



REQUEST FOR PROPOSALS
FOR 2022-2024 HIV SERVICES

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Introduction

AIDSNET is a private, non-profit organization created to prevent the spread of HIV Disease and meet the health care and supportive service needs of people infected with, and affected by, the disease. Founded in 1991, the mission of AIDSNET is to build healthier communities by planning and funding HIV care and prevention services. As one of seven regional subrecipients of HIV funding from the Commonwealth of Pennsylvania, AIDSNET serves the counties of Berks, Carbon, Lehigh, Monroe, Northampton, and Schuylkill.

The goal of AIDSNET is to develop and implement a coordinated and unified regional HIV continuum of care that includes:

- An HIV prevention program that identifies people living with HIV (PLWH), provides linkage to care, and includes education and risk reduction strategies for people living with or at high-risk for acquiring HIV; and
- A comprehensive regional HIV care program through which PLWH have access to basic health care, case management, and human services regardless of their ability to pay; and
- A regional housing program through which PLWH and their families have access to appropriate housing based upon their specific medical, household, financial, and support needs; and
- A regional network of community-based service providers through which integrated and comprehensive components of regional programs are delivered to neighborhoods and communities in ways that are cost-effective, responsive to changing needs, and meet quality standards.

AIDSNET seeks to accomplish these goals by allocating the necessary funding for services in the areas of care, prevention, and housing.

Purpose

The purpose of this Request for Proposal (RFP) is to fund projects designed to provide HIV care, prevention, and housing to individuals who reside within Berks, Carbon, Lehigh, Monroe, Northampton, and Schuylkill Counties. Responses to this RFP will be accepted from public or private non-profit organizations that propose to develop and/or continue eligible activities in this six-county region.

AIDSNET has established program outcomes based on the objectives outlined within the HIV National Strategic Plan, Ending the Epidemic, NIH Priorities, and PA DOH CQM. AIDSNET will entertain funding proposals that address these identified priorities including:

1. Prevent and reduce new HIV infections by 75%, thereby reducing the incidence of HIV
 - a. 90% of clients with HIV will have documentation of retention in care (CD4 and/or viral load count) documented in the case management chart within the measurement year
 - b. 75% of clients with HIV will exhibit stable, declining, or undetectable viral loads and increased CD4 counts at two intervals during the measurement year
2. Address HIV-associated comorbidities, coinfections, and complications, thereby improving health-related outcomes of people with HIV
 - a. 95% of clients with HIV will be linked to care within 30 days of their diagnosis
 - b. 95% of clients with HIV will have a thorough medical history, sexual health history, substance abuse history, and mental health assessment documented in the case management chart within the measurement year
3. Reduce HIV-related disparities and health inequities among identified priority populations including Black Latinx MSM, Black women, transgender women, people who inject drugs, and young people aged 13-24
 - a. 100% of providers will engage in training to address stigma, discrimination, systemic racism, and other social and structural determinants of health that inhibit HIV prevention, testing, and care within the measurement year
 - b. 50% of clients with HIV who identify barriers to medication adherence and care will commit to a documented barrier reduction plan during the measurement year
4. Reduce homelessness among people diagnosed with HIV by 50%
 - a. 90% of clients with HIV will be stably housed within the measurement year
 - b. 80% of unstably-housed clients with HIV will successfully address barriers to maintaining stable housing during the measurement year
5. Establish consistent data collection and release of information processes
 - a. 95% of clients with HIV will have a current release of information on file with their case manager during the measurement year
 - b. 100% of providers will update current data collection processes to align with standards set forth by the PA DOH

Responses to this RFP require a full proposal due no later than 3:00 pm, Monday, February 7, 2022. Successful applications will result in a subgrant agreement that covers a two-year period from July 1, 2022, through June 30, 2024.

