



**City of Paterson, New Jersey**  
**Ryan White Part A Program**  
**Clinical Quality Management Committee**

Wednesday, August 7, 2019  
Paterson Free Library, 250 Broadway, Paterson, NJ 07501

## **AGENDA**

- 1. Circulate Sign-In Sheet**
- 2. Welcome and Introductions**
- 3. HRSA Policy Clarification Notices and Updates**
  - Review Policy Clarification Notice on Ryan White Program Client Eligibility Determinations and Recertifications Requirements Policy Clarification Notice (PCN) #13-02 (Revised 5/1/2019) Relates to Policy Notice #16-02.
  - Clinical Quality Management Policy Clarification Notice Policy Clarification Notice (PCN) #15-02 (updated 11/30/2018).
  - 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
- 4. Agency Continuum of Care**
  - Subrecipients will be asked to identify a single point of contact (SPOC) who will act as a fiduciary for the Executive Director/Program Manager.
  - Review agency CoC
- 5. Agency PDSA's and/or Quality Improvement Projects**
  - Review agency PDSA's and Quality Improvement Projects.
  - Review the need for Agency Quality Improvement Plans.
- 6. Technical Assistance Requests**
  - Discuss current technical assistance requests.
  - Discuss needs/barriers/gaps in service delivery.
- 7. Agency Announcements**
- 8. Recipient Announcements**
- 9. Adjournment**

### **Our Mission**

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

# **Clarifications on Ryan White Program Client Eligibility Determinations and Recertifications Requirements**

*Policy Clarification Notice (PCN) #13-02 (Revised 5/1/2019)  
Relates to Policy Notice #16-02*

**Scope of Coverage:** Health Resources and Services Administration (HRSA) HIV/AIDS Bureau (HAB) Ryan White HIV/AIDS Program (RWHAP) Parts A, B, C, D, and Part F where funding supports direct care and treatment services.

## **Purpose of PCN**

This policy clarification outlines the HRSA RWHAP expectations for client eligibility assessment and clarifies the recertification requirements.

## **Background**

By statute, RWHAP funds may not be used 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 (Sections 2605(a)(6), 2617(b)(7)(F), 2664(f)(1) and 2671(i) of the Public Health Service (PHS) Act). HRSA RWHAP funds may be used to complete health care coverage that maintains people living with HIV (PLWH) in care when the individual is either underinsured or uninsured for a specific allowable service, as defined by the HRSA RWHAP. Recipients and subrecipients must assure that reasonable efforts are made to secure non-RWHAP funds whenever possible for services to individual clients. Recipients and their subrecipients are expected to vigorously pursue eligibility for other funding sources (e.g., Medicaid, CHIP, Medicare, other state-funded HIV/AIDS programs, employer-sponsored health insurance coverage, and/or other private health insurance, etc.) to extend finite HRSA RWHAP grant resources to new clients and/or needed services.

## **Instructions**

### **HRSA RWHAP Initial Eligibility Requirements**

The RWHAP legislation requires that individuals receiving services through the HRSA RWHAP must have a diagnosis of HIV and be low-income as defined by the HRSA RWHAP recipient. HRSA HAB [PCN 16-02 Ryan White HIV/AIDS Program Services: Eligible Individuals and Allowable Uses of Funds](#) further clarifies that, "[w]hen 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.

## Client Eligibility Recertification

To maintain eligibility for HRSA RWHAP services, clients must be recertified at least every six months. The primary purposes of the recertification process are to ensure that an individual's residency, income, and insurance statuses continue to meet the recipient eligibility requirements and to verify that the HRSA RWHAP is the payor of last resort. The recertification process includes checking for the availability of all other third party payers. Recipients have flexibility with regard to timing and process, especially in consideration of health care coverage enrollment periods, but all recipients across all Parts must engage in eligibility determination and recertification.

It is the expectation of HRSA HAB that at least once a year, after an initial eligibility determination (whether defined as a 12-month period or calendar year), the recertification procedures include the collection of more in-depth supporting documentation, similar to that collected at the initial eligibility determination.

