. Oral Health
4. Home and Community Based Case Management
5. Early Intervention Services*
6. Mental Health Services

Support Services

1. Housing Services
2. Non-Medical Case Management (NMCM)
3. Food Bank/Home Delivered Meals
4. Outreach Services (Linkage and Re-engagement Program, Partner Services)*
5. Substance Use Residential
6. Medical Transportation*
7. Professional Services/Legal*
8. Emergency Financial Assistance*

**Not currently reported in HIV Casewatch, data pending*

REFERENCE: Table 2. Number of Clients Served and Ryan White Program (RWP) Utilization by Service Category RWP Years 26-30 (03/01/2016 - 02/28/2021)

Table 2: Number of Clients and Ryan White Program (RWP) Utilization by Service Category RWP Years Years 26-30 (03/01/2016 - 02/28/2021), Los Angeles, CA

	Year 26 (03/01/2016-02/28/2017)		Year 27 (03/01/2017-02/28/2018)		Year 28 (03/01/2018-02/28/2019)		Year 29 (03/01/2019-02/28/2020)		Year 30 (03/01/2020-02/28/2021)	
Service Category	**Unique Clients[a]**	**% of all RWP clients**	**Unique Clients[a]**	**% of all RWP clients**	**Unique Clients[a]**	**% of all RWP clients**	**Unique Clients[a]**	**% of all RWP clients**	**Unique Clients[a]**	**% of all RWP clients**
Total Unduplicated Clients	**20,469**	**100**	**20,638**	**100**	**21,027**	**100**	**21,397**	**100**	**21,703**	**100**
Home-Based Case Management	**357**	**1.7**	**305**	**1.5**	**297**	**1.4**	**302**	**1.4**	**298**	**1.4**
Housing Services	**138**	**0.7**	**137**	**0.7**	**132**	**0.6**	**227**	**1.1**	**234**	**1.1**
Permanent Supportive Housing (H4H)[b]	*Not contracted*		*Not contracted*		*Not contracted*		*108*	*0.5*	147	0.7
Residential Care Facilities for the Chronically Ill	*107*	*0.5*	*101*	*0.5*	*97*	*0.5*	*90*	*0.4*	59	0.3
Transitional Residential Care Facilities	*31*	*0.2*	*39*	*0.2*	*36*	*0.2*	*35*	*0.2*	29	0.1
Language Services[c]	**5**	**0.0**	*Not in Casewatch*		*Not in Casewatch*		*Not in Casewatch*		*Not in Casewatch*	
Medical Case Management (Medical Care Coordination)	**4,705**	**23.0**	**5,972**	**28.9**	**7,326**	**34.8**	**7,356**	**34.4**	**8,350**	**38.5**

Medical Case Management (Medical Care Coordination) - Array of services to facilitate and support access and adherence to HIV primary medical care and to enhance patients' capacity to manage their HIV disease (*31% of total service units were via telehealth in Year 30*)

Service Category	Unique Clients Served	Service Unit(s)	Total Service Units	Units Per Client
MCC	8,350 (Yr 29: 7,356)	Hours	118,793 (Yr 29: 96,511)	14 (Yr 29: 13)

Funding Sources: Part A, MAI, NCC

Outpatient/Ambulatory Health Services - Primary health care services (*9% of total service units were via telehealth in Year 30*)

Service Category	Unique Clients Served	Service Unit(s)	Total Service Units	Units Per Client
Medical Outpatient	15,266 (Yr 29: 15,013)	Clinic visits	52,811 (Yr 29: 51,033)	3 (Yr 29: 3)

Funding Source: Part A

Oral Health Services - General and endodontic oral health services (*2% of clients received at least 1 telehealth service in Year 30*)

Service Category	Unique Clients Served	Service Unit(s)	Total Service Units	Units Per Client
Oral Health (Overall)	**3,384 (Yr 29: 4,448)**	**Procedures**	**29,581 (Yr 29: 42,913)**	**9 (Yr 29: 10)**
General	3,126 (Yr 29: 4,115)	Procedures	18,837 (Yr 29: 26,122)	6 (Yr 29: 6)
Specialty	2,706 (Yr 29: 3,678)	Procedures	10,744 (Yr 29: 16,791)	5 (Yr 29: 5)