Applicant Requirements

Applicant must be a not-for-profit 501(c)(3) organization¹

- Applicant can have no record of unsatisfactory performance.
- Applicant must not be presently debarred, suspended, proposed for debatement, declared ineligible or voluntarily excluded from participation in this transaction by any local, state or federal department or agency
- Applicant must have the ability to maintain adequate files and records to meet statistical reporting requirements
- Applicant must have the administrative and fiscal capability to provide and manage the proposed services on a reimbursement basis and ensure adequate documentation related to services provided
- Applicant must demonstrate the capacity to perform all elements of the proposed scope of work and have the capacity to enter into a subgrant contract agreement with AIDSNET
- Applicant must possess the appropriate license(s) and certification(s) issued by the Commonwealth of Pennsylvania (if required based on the services proposed)
- Applicant must meet other presentation and participation requirements listed in this Request for Proposal (RFP)

Awardee Responsibilities

Each organization selected for funding will be required to assume full responsibility and begin to provide all services offered in its proposal or those services negotiated separately by July 1, 2022. Further, awardees may not enter into a grant agreement with another provider for services or functions offered through this proposal without the written permission of AIDSNET. It is expected that the contracting organization will provide services in accordance with the procedures described in this RFP, the executed subgrant agreement, and Federal and State guidelines.

Funding

Each year, AIDSNET receives funding from the Division. The funding comes from three grant programs: one state and two federal sources. State funds are from the Division and have the

¹ For-profit entities interested in applying for funding should contact AIDSNET prior to submitting an RFP. Subgrant contract agreements with for-profit entities require Division approval. In seeking approval, entities must provide AIDSNET and the Division with the organization name, address and county, proposed service(s), rate for each service, proposed funding amount for each service, and total funding request. If approved by the Division, it will be a fee-for-service subgrant contract agreement.

greatest flexibility in their use. Per Division guidelines, AIDSNET uses the bulk of these funds for prevention activities, which generally are not eligible costs under the other two programs. However, AIDSNET can use these funds to cover limited care activities, if necessary, with Division approval.

AIDSNET’s second funding source is The Housing Opportunities for Persons with AIDS (HOPWA) Program, funded by the United States Department of Housing and Urban Development (HUD), Community Planning and Development Division. Funding for the program flows from HUD to the Division to AIDSNET and is intended to provide communities with the resources and incentives for meeting the housing needs of PLWH and their families. AIDSNET uses the funds to assist eligible households in the six-county service area with housing-related services such as ongoing monthly rental assistance, short-term rent, mortgage and utility assistance, security deposits, and case management (see Appendix A).

The third and largest funding source is Ryan White/Rebate Funds. Increased financial resources within the Ryan White HIV/AIDS Program (RWHAP) Part B program and AIDS Drug Assistance Program (ADAP²), in part due to rebates, comprise an increasing share of the overall national ADAP budget. Federal guidelines require the expenditure of rebate funds before Part B grant funds. Therefore, FY 2022-2023, the Division has decided to fund all RWHAP eligible care services, including some housing assistance, with rebate funds. These funds must be administered following the same guidelines as other RWHAP Part B awards. These funds are intended to help communities increase the availability of preventive primary health care and support services (thus reducing the utilization of more costly inpatient care), to increase access to care within underserved populations, and to improve the quality of life of PLWH. For a comprehensive review of the use of rebate funds, please refer to the *National Alliance of State and Territorial AIDS Directors Ryan White HIV/AIDS Program Part B and ADAP Uses of Rebate Funds July 2017*³

The Division and AIDSNET operate on a July 1 through June 30 fiscal year. During the 2022-2024 agreement, AIDSNET anticipates funding from the Division as follows:

Fiscal Year	State Funds 11068	HOPWA Funds	Rebate Funds	Total
2022-2023	\$369,675	\$495,434	\$1,750,163	\$2,615,272
2023-2024	\$369,675	\$495,434	\$1,750,163	\$2,615,272
Total	\$739,350	\$990,868	\$3,500,326	\$5,230,544

² ADAP in PA is known as the Special Pharmaceutical Benefits Program or SPBP

³ <https://www.nastad.org/resource/ryan-white-hiv-aids-program-part-b-and-adap-uses-rebate-funds>

As the funding from the Division outlined above is anticipated and not final, AIDSNET reserves the right to change, reduce or eliminate established funding allocations. Final awards are based on availability of funding, the number of proposals received, the type of funding requested, and other funding constraints and requirements. Therefore, applicants should not anticipate receiving financial support prior to the receipt of a funding notification from AIDSNET. AIDSNET is not liable for any costs incurred by the applicant prior to the effective date of the subgrant agreement. Awardees will be expected to enter into a standard grant contract agreement that will cover a two-year period from July 1, 2022, through June 30, 2024. A copy of the current agreement can be viewed on the AIDSNET website.⁴

Eligible Services

AIDSNET will fund services in the areas of care, housing, and prevention.