HRSA HAB provides the following clarifications on HRSA RWHAP recertification processes expectations:

- Unless otherwise required by State statute, regulations, or policy:
  - Re-verification of HIV diagnosis is not required;
  - Current CD4/viral load documentation is not required by HRSA HAB for initial eligibility determination or recertifications, although recipients may choose to collect this for quality management purposes or HRSA HAB reporting purposes;
  - Recipients may accept post office boxes as an address, as long as there is another means to verify the address such as a current utility bill or a case manager's verification letter;
  - At one of the two required recertifications during a year, recipients may accept client self-attestation for verifying that an individual's income, residency, and insurance status complies with the recipient eligibility requirements. Appropriate documentation is required for changes in eligibility status and at least once a year (whether defined as a 12-month period or calendar year).
- HRSA RWHAP recipients may utilize recertification data-sharing agreements with other recipients and/or subrecipients in order to reduce burden on recipients, subrecipients, and clients.
- If a HRSA RWHAP Part B recipient has developed a multi-tiered and continuous residency, insurance, and income verification review process, that state verification process may satisfy the HRSA RWHAP recertification requirement, so that HRSA RWHAP Part B recipients do not have to conduct a separate HRSA RWHAP six month recertification process. However, the HRSA RWHAP Part B verification processes and supporting documentation must be consistently applied to each individual and available for review either in hard copy or electronically. HRSA HAB will consider requests to approve these review processes as the HRSA RWHAP six month recertification process on a case-by-case basis and will document approval as appropriate in the

Electronic Handbook.

- HRSA RWHAP Part C, Part D and Part F recipients where funding supports direct care and treatment services are encouraged to coordinate and streamline eligibility systems and processes with HRSA RWHAP Part A and Part B recipients.

### Rapid Eligibility Determinations

For both initial/annual and six-month recertification procedures, eligibility determinations may be performed simultaneously with testing and treatment. Recipients and subrecipients assume the risk of recouping any HRSA RWHAP funds utilized for clients ultimately determined to be ineligible, and instead charge an alternate payment source, or otherwise ensure that funds are returned to the HRSA RWHAP program.

#### REQUIRED DOCUMENTATION TABLE

<b>Eligibility Requirement</b>	<b>Initial Eligibility Determination &amp; Once a Year/12 Month Period Recertification</b>	<b>Recertification (minimum of every six months)</b>
<b>HIV Status</b>	Documentation required for Initial Eligibility Determination  Documentation is not required for the once a year/12 month period Recertification	No documentation required
<b>Income</b>	Documentation required	Recipient may choose to require a full application and associated documentation  or Self-attestation of no change  Self-attestation of change - grantee must require documentation of change in eligibility status
<b>Residency</b>	Documentation required	Recipient may choose to require a full application and associated documentation  or Self-attestation of no change  Self-attestation of change -

		recipient must require documentation
<b>Insurance Status</b>	Recipient must verify if the applicant is enrolled in other health care coverage and document status in client file	Recipient must verify if the applicant is enrolled in other health coverage  Self-attestation of no change  Self-attestation of change - recipient must require documentation
<b>CD4/Viral Load</b>	Discretion of recipient	Discretion of recipient

# ***Clinical Quality Management Policy Clarification Notice***

Policy Clarification Notice (PCN) #15-02 (updated 11/30/2018)

Related legislation: Title XXVI of the Public Health Service (PHS) Act §§ 2604(h)(5), 2618(b)(3)(E), 2664(g)(5), and 2671(f)(2)

## **Scope of Coverage**

Health Resources and Services Administration (HRSA) HIV/AIDS Bureau (HAB) Ryan White HIV/AIDS Program (RWHAP) Parts A, B, C, and D.

## **Purpose of PCN**

The purpose of this PCN is to clarify the Health Resources and Services Administration (HRSA) RWHAP expectations for clinical quality management (CQM) programs.

## **Background**

Title XXVI of the Public Health Service Act RWHAP Parts A – D<sup>1</sup> requires the establishment of a clinical quality management (CQM) program to:

- Assess the extent to which HIV health services provided to patients under the grant are consistent with the most recent Public Health Service guidelines (otherwise known as the HHS guidelines) for the treatment of HIV disease and related opportunistic infections; and
- Develop strategies for ensuring that such services are consistent with the guidelines for improvement in the access to and quality of HIV services.