Funding Source: Part A

Home and Community Based Case Management (CM) - Skilled health services in the client's home (*telehealth – 2% of total service units were via telehealth in Year 30*)

Service Category	Unique Clients Served	Service Unit(s)	Total Service Units	Units Per Client
Home and Community Based CM	298 (Yr 29: 302)	Hours Nutritional supplements Medical equipment	98,487 (Yr 29: 91,536)	330 (Yr 29: 303)

Mental Health Services- outpatient psychological and psychiatric services (*25% of total service units were via telehealth in Year 30*)

Service Category	Unique Clients Served	Service Unit(s)	Total Service Units	Units Per Client
Mental Health Services	755 (Yr 29:682)	Sessions	5,590 (Yr 29: 4,332)	7 (Yr 29: 6)

Funding Source: Part A

Support Services

County of Los Angeles Public Health

Housing Services - Provide permanent supportive housing with case management, short-term transitional and residential care facilities and related support (*NO telehealth*)

Service Category	Unique Clients Served Yr 30 (Yr 29)	Service Unit(s)	Total Service Units	Units Per Client
Housing (Overall)	**234 (Yr 29: 227)**	**Days**	**59,538 (Yr 29: 49,212)**	**254 (Yr 29: 217)**
Permanent Supportive Housing	147 (Yr 29: 108)	Days	39,839 (Yr 29: 22,772)	271 (Yr 29: 211)
Residential Care for the Chronically Ill	59 (Yr 29: 90)	Days	14,926 (Yr 29: 20,276)	253 (Yr 29: 225)
Transitional Residential Care Facilities	29 (Yr 29: 35)	Days	4,773 (Yr 29: 6,164)	165 (Yr 29: 176)

Funding Sources: Part A, MAI, Part B

Non-Medical Case Management - Assist with eligibility, linkage and engagement in HIV care and support services (*15% of total service units were via telehealth in Year 30*)

Service Category	Unique Clients Served	Service Unit(s)	Total Service Units	Units Per Client
Non-Medical CM (Overall)	**5,044 (Yr 29: 4,688)**	**Hours**	**18,201 (Yr 29: 19,679)**	**4 (Yr 29: 4)**
Benefits Specialty	4,567 (Yr 29: 3,897)	Hours	16,413 (Yr 29: 14,030)	4 (Yr 29: 4)
Transitional CM - Jails	476 (Yr 29: 805)	Hours	1,652 (Yr 29: 4,736)	3 (Yr 29: 6)
Transitional CM – Youth	49 (Yr 29: 67)	Hours	136 (Yr 29: 913)	3 (Yr 29: 14)

Funding Sources: Part A, MAI

Support Services

Outreach Services - Identify out-of-care clients, verify care status, contact, link to care, and provide intervention and referrals (Linkage and Re-engagement Program) and partner services *(NO telehealth)*

Service Category	Unique Clients Served	Service Unit(s)	Total Service Units	Units Per Client
Outreach Services	--	--	--	--
LRP	15 (Yr 29: 113)	Hours	69 (Yr. 29: 1,752)	5 (Yr. 29: 16)
Partner Services	Data not available (Yr. 29: not funded)			

Food Bank/Home Delivered Meals - Provide access to food and meals to promote retention in medical care (*NO telehealth*)

Service Category	Unique Clients Served	Service Unit(s)	Total Service Units	Units Per Client
Nutrition Support (Overall)	**2,133 (Yr 29: 2,012)**	**Meals Bags of groceries**	**376,550 (Yr 29: 268,574)**	**177 (Yr 29: 133)**
Delivered Meals	579 (Yr 29: 554)	Meals	249,293 (Yr 29: 156,987)	431 (Yr 29: 283)
Food Bank/ Groceries	1,728 (Yr 29: 1,637)	Bag of groceries	111,830 (Yr 29: 111,596)	65 (Yr 29: 68)