Ryan White Care Services

Funded by Rebate Funds

Applicants are expected to review the *Pennsylvania Ryan White Part B Program Service Standards and Taxonomy* (Appendix B), accompanying clarification notices #16-02, #18-01, and #18-02, and FAQ sheets thoroughly prior to completing the proposal. The standards define eligible services, tracking, and monitoring requirements.

Applicants should be mindful of funding priorities. A review of current Ryan White (RW) funding guidelines, the *Pennsylvania Ryan White Part B Program Service Standards and Taxonomy*, trends in utilization of services, and consultation with Board members and stakeholders resulted in the prioritization of services outlined in Table 1.

⁴ <http://www.aidsnetpa.org/resources-for-grantees.php>

Table 1: *Prioritization of Care Services*

<p>Improving Health Outcomes</p>	<ul style="list-style-type: none"> •Medical Case Management •Oral Health •Outpatient/Ambulatory Services
<p>Increasing Access to Services</p>	<ul style="list-style-type: none"> •Health Insurance Premium/Cost Sharing Assistance •Housing Assistance •Medical Transportation •Non-Medical Case Management
<p>Sustaining Continuity of Care</p>	<ul style="list-style-type: none"> •Behavioral Health Services: Mental Health, Substance Abuse •Emergency Financial Assistance •Legal •Psychosocial Support Services

Proposals may include funding requests for a wide range of allowable costs including sufficient program staff to support the program and other direct and indirect expenditures that are appropriate to the project. All medical services must be directly related to HIV disease. Be mindful that AIDSNET is the payer of last resort, as described in Federal and State regulations. Invoices for services that are eligible for coverage or reimbursement by other resources (e.g., medical assistance, Medicare, employer insurance, private insurance, other programs, etc.) must first be submitted to these programs on behalf of the client, then denied or deemed ineligible before AIDSNET will consider reimbursement for the cost of the service.

Funding may be considered for services in the following categories. For complete descriptions, please refer to the *Pennsylvania Ryan White Part B Program Service Standards and Taxonomy*.

- Child Care Services
- Early Intervention Services
- Emergency Financial Assistance
- Food Bank/Home Delivered Meals
- Health Education/Risk Reduction
- Health Insurance Premium and Cost Sharing Assistance
- Home and Community-Based Services
- Home Health Care
- Hospice Services
- Housing Services

- Linguistic Services
- Medical Case Management
- Medical Nutrition Therapy
- Mental Health Services
- Non-Medical Case Management
- Oral Health Care
- Other Professional Services
- Outpatient/Ambulatory Health Services
- Outreach Services⁵
- Psychosocial Support
- Referral for Healthcare Support Services
- Rehabilitation Services
- Respite Care
- Substance Abuse Outpatient Care
- Substance Abuse Services (Residential)

HOPWA Housing Services

Funded by HOPWA Funds

Funding may be considered for services in the following categories. For complete descriptions, please refer to Appendix A with the *Housing Opportunities for Persons with AIDS*. Applicants are expected to review the Pennsylvania HOPWA Manual which defines eligible services and requirements.⁶

- Supportive Services
 - Case Management
- Direct Services
 - Permanent Housing Placement (PHP)
 - Short-term Rent, Mortgage, and Utility Assistance (STRMU)
 - Tenant-Based Rental Assistance (TBRA)

Prevention Services

Funded by State 11068

To effectively implement the National HIV/AIDS Strategy, the Pennsylvania Department of Health, Bureau of Communicable Diseases, Division of HIV (Division) will support these recommended Evidence-Based Interventions (EBI). Funding may be considered for services in the following categories. For detailed guidance, please refer to Appendix C with the *Guidance on the Implementation of Evidence Based Interventions*. Additionally, detailed fact sheets for each CDC approved interventions are available at <https://www.cdc.gov/hiv/effective-interventions/a-to-z.html>

⁵ Applicants must submit Appendix B-7 Outreach Services Workplan/Renewal form

⁶ [The Centralized Housing Resource Portal](#)