The CQM requirement applies directly to Parts A – D recipients; it is the responsibility of the recipient to work directly with their subrecipients to provide overall direction and to implement, monitor and exchange any needed data for performance measure data and/or quality improvement activities. Health care's adaptation of continuous quality improvement and total quality management techniques from manufacturing began nearly 50 years ago with much momentum in the 1980s<sup>2,3,4</sup>. Over the years since, a large body of evidence has emerged suggesting that a robust and effective CQM program contributes to overall

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<sup>1</sup> See §§ 2604(h)(5), 2618(b)(3)(E), 2664(g)(5), and 2671(f)(2) of the PHS Act.

<sup>2</sup> Donabedian A. Evaluating quality of medical care. *Milbank Q.* 1966; 44:166–206.

<sup>3</sup> Donabedian A. Exploration of quality assessment and monitoring. Vols 1, 2, 3. Ann Arbor, Michigan: Health Administration Press, 1980.

<sup>4</sup> Berwick DM. Continuous improvement as an ideal in health care. *N Engl J Med* 1989; 320: 53-6. 2

improvements in the delivery of quality health care. Coordination of CQM program activities is encouraged across all RWHAP funded recipients and subrecipients within a service area to maximize the impact of improved health outcomes and to support a reduction in data burden and alignment of performance measurement.

### **Components of a CQM Program**

A CQM program is the coordination of activities aimed at improving patient care, health outcomes, and patient satisfaction. To be effective, a CQM program requires:

- Specific aims based in health outcomes;
- Support by identified leadership;
- Accountability for CQM activities;
- Dedicated resources; and
- Use of data and measurable outcomes to determine progress and make improvements to achieve the aims cited above.

CQM activities should be continuous and fit within and support the framework of grant functions. Recipients are strongly encouraged to use the National HIV/AIDS Strategy<sup>5</sup> (NHAS) to frame CQM activities and goals.

In order to develop a CQM program that improves patient care, health outcomes, and patient satisfaction, certain components are necessary. These necessary components are Infrastructure, Performance Measurement and Quality Improvement. Each of these components have a distinct role in the overall CQM program. All are important to implement a comprehensive CQM program that is able to meet established goals. Recipients may choose to have subcontracts for some or all of their CQM activities. Recipients may also work collaboratively with their stakeholders such as planning councils/planning bodies, governing bodies, and/or board of directors, as appropriate. Whatever mechanism is used, the recipient is ultimately responsible for ensuring that the CQM program meets HRSA's requirements for the RWHAP Parts.

### **Infrastructure**

Appropriate and sufficient infrastructure is needed to make the CQM program successful and sustainable. Infrastructure is needed to plan, implement, and evaluate CQM program activities. RWHAP grant funds can be used to establish an appropriate infrastructure for a CQM program. An ideal infrastructure consists of:

- Leadership: Leadership to guide, endorse, support, and champion the CQM program
- Committee: A CQM committee that develops the CQM program and corresponding activities

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<sup>5</sup> National HIV/AIDS Strategy. The White House. Accessed at <https://www.hiv.gov/federal-response/national-hiv-aids-strategy/nhas-update>

- **Dedicated Staffing:** Staff who are responsible for CQM duties and resources, as well as any contractors that may be funded to assist with CQM work
- **Dedicated Resources:** Funding for building capacity in order to carry out CQM activities (e.g., collecting performance measurement data, providing training and technical assistance to subrecipients on CQM, etc.)
- **Clinical Quality Management Plan:** A clinical quality management plan describes all aspects of the CQM program including infrastructure, priorities, performance measures, quality improvement activities, action plan with a timeline and responsible parties, and evaluation of the CQM program
- **People living with HIV (PLWH) Involvement:** PLWH involvement that reflects the population that is being served and ensures that the needs of PLWH are being addressed by CQM activities
- **Stakeholder Involvement:** Stakeholder involvement (e.g., subrecipient, other recipients in region, planning body and/or its committees, consumers) that provides input on CQM activities to be undertaken
- **Evaluation of CQM Program:** Evaluating the effectiveness of the CQM program ensures that the CQM activities are making changes that positively affect outcomes. This evaluation includes assessing whether CQM program activities have been implemented as prescribed by the quality management plan (including the action plan). Recipients should regularly evaluate their CQM activities in order to maximize the impact of the program. Evaluation provides the opportunity to learn the processes and resources needed in implementing CQM activities through the collection of detailed information. Part of the evaluation should include identifying factors (i.e., staff acceptance of change, improved clinical performance, etc.) that affect the quality improvement activities. Evaluation also identifies effective improvement strategies that can be scaled up or implemented in other facets within a system of care. Additional elements of an evaluation include effectiveness of the team and its ability to meet timelines and deliverables as described in the action plan in order to determine the success of the planned process.