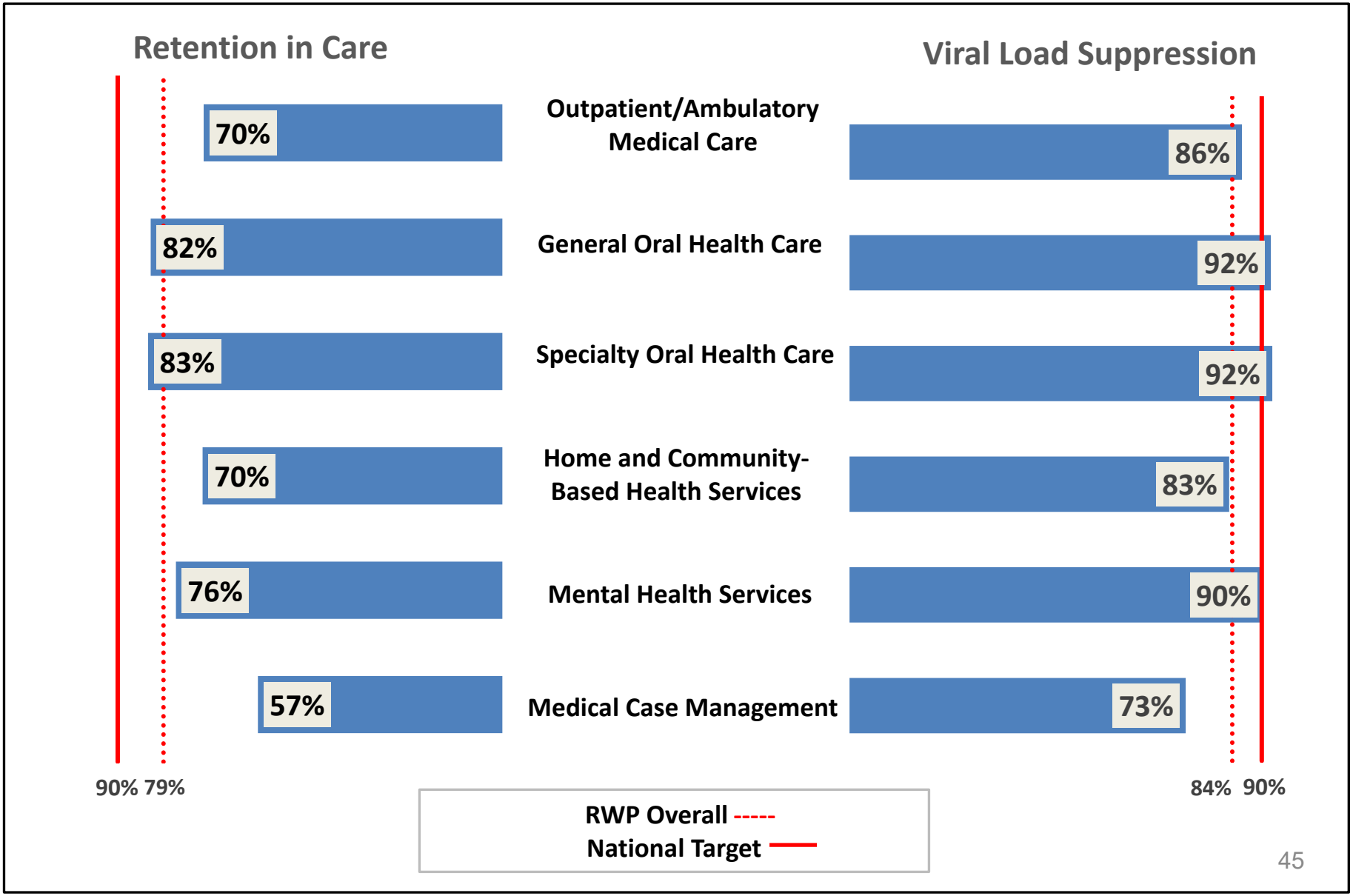
Funding Sources: Part A, HRSA CARES

Substance Use Services – Residential: Treatment of drug or alcohol use disorders in a residential setting (*NO telehealth*)