- Anti-Retroviral Treatment and Access to Services (ARTAS)
 - ARTAS is an individual-level, multi-session, time-limited intervention to link individuals who have been recently diagnosed with HIV to medical care. ARTAS is based on the strengths-based case management model which is rooted in social cognitive theory (particularly self-efficacy) and humanistic psychology. This model encourages the client to identify and use personal strengths; create goals; and establish an effective, working relationship with the Linkage Coordinator. ARTAS consists of up to five client sessions conducted over a 90-day period or until the client links to medical care, whichever comes first. ARTAS views the community as a resource for the client, and Linkage Coordinators are encouraged to conduct client sessions wherever the client feels most comfortable, which may include outside the office environment. Following the final client session, the client may be linked to a long-term/Ryan White case manager and/or another service delivery system to address longer term barriers to remaining in care such as substance use treatment, mental health services, etc. This intervention may also be used to re-engage clients who have been lost in medical care.

- HIV Navigation Services (HNS)
 - HNS is a process of service delivery to help a person obtain timely, essential, and appropriate HIV-related medical and social services to optimize their health and prevent HIV transmission and acquisition. Navigation includes linking persons to health care systems, assisting with health insurance and transportation, identifying and reducing barriers to care, and tailoring health education to the client to influence their health-related attitudes and behaviors.

- Other Interventions
 - Although the Division is focusing resources on HNS and ARTAS, proposals for other CDC EBIs will be reviewed and considered for implementation if resources are available.

In consideration of the *Guidance on the Implementation of Evidence Based Interventions*, AIDSNET will prioritize prevention strategies that reach gay, bisexual, and other men who have sex with men of all races and ethnicities; communities of color; intravenous drug users; young people aged 13-24 years old; and transgender women.

All prevention and Early Intervention Services (EIS) proposals submitted to AIDSNET will be reviewed for completion and feasibility, then forwarded to the Pennsylvania Department of Health, Bureau of Communicable Diseases, Division of HIV (Division) for review and approval by a panel of regional representatives. To apply, agencies must complete the *Proposal for Implementation of*

Evidence Based Interventions, Proposal Component Sections V, VI, and VII; and the *Prevention Intervention Plan Spreadsheet* included in Appendix D.

Although this RFP is for a two (2) year contract, grant sub-recipients must complete and submit the *Proposal for Implementation of Evidence Based Interventions* and *EIS Proposal/Renewal* forms (Appendix D) annually for approval from the Division in order to continue providing the EBIs. For current awardees, the forms must be completed and submitted to AIDSNET no later than Friday, November 19, 2021, for funding consideration in fiscal year 2022-2023. If prevention and EIS renewal applications for Fiscal Year 2023-2024 funding are required by the Division, completed forms will be due to AIDSNET by Friday, November 18, 2022.

If the organization completed and submitted the *Proposal for Implementation of Evidence Based Interventions* in October 2019, and was approved for funding, this form does not need to be resubmitted with this RFP unless the application includes additional interventions.

New prevention and EIS proposals will be considered as part of the full RFP process and should be submitted by the February 7, 2022, deadline.

Proposal Structure

All responses to this RFP are required to be prepared using 12-point font, page numbering, and include all information outlined in the *Proposal Components* section of this RFP. A checklist of requirements has been included in Appendix E for further guidance. Please adhere to all page restrictions, which are specified within the *Proposal Components*.

Proposals should be prepared simply and economically, providing a straightforward and concise description of the intent and ability of the interested party to meet the requirements of this RFP. Take the time to be accurate in describing the statement of the problem and the services proposed to address the stated needs.

Please be thorough in the review of the proposal before it is submitted. As funding guidelines become stricter, allocation decisions become more difficult. Previous grant contracts with AIDSNET do not guarantee funding support in this RFP cycle; therefore, agencies that have been funded previously should renew and revise their materials, taking into consideration feedback from AIDSNET staff and the Allocations Committee in past RFP cycles.