Although the infrastructure will vary in scope among recipients, the inclusion of all these elements creates a strong foundation for the CQM program.

### **Performance Measurement**

Performance measurement is the process of collecting, analyzing, and reporting data regarding patient care, health outcomes on an individual or population level, and patient satisfaction. In order to appropriately assess outcomes, measurement must occur. Measures should be selected that best assess the services the recipient is funding and that reflect local HIV epidemiology and identified needs of PLWH.



Recipients are strongly encouraged to include HRSA HIV/AIDS Bureau measures<sup>6</sup> and NHAS indicators<sup>7</sup> that align with the national goals to end the HIV epidemic.

Percent of RWHAP eligible clients receiving at least one unit of service for a RWHAP-funded service category	Minimum number of performance measures
>=50%	2
>15% to <50%	1
<=15%	0

Recipients should identify at least two performance measures for the RWHAP service categories (funded by direct RWHAP funds, rebates, and/or program income) where greater than or equal to 50% of the recipients' eligible clients receive at least one unit of service. Recipients should identify at least one performance measure for RWHAP service categories (funded by direct RWHAP funds, rebates, and/or program income) where greater than 15% and less than 50% of the recipients' eligible clients receive at least one unit of service. Recipients do not need to identify a performance measure for RWHAP service categories (funded by direct RWHAP funds, rebates, and/or program income) where less than or equal to 15% of the recipients' eligible clients receive at least one unit of service.

Recipients should analyze performance measure data to assess quality of care and health disparities and use the performance measure data to inform quality improvement activities. Recipients should have an established process to collect and analyze (e.g. calculate the numerator, denominator, and percentage) performance measure data at least quarterly.<sup>8,9</sup>

## Quality Improvement

Quality improvement entails the development and implementation of activities to make changes to the program in response to the performance data results. To do this, recipients are required to implement quality improvement activities aimed at improving patient care, health outcomes, and patient satisfaction.<sup>10</sup> Recipients are expected to implement quality improvement activities using a defined approach or

<sup>6</sup> HIV/AIDS Bureau HIV Performance Measures. 2018. Accessed at <http://hab.hrsa.gov/deliverhivaids/habperformmeasures.html>

<sup>7</sup> HIV/AIDS Strategy: Updated to 2020 Indicators of Progress. Accessed at <https://www.hiv.gov/federal-response/national-hiv-aids-strategy/overview>

<sup>8</sup> Institute for Healthcare Improvement. How to Improve. Accessed at <http://www.ihl.org/resources/Pages/HowtoImprove/ScienceofImprovementEstablishingMeasures.aspx>

<sup>9</sup> Joint Commission. Tools for Performance Measurement in Health Care: a Quick Reference Guide. Access at [http://www.jointcommissioninternational.org/assets/1/14/TPMHC200\\_Sample\\_Pages.pdf](http://www.jointcommissioninternational.org/assets/1/14/TPMHC200_Sample_Pages.pdf)

<sup>10</sup> See §§ 2604(h)(5), 2618(b)(3)(E), 2664(g)(5), and 2671(f)(2) of the PHS Act.

methodology (e.g., model for improvement<sup>11</sup>, Lean<sup>12</sup>, etc.). Quality improvement activities should be implemented in an organized, systematic fashion. As a result, the recipient is able to understand if specific changes or improvements had a positive impact on patient health outcomes or were indicative of further necessary changes in RWHAP funded services. All quality improvement activities should be documented. Recipients should conduct quality improvement activities within at least one funded service category at any given time.

### **Applicability to Subrecipients**

Recipients are to identify the specific CQM program activities for their service area (Parts A and B recipients) or network (Parts C and D recipients). These specific CQM program activities should be documented in the recipient's CQM plan. Specific CQM program activities include a performance measure portfolio, frequency of performance measure data collection, and identification of quality improvement activities, among other items. Recipients need to ensure that their subrecipients that provide services have the capacity to contribute to the recipient's CQM program, have the resources to conduct CQM activities in their organizations, and implement a CQM program in their organizations, as identified in the written agreements between the recipient and subrecipient. Recipients are expected to provide guidance to subrecipients on prioritizing measures and collecting data. Recipients need to work with subrecipients to identify improvement opportunities and monitor quality improvement activities at the subrecipient locations. Prioritization of CQM activities should be coordinated across RWHAP recipients and their funded subrecipients within service areas.