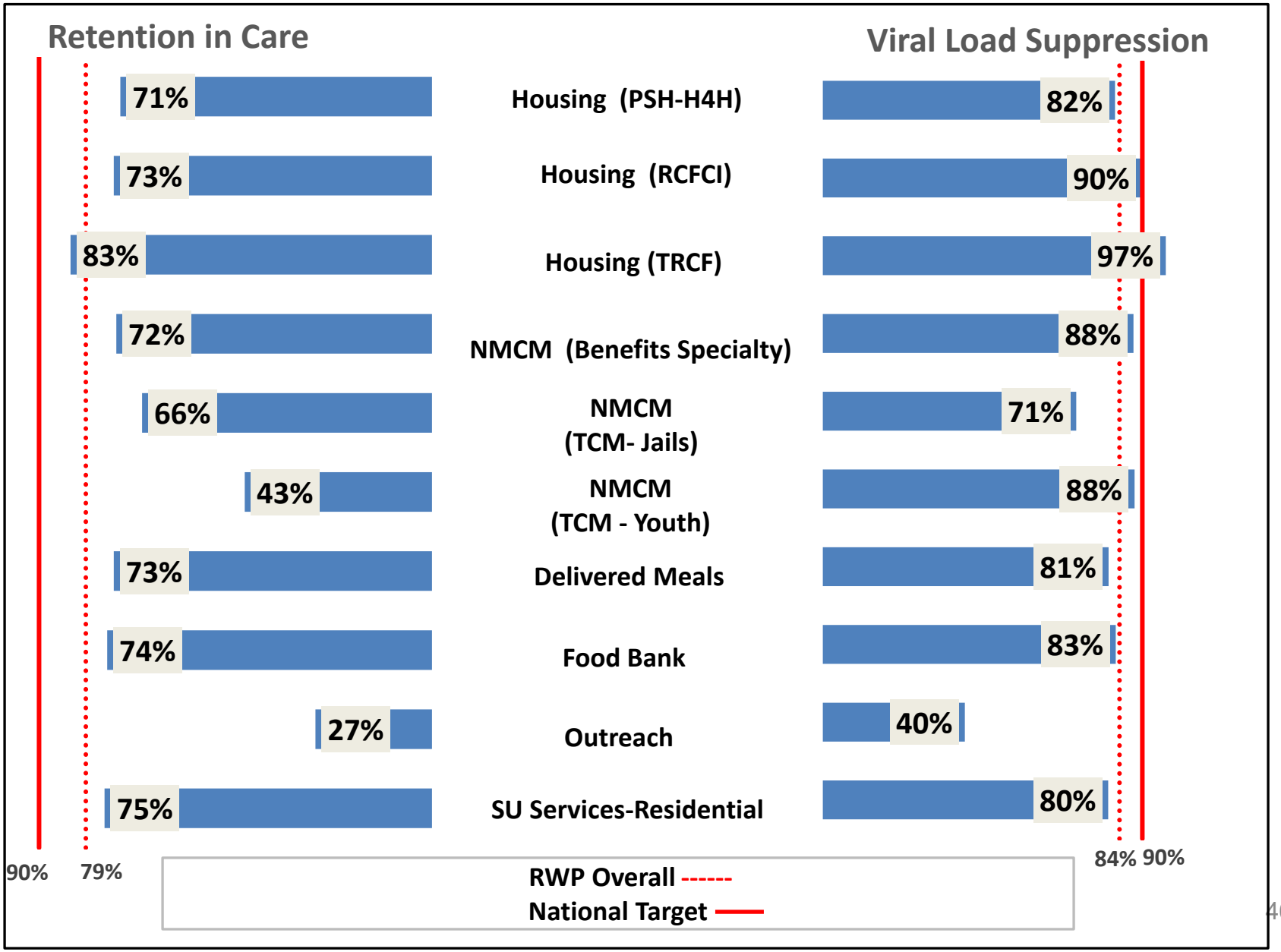
Service Category	Unique Clients Served	Service Unit(s)	Total Service Units	Units Per Client
SU Residential	112 (Yr 29:115)	Days	12,727 Yr 29: 12,137)	114 (Yr 29: 106)