Improper Consideration

The applicant will not offer (either directly or through an intermediary) any improper consideration such as, but not limited to, cash, discounts, service, the provision of travel or entertainment, or an item of value to any officer, employee, or agent of AIDSNET in an attempt to secure favorable treatment regarding this RFP. AIDSNET, by written notice, may terminate any contract if it is determined that any improper consideration as described above was offered to any officer, employee, or agent of AIDSNET with respect to the proposal and award process. This prohibition will apply to any amendment, extension, or evaluation process once a grant contract has been awarded. The applicant will immediately report any attempt by an AIDSNET officer, employee, or agent to solicit (either directly or through an intermediary) improper consideration from the applicant. The report will be made to the supervisor or manager charged with the supervision of the employee. In the event of a termination under this provision, AIDSNET is entitled to pursue any available legal remedies.

Inaccuracies or Misrepresentations

In the course of the RFP process or in the administration of a resulting grant award, if AIDSNET determines that the applicant has made a material misstatement or misrepresentation, or that materially inaccurate information has been provided to AIDSNET, the applicant may be terminated from the RFP process. In the event a grant has been awarded, the contract may be immediately terminated.

Funding Determination

Proposal Due Date

Proposals must be received by AIDSNET by 3:00 pm, Monday, February 7, 2022. AIDSNET is located at 31 South Commerce Way, Suite 400, Bethlehem, PA 18017-8992. To be considered, the original and 10 copies of a complete response to the RFP using the format provided must be submitted to AIDSNET. The applicant should not distribute copies of the proposal in response to this RFP to any other parties.

Proposal Review

Each proposal submitted by the February 7, 2022, deadline will be reviewed by AIDSNET staff for completeness and accuracy. Any proposal that does not provide all requested information may be eliminated from selection. Applicants may be contacted by AIDSNET staff for clarification of responses.

AIDSNET reserves the right to reject any and all proposals or to negotiate separately with competing applicants for any or all of the services described therein. Furthermore, should the evaluation of the submissions demonstrate that there are not enough quality proposals to meet the needs of the region, AIDSNET reserves the right to contact organizations submitting quality proposals to determine their level of interest in providing other eligible services. In such cases, the applicants contacted will be given an opportunity to submit addendums to their proposals for these additional services. The addendums will be evaluated using the same criteria as the initial submissions. Should the revised proposals be of sufficient quality, the highest rated applicant(s) will be recommended for funding. If this additional step fails to produce a sufficient number of quality proposals, a subsequent RFP will be issued for the applicable services.

News Releases

News releases pertaining to this RFP or the project to which it relates should not be made until AIDSNET and the Division have approved the proposal and the applicant has a fully executed grant agreement with AIDSNET.

Proposal Informational Meetings

Two virtual proposal informational meetings will be held on Monday, December 6, 2021. A general session to clarify any guidance in the RFP that may not be clearly understood and to provide an overview of the financial forms that are required with the proposal will be held from 10:00 a.m. to 12:00 p.m. A fiscal session to review the fiscal forms in detail will be held from 1:00 p.m. to 3:00 p.m.

The meetings are for informational purposes only. Responses to questions that may substantially clarify or significantly alter the RFP will be conveyed in writing. Verbal changes should not be considered official until the December 6, 2021, meeting notes have been posted.

Attending the proposal informational meetings is not mandatory; however, it has proven to be a valuable resource by personnel who participate in the preparation of the proposal and those responsible for the preparation of the fiscal forms.

Registration for the virtual informational meetings is required:

General Session Registration Invitation

You are invited to a Zoom meeting.

When: Dec 6, 2021 10:00 AM Eastern Time (US and Canada)

Register in advance for this meeting:

<https://us02web.zoom.us/meeting/register/tZArcOgorzkrHtli9Y4pn1Jx03IS5JZ8APE>

After registering, you will receive a confirmation email containing information about joining the meeting.

Fiscal Session Registration Invitation

You are invited to a Zoom meeting.

When: Dec 6, 2021 01:00 PM Eastern Time (US and Canada)

Register in advance for this meeting:

https://us02web.zoom.us/meeting/register/tZlvd-CrpzMvE9WD45ZaUb2ss16inVW_zBDB

After registering, you will receive a confirmation email containing information about joining the meeting.

Proposal Components

In addition to the elements outlined in the general information section and RFP appendices, applicants may wish to review relevant community data including, but not limited to the *2018 Pennsylvania Integrated HIV Epidemiology Profile*⁷ (published in July, 2019) and the *2019 Annual HIV Surveillance Summary Report* (published in December 2020.)⁸

The proposal description and accompanying details must remain fixed until at least July 1, 2022.