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<sup>11</sup> Institute for Healthcare Improvement. Model for Improvement. Accessed at <http://www.ihl.org/resources/Pages/HowtoImprove/ScienceofImprovementHowtoImprove.aspx>

<sup>12</sup> Lean Enterprise Institute. What is Lean? Accessed at <http://www.lean.org/WhatsLean/>

## Appendix

### Grant Administration

Grant administration refers to the activities associated with administering a RWHAP grant or cooperative agreement.<sup>13</sup> These include contracting of services, receipt and disbursement of program funds, data collection and submission of reports, monitoring of subrecipients, and compliance with audit requirements. Although these functions are necessary to comply with the terms and conditions of the award, their intent is not on improving health outcomes. Therefore, they are not CQM activities.

### Quality Assurance

Quality assurance refers to a broad spectrum of activities aimed at ensuring compliance with minimum quality standards. Quality assurance activities include the retrospective process of measuring compliance with standards (e.g., [HHS guidelines](#), professional guidelines, service standards). Site visits and chart reviews are examples of commonly used quality assurance activities. Quality assurance is not the same as quality improvement, although the results of quality assurance activities can be used to develop quality improvement activities.

Quality assurance is part of the larger grant administration function of a recipient's program or organization and informs the clinical quality management program, but quality assurance activities by themselves do not constitute a CQM program. Data collected as part of quality assurance processes should feed back into the CQM program to ensure improvement in patient care, health outcomes, and patient satisfaction.

### Relationship between Grant Administrative Functions and CQM

Grant administrative costs are capped pursuant to the RWHAP legislation and include those activities associated with administering a RWHAP grant or cooperative agreement. These include contracting of services, receipt and disbursement of program funds, data collection and submission of reports, monitoring of subrecipients, and compliance with audit requirements. Although these functions are necessary to comply with the terms and conditions of the award, their intent is not on improving health outcomes. Grant administrative activities may provide important information to the CQM program, but by themselves are not CQM activities nor constitute a CQM program. The chart below demonstrates the overlap between grant administrative functions and CQM activities.

The following table illustrates relevant activities under CQM and grants management.

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<sup>13</sup> See PCN #15-01 Treatment of Costs Under the 10% Administrative Cap for RWHAP Parts A, B, C, and D available at <http://hab.hrsa.gov/affordablecareact/pcn1501.pdf>

Activity	Grant Administration	Clinical Quality Management
Performance measurement prioritization and alignment with other RWHAP Parts in the service area		X
Development of Service Standards	X	
Data extraction for clinical quality management purposes (collect, aggregate, analyze, and report on measurement data)		X
Chart audits/reviews	X	
Monitoring site visits	X	If the purpose for the site visit is to assess or monitor the CQM Program
Extracting data for reporting to internal and external stakeholders	X	
Electronic health records interface with other providers	X	
CQM committee for planning for quality improvement projects		X

# ***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.<sup>1</sup> At the individual client-level, this means recipients must assure that funded subrecipients make reasonable efforts to secure non-RWHAP funds whenever possible for services to eligible clients. In support of this intent, it is an appropriate use of HRSA RWHAP funds to provide case management (medical or non-medical) or other services that, as a central function, ensure that eligibility for other funding sources is vigorously and consistently pursued (e.g., Medicaid, Children's Health Insurance Program (CHIP), Medicare, or State-funded HIV programs, and/or private sector funding, including private insurance).

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

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

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<sup>1</sup> 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,<sup>2</sup> 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.<sup>3</sup>

Other unallowable costs include:

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

Allowable Costs:

The following service categories are allowable uses of HRSA RWHAP funds. The HRSA RWHAP recipient, along with respective planning bodies, will make the final decision regarding the specific services to be funded under their grant or cooperative agreement. As with all other allowable costs, HRSA RWHAP recipients are responsible for applicable accounting and reporting on the use of HRSA RWHAP funds.

## **Service Category Descriptions and Program Guidance**

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

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<sup>2</sup> 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.