Funding Sources: Part A, HIV NCC

HIV Care Continuum-Core Services Yr 30



HIV Care Continuum Support Services Yr 30



Summary

- Growing number of clients aged 60 and older, experiencing homelessness and residing in Hollywood-Wilshire, Central and Southwest HDs

- More clients were served in Year 30 compared to Year 29, despite COVID, underscoring the importance of expanded modalities to access services
  - Additionally service units per client in Year 30 was the same or higher than in Year 29 for nearly all services
  - While further exploration is needed, preliminary results did not identify disparities by demographic characteristics in service access during COVID pandemic
  - The highest percentage of service units provided via telehealth were for MCC and Mental Health Services

- Retention in care and viral suppression decreased in Year 30 compared to Year 29 and improvements is needed to meet local and national targets

Questions and Discussion

Acknowledgements

Program Evaluation Team

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HIV/STD Surveillance Unit

Ryan White Program Agencies, Providers and Clients

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May 12, 2021

TO: Planning, Priorities and Allocation Committee

FROM: Michael Green, Ph.D., MHSA
Chief of Planning, Development and Research

SUBJECT: RYAN WHITE HIV/AIDS PROGRAM PART A and MAI FISCAL YEAR 2021 RECOMMENDED ALLOCATIONS

The Los Angeles County Department of Public Health, Division of HIV and STD Programs (DHSP) drafted fiscal year (FY) 2021 recommended allocations for Ryan White HIV/AIDS Program (RWP) Part A and MAI for your review and approval. Every year, DHSP and the Commission must submit an allocation table and letter from the Commission to HRSA that reflects any changes from what was submitted with the application. The FY 2021 recommended allocation table references the FY 2021 allocations that were agreed upon by PP&A in 2020, prior to the HRSA Part A application submission, as well as the recommended FY 2021 allocations based on programmatic changes discussed since the application submission. Some contextual factors include:

1. In FY 2020 the Linkage and Re-engagement Program (LRP) was supported by HRSA Part A under Outreach Services, but we recommend shifting these services to HRSA's Ending the HIV Epidemic (EHE) grant. **The LRP is uniquely aligned with HRSA's EHE grant's goals and vision,** and other HRSA EHE programmatic activities also contribute to the LRP.
2. **In FY 2020 HIV testing by DHSP community workers was supported by HRSA Part A under Early Intervention Services (EIS), but the majority of HIV Testing Services is supported by a CDC grant.** Data reporting will be simplified if LRP and EIS are supported by grants other than RWP Part A and MAI.
3. Projected FY 2020 Part A and MAI expenditures show that expenditures for all contracted services exceed the grant award. Transferring LRP and EIS to another grant will assist DHSP in maximizing other grant awards.

Because we recommend transferring LRP and EIS to other grants, the allocation percentages need to be revised for the remaining service categories under RWP HRSA Part A and MAI. Therefore, we have made recommended allocations changes to compensate.

DHSP is requesting your approval on the FY 2021 Recommended Allocation Table. If you have any questions or need additional information, please contact me at mgreen@ph.lacounty.gov, or Pamela Ogata at pogata@ph.lacounty.gov. Thank you.