Section I: Organizational Profile (*Maximum 2 pages*)

Provide a brief history of the organization including the mission statement, date formed, length of existence, targeted population(s), services provided, and any major changes within the organization over the last 12 months.

Section II: Demonstration of Cultural Competency (*Maximum 2 pages*)

Briefly describe your organization's capacity to provide services to the population(s) targeted in your proposal while recognizing the role of culture in comprehensive and supportive care. Beyond a nondiscrimination policy, describe the discrete ways the organization addresses systemic barriers including racism, hetero/sexism, transphobia, and xenophobia. Describe the ways economic, cultural, educational, religious, and language barriers are minimized for all program participants, including the unique factors that exist for PLWH (i.e., distrust, provider/medical community, gender inequalities, stereotyping, etc.). Please explain how forms, brochures, medication instructions, and other healthcare guidelines will be provided by your organization in the language and reading level of the participant and be representative of different types of family structures. Describe the organization's strategy for increasing culturally sensitive care through staff and board development.

Section III: Personnel (*No page limitation*)

List the name, job title, educational degree, applicable licensing type, and the length of employment for each administrative and programmatic personnel who will be engaged in the provision of services. (Where helpful, see Appendix F for standardized prevention job titles and education and experience expectations.) Provide a brief narrative describing how supervision of direct service staff will be conducted and the ways they will be offered professional development opportunities. Attach to the RFP all job descriptions, up-to-date resumes of current program staff,

⁷ [2018 Pennsylvania Integrated HIV Epidemiology Profile.pdf \(pa.gov\)](#)

⁸ [2017 Annual HIV Surveillance Report Final \(pa.gov\)](#)

and an organizational chart of the entire organization that includes the names of current employees in each position.

Section IV: Needs Assessment (Maximum 4 pages)

State in succinct terms the ways the applicant understands the problem being addressed in response to this RFP. Identify specific problems and/or needs that you want to solve in the areas of care, prevention, and housing through the services being proposed. Provide summarized needs data collected by the organization and by community partners pertaining to this problem and include any needs assessments or surveys as addendums to the proposal. All data must be cited in footnotes. Internal statistics from data sources such as CAREWare should delineate between duplicated and unduplicated participants and should identify the numerator and denominator parenthetically. Any case management data must be comprised solely of participants receiving Ryan White Part B services. Ryan White Part C data must be excluded. In order to be reimbursed by Part B or Rebate funding, caseloads must be limited to clients who will receive case management.

Section V: Program Narrative (Maximum 2 pages for each proposed care, prevention and/or housing service)

Describe each (of the) service(s) for which funding is being requested. A separate, written narrative must be created for each service and include the following components:

- *Goals:* Outline the goals that describe the overall purpose and intention of each service. Goals do not necessarily need to be measurable.
- *Objectives:* Outcome-based objectives are mandatory for all contracted services. Identify the outcome-based objectives that address the desired effect(s) of the service(s) provided. Objectives should be realistic, measurable, and able to be evaluated. As guidance, AIDSNET's outcome-based objectives for FY 2022-2023 have been incorporated in the *Purpose* section. Outcome-based objectives are also listed in Appendices G and H which are intended to be minimum outcomes for care and prevention services. Applicants may establish more rigorous standards. All outcomes included in the proposal will be incorporated into grant contract agreements and reporting requirements.
- *Program Narrative:* Explain, in detail, the activities or events planned to achieve each stated objective and how the programmatic strategies address the identified problem or need. Include as attachments any curricula/um used or, if too extensive, a reasonable summary of the curricula/um purpose, content, and activities.