<sup>3</sup> 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<sup>4</sup> and other related or pertinent clinical guidelines, and
- Comply with state and local regulations, and provided by licensed or authorized providers, as applicable.

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

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

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

## **RWHAP Core Medical Services**

AIDS Drug Assistance Program Treatments

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<sup>4</sup> <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.<sup>5</sup> HRSA RWHAP ADAPs can also provide access to medications by using program funds to purchase health care coverage and through medication cost sharing for eligible clients. HRSA RWHAP ADAPs must assess and compare the aggregate cost of paying for the health care coverage versus paying for the full cost of medications to ensure that purchasing health care coverage is cost effective in the aggregate. HRSA RWHAP ADAPs may use a limited amount of program funds for activities that enhance access to, adherence to, and monitoring of antiretroviral therapy with prior approval.

*Program Guidance:*

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

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

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

See also AIDS Pharmaceutical Assistance and Emergency Financial Assistance

#### **AIDS Pharmaceutical Assistance**

*Description:*

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

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

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<sup>5</sup> <https://aidsinfo.nih.gov/guidelines>

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

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

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

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

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

*Program Guidance:*

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

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

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

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

## **Early Intervention Services (EIS)**

### *Description:*

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

### *Program Guidance:*

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

- HRSA RWHAP Parts A and B EIS services must include the following four components:
  - Targeted HIV testing to help the unaware learn of their HIV status and receive referral to HIV care and treatment services if found to be living with HIV
    - Recipients must coordinate these testing services with other HIV prevention and testing programs to avoid duplication of efforts
    - HIV testing paid for by EIS cannot supplant testing efforts paid for by other sources
  - Referral services to improve HIV care and treatment services at key points of entry
  - Access and linkage to HIV care and treatment services such as HIV Outpatient/Ambulatory Health Services, Medical Case Management, and Substance Abuse Care
  - Outreach Services and Health Education/Risk Reduction related to HIV diagnosis
- HRSA RWHAP Part C EIS services must include the following four components:
  - Counseling individuals with respect to HIV
  - High risk targeted HIV testing (confirmation and diagnosis of the extent of immune deficiency)
    - Recipients must coordinate these testing services under HRSA RWHAP Part C EIS with other HIV prevention and testing programs to avoid duplication of efforts
    - The HIV testing services supported by HRSA RWHAP Part C EIS funds cannot supplant testing efforts covered by other sources
  - Referral and linkage to care of PLWH to Outpatient/Ambulatory Health

Services, Medical Case Management, Substance Abuse Care, and other services as part of a comprehensive care system including a system for tracking and monitoring referrals

- o Other clinical and diagnostic services related to HIV diagnosis

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

### *Description:*

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

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

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

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

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

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

when determined to be cost effective.

*Program Guidance:*

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

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

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

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

## **Home and Community-Based Health Services**

*Description:*

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

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

*Program Guidance:*

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

## **Home Health Care**

*Description:*

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

- Administration of prescribed therapeutics (e.g. intravenous and aerosolized treatment, and parenteral feeding)
- Preventive and specialty care
- Wound care



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

*Program Guidance:*

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

**Hospice Services**

*Description:*

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

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

*Program Guidance:*

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

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

**Medical Case Management, including Treatment Adherence Services**

*Description:*

Medical Case Management is the provision of a range of client-centered activities focused on improving health outcomes in support of the HIV care continuum.

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

Key activities include:

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

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

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

*Program Guidance:*

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

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

**Medical Nutrition Therapy**

*Description:*

Medical Nutrition Therapy includes:

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

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

*Program Guidance:*

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

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

*See also* Food-Bank/Home Delivered Meals

### **Mental Health Services**

*Description:*

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

*Program Guidance:*

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

*See also* Psychosocial Support Services

### **Oral Health Care**

*Description:*

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

*Program Guidance:*

None at this time.

### **Outpatient/Ambulatory Health Services**

*Description:*

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

Allowable activities include:

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

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

*Program Guidance:*

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

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

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

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

See also Early Intervention Services

### **Substance Abuse Outpatient Care**

*Description:*

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

- Screening
- Assessment
- Diagnosis, and/or
- Treatment of substance use disorder, including:
  - 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,<sup>6</sup> 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:

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<sup>6</sup> 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.