Planning, Priorities and Allocations Committee
Service Category Rankings Worksheet

Approved PY 31(1)	PY 32(1)	PY 33	PY 34	Commission on HIV (COH) Service Categories	HRSA Core/ Support Service	Core and Support Services Defined by Health Resources and Services Administration (HRSA)
2	2			Ambulatory Outpatient Medical Services	C	Outpatient/Ambulatory Health Services
				Medical Subspecialty Services		
				Therapeutic Monitoring Program		
1	1			Housing	S	Housing
				Permanent Support Housing		
				Transitional Housing		
				Emergency Shelters		
				Transitional Residential Care Facilities (TRCF)		
				Residential Care Facilities for the Chronically Ill (RCFCI)		
7	7			Mental Health Services	C	Mental Health Services
				MH, Psychiatry		
				MH, Psychotherapy		
6	6			Medical Care Coordination (MCC)	C	Medical Case Management (including treatment adherence services)
10	10			Outreach Services	S	Outreach Services
				Engaged/Retained in Care		
17	17			Health Education/Risk Reduction	S	Health Education/Risk Reduction
9	9			Early Intervention Services	C	Early Intervention Services

Approved PY 31(1)	PY 32(1)	PY 33	PY 34	Commission on HIV (COH) Service Categories	HRSA Core/ Support Service	Core and Support Services Defined by Health Resources and Services Administration (HRSA)
4	4			Emergency Financial Assistance	S	Emergency Financial Assistance
8	8			Medical Transportation	S	Medical Transportation
3	3			Non-Medical Case Management	S	Non-Medical Case Management Services
				Linkage Case Management		
				Benefit Specialty		
				Benefits Navigation		
				Transitional Case Management		
				Housing Case Management		
12	12			Oral Health Services	C	Oral Health Care
5	5			Psychosocial Support Services	S	Psychosocial Support Services
11	11			Nutrition Support	S	Food Bank/Home Delivered Meals
13	13			Child Care Services	S	Child Care Services
15	15			Substance Abuse Residential	S	Substance Abuse Treatment Services (Residential)
18	18			Home Based Case Management	C	Home and Community Based Health Services
19	19			Home Health Care	C	Home Health Care
16	16			Substance Abuse Outpatient	C	Substance Abuse Outpatient Care

Approved PY 31(1)	PY 32(1)	PY 33	PY 34	Commission on HIV (COH) Service Categories	HRSA Core/ Support Service	Core and Support Services Defined by Health Resources and Services Administration (HRSA)
20	20			Referral	S	Referral for Health Care and Support Services
21	21			Health Insurance Premium/Cost Sharing	C	Health Insurance Premium and Cost-Sharing Assistance for Low-income individuals
14	14			Other Professional Services	S	Other Professional Services
				Legal Services		
				Permanency Planning		
22	22			Language	S	Linguistics Services
23	23			Medical Nutrition Therapy	C	Medical Nutrition Therapy
24	24			Rehabilitation Services	S	Rehabilitation Services
25	25			Respite	S	Respite Care
26	26			Local Pharmacy Assistance	C	AIDS Pharmaceutical Assistance
27	27			Hospice	C	Hospice