- *Evaluation:* Describe how program effectiveness will be measured for each of the defined objectives including the process for and frequency of program oversight, supervision, and efforts aimed at measuring consumer satisfaction. If the organization has developed an evaluation plan or evaluation tool(s), please explain its use and attach a copy to the proposal.
- *Program Experience:* Briefly describe the organization's experience in providing the service(s) for which the applicant is requesting funding. Experience should show previous work conducted by individuals assigned to this program as well as that of the organization. If the organization has not provided the service(s) it proposes to implement, propose a timeline for adapting, planning, training, and implementing the program. For prevention interventions, applicants should consider the following program implementation considerations:
 - Recruitment plan
 - Strategy for hard-to-reach populations
 - Setting a realistic number of individuals to reach and sessions to provide
 - Allotted time for each session
 - Program incentives that are acceptable within the PA DOH guidelines
 - Ensuring a safe environment to provide the intervention(s)
 - Managing staff turnover
 - Staff training
 - Program sustainability
- *Personnel:* Provide the name(s) of the person(s) who will be providing the service, the ratio of their time they will devote to the service, and the person(s) who will be providing supervision/oversight.
- *Optional:* Attach a logic model for the services outlined in the proposal.

Section VI: Prevention Intervention Plan Spreadsheet

Organizations interested in applying for prevention services must complete the *Prevention Intervention Plan* spreadsheet found in Appendix D.

Section VII: Quality Management (No page limitation)

The applicant must include a Quality Management (QM) Plan, including anticipated Quality Improvement (QI) projects to be addressed during the funding year, and its relevance to this RFP. At a minimum, the plan must address the program(s) to be funded by AIDSNET. For applicants

who are part of a larger organization, please limit the QM plan to the relevant elements addressed by the program proposal.

Section VIII: Fiscal Forms

See Appendix I for fiscal forms to be completed and their instructions.

Section IX: Additional Documentation

Applicants must provide the following supporting documentation:

- A list of current members of the organization's Board of Directors, including
 - the designation of officers and committee chairs;
 - county of residence;
 - employer and positions;
 - affiliation with other HIV/AIDS-related services/organizations
 - demographics: racial/ethnic make-up; any consumers, etc.
- A copy of the organization's Internal Revenue Service determination letter evidencing 501(c) status
- A copy of the organization's most recent audit
- One copy of the organization's management letter.

APPENDIX A

HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS (HOPWA)

HOPWA is a HUD-funded, reimbursement-based housing program that provides direct housing assistance to persons living with HIV based on income eligibility and need.

Funded Direct Services

- Permanent Housing Placement (PHP) - First month's rent and/or security deposit (allowed once per 24-month period)
- Short-Term Rent, Mortgage, Utility (STRMU) - One month of rent, mortgage, or utility assistance based on need. Client can be assisted up to 21 weeks within a 12-month period.
- Tenant Based Rental Assistance (TBRA) - Ongoing monthly assistance (voucher) that provides client/household a set amount of monthly rent assistance based on a HUD income rent calculation

Funded Support Services

- Case Management - One-to-one interaction with individual to review housing needs and to develop housing plan

Client Eligibility

- Must have doctor, local health department, or laboratory proof of HIV diagnosis
- Must have household income that is 80% or less of the area median income (updated annually)
- Must demonstrate need (based on reported income vs. basic expenses)
- Must be in case management
- Must be in HIV medical care

Organization Requirements and Responsibilities

- Demonstrate the ability to fiscally support and front 90 days of program costs
- Communicate in both English and Spanish
- Maintain client confidentiality
- Maintain signed client/agency Housing Services and Client Rights and Responsibilities Agreements to ensure all parties agree to and understand housing services
- Maintain signed client Releases of Information for third-party contacts necessary for housing assistance
- Maintain all client records/files in locked cabinets and within CAREWare database
- Collect relevant client information to complete an annual HUD Consolidated Annual Performance and Evaluation Report (CAPER)
- Provide data reports as requested by AIDSNET and/or the PA DOH

- Participate in the timely completion of quarterly and annual monitoring of client files
- Write checks to landlords and guarantee that client HIV disclosure would not be linked to agency/employees/checks/documentation

Organization Activities

- Provide ongoing case management to each client based on need(s) or assistance type, touching base annually, at a minimum
- Compassionately respond to client behaviors and situations that present challenges and barriers to housing program adherence
- Review standard housing documentation with clients and collect supporting documentation
- Complete annual housing inspections for TBRA assistance
- Collaborate with landlords, rental agencies, utility companies, mortgage companies/banks, and public housing authorities
- Review and maintain updated HOPWA manual to understand funding guidelines
- Track employee time and effort related to HOPWA-funded housing activities
- Complete and submit monthly invoicing documents to AIDSNET fiscal officer by the 5th of each month, tracking funding by county: Berks, Carbon, Lehigh, Northampton, Monroe, Schuylkill
- Understand that AIDSNET may terminate a client's housing assistance based on guidelines outlined in the AIDSNET Termination Policy and HOPWA manual