Footnote:
1 – Service rankings approved 9/10/2020

Los Angeles County Commission on HIV
PY 32/33/34 Multi-Year Worksheet

		FY 2021 RW Allocations (PY 31) (1)			FY 2022 (PY 32) (2)			FY 2023 (PY 33)			FY 2024 (PY 34)		
	Service Category	Part A %	MAI %	Total Part A/ MAI %	Part A %	MAI %	Total Part A/ MAI %	Part A %	MAI %	Total Part A/ MAI %	Part A %	MAI %	Total Part A/ MAI %
CORE SERVICES	Outpatient/Ambulatory Health Services	26.38%	0.00%	13.19%	0.00%	0.00%	28.30%			0%			0.0%
	AIDS Drug Assistance Program (ADAP) Treatments	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%			0%			0.0%
	AIDS Pharmaceutical Assistance (local)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%			0%			0.0%
	Oral Health	15.10%	0.00%	7.55%	0.00%	0.00%	12.00%			0%			0.0%
	Early Intervention Services	0.00%	0.00%	0.00%	0.00%	0.00%	1.25%			0%			0.0%
	Health Insurance Premium & Cost Sharing Assistance	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%			0%			0.0%
	Home Health Care	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%			0%			0.0%
	Home and Community Based Health Services	7.67%	0.00%	3.84%	0.00%	0.00%	5.91%			0%			0.0%
	Hospice Services	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%			0%			0.0%
	Mental Health Services	0.75%	0.00%	0.38%	0.00%	0.00%	0.00%			0%			0.0%
	Medical Nutritional Therapy	0.00%	0.00%	0.00%	0.00%	0.00%	0.05%			0%			0.0%
	Medical Case Management (MCC)	34.69%	0.00%	17.35%	0.00%	0.00%	25.60%			0%			0.0%
	Substance Abuse Services Outpatient	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%			0%			0.0%
SUPPORT SERVICES	Case Management (Non-Medical) BSS/TCM/CM for new positives/RW clients	3.81%	9.25%	6.53%	0.00%	0.00%	8.60%			0%			0.0%
	Child Care Services	0.00%	0.00%	0.00%	0.00%	0.00%	1.00%			0%			0.0%
	Emergency Financial Assistance	0.00%	0.00%	0.00%	0.00%	0.00%	2.50%			0%			0.0%
	Food Bank/Home-delivered Meals	7.95%	0.00%	3.98%	0.00%	0.00%	5.27%			0%			0.0%
	Health Education/Risk Reduction	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%			0%			0.0%
	Housing Services RCFCI/TRCF/Rental Subsidies with CM	1.15%	90.75%	45.95%	0.00%	0.00%	5.00%			0%			0.0%
	Legal Services	0.25%	0.00%	0.13%	0.00%	0.00%	1.00%			0%			0.0%
	Linguistic Services	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%			0%			0.0%
	Medical Transportation	2.25%	0.00%	1.13%	0.00%	0.00%	1.52%			0%			0.0%
	Outreach Services (LRP)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%			0%			0.0%
	Psychosocial Support Services	0.00%	0.00%	0.00%	0.00%	0.00%	2.00%			0%			0.0%
	Referral	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%			0%			0.0%
	Rehabilitation	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%			0%			0.0%
	Respite Care	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%			0%			0.0%
	Substance Abuse Residential	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%			0%			0.0%
	Treatment Adherence Counseling	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%			0%			0.0%
	Overall Total	**100.0%**	**100.00%**	**100%**	**0.00%**	**0.00%**	**100.00%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**

Footnotes:

1 - Re-Allocation Percentages Approved 06/10/2021. Total percentages are based on an estimated allocation amount of $43 million and represent the aggregated percentages of funding allocated to each service category.

2 - Allocation Approved 09/10/2020

PLANNING, PRIORITIES AND ALLOCATIONS COMMITTEE
PARADIGMS AND OPERATIONG VALUES
(Amended - PP&A 04/20/2021)

PARADIGMS (Decision-Making)

- Equity: Allocate resources in a manner that address avoidable or curable differences among groups of people, whether those groups are defined by ethnicity, socially, economically, demographically, or geographically. (1)
- ***Compassion: response to suffering of others that motivates a desire to help.*** (2)

OPERATING VALUES

- Efficiency: accomplishing the desired operational outcomes with the least use of resources
- Quality: the highest level of competence in the decision-making process
- Advocacy: addressing the asymmetrical power relationships of stakeholders in the process
- Representation: ensuring that all relevant stakeholders/constituencies are adequately represented in the decision-making process
- Humility: Acknowledging that we do not know everything and ***willingness to listen carefully to others***. (3)

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1 Based on the World Health Organization's (WHO) definition of equity.

2 Compassion moved to second position per April 20, 2021 committee meeting decision.

3 Wording change per April 20, 2021 committee meeting decision.

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 HIV[4] and other related or pertinent clinical guidelines, and
- Comply with state and local regulations, and provided by licensed or authorized providers, as applicable.

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

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

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

RWHAP Core Medical Services

AIDS Drug Assistance Program Treatments

[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 <u>in the absence of any other resources</u>.

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.