We will primarily use HOPWA funding for housing. However, Ryan White Housing requirements are slightly different

- Requirements for income eligibility is individual not household
- Lab requirements (coordination with agency providing case management)
- Data entry and **reporting** requires much more information, therefore more time
- Invoices require report time & effort
- Services not limited to the HOPWA six-county region

APPENDIX B

Pennsylvania Program Service Standards

Ryan White Part B
Eligible Services

April 1, 2021



pennsylvania
DEPARTMENT OF HEALTH

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Child Care Services

The Health Resources & Services Administration (HRSA) Ryan White HIV/AIDS Program (RWHAP) supports intermittent Child Care Services for the children living in the household of people living with HIV (PLWH) who are HRSA RWHAP eligible clients. The primary purpose of Child Care Services is to enable those clients to attend medical visits, related appointments, and/or HRSA RWHAP related meetings, groups, or training sessions.

Allowable use of funds includes:

- A licensed or registered childcare provider to deliver intermittent care; and
- Informal childcare 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).

Child Care Services funds cannot pay for childcare while the client is at work, school, or other activities unrelated to accessing medical care or RWHAP- related meetings, groups, or training sessions.

Direct cash payments are not permitted per federal guidance. The use of funds under this service category should be limited and carefully monitored as arrangements may raise liability issues for the funding source. Child Care Services payments are subject to income tax and, therefore, must be paid by check or electronic payment and claimed as income.

Early Intervention Services

Early Intervention Services (EIS) is the combination of services rather than stand-alone services. RWHAP Part B subrecipients and/or sub-sub recipients should be aware of programmatic expectations stipulating the allocation of funds into four specific service categories.

Written approval by the Pennsylvania Department of Health (DOH) is required for funding EIS. Any request for funding this category of service must be submitted in writing to the department's, Division of HIV. The request must detail how the subrecipient and/or sub-subrecipient will meet all four required components of this category.

HRSA RWHAP Part B EIS must include the following four components:

- Targeted HIV Testing to help the unaware learn of their HIV status and receive referral to HIV care and treatment services if found to be HIV positive. Subrecipients and/or sub-subrecipients must coordinate these testing services with other HIV prevention and testing programs to avoid duplication of efforts. HIV testing paid for under 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/or Substance Abuse Care/Services.
- Outreach Services and Health Education/Risk Reduction related to HIV diagnosis.

The requirement of all four components exists, however, reimbursement for EIS may be for one or more of these components if the subrecipient and/or sub-subrecipient is able to demonstrate other elements are in existence.

Emergency Financial Assistance

Emergency Financial Assistance (EFA) provides limited one-time or short-term payments to assist a HRSA RWHAP client with an urgent need for essential items or services necessary to improve health outcomes, including: utilities, housing, food (to include groceries and food vouchers), transportation, medication not covered by an AIDS Drug Assistance Program (short-term), AIDS Pharmaceutical Assistance (short-term), or other allowable cost necessary to improve health outcomes.

EFA must occur as a direct payment to an agency or through a voucher program. Direct cash payments to clients are not permitted. On-going or continuous costs of allowable activities are not EFA.

EFA funds used to pay for otherwise allowable HRSA RWHAP services must be accounted for under the EFA category. It is expected all other sources of funding in the community for EFA will be effectively used. Any allocation of RWHAP funds for these purposes will be as the payer of last resort, for limited amounts, uses, and periods of time.

To establish the need for the service and demonstrate the emergency nature of the request, a proof of hardship must be conducted and demonstrated by one or more of the below items:

- A significant increase in bills;
- A recent decrease in income;
- High unexpected expenses on essential items;
- The cost of shelter more than 30 percent of the household income;
- The cost of utility consumption more than 10 percent of the household income;
- Inability to obtain credit necessary to provide for basic needs and shelter; and/or
- A failure to provide EFA will result in danger to the physical health of client.

As per the Office of Management and Budget (OMB) Circular A-129, interest, fines, penalties, late fees, and/or reconnection fees are not allowed as part of the EFA.

Proper documentation of one or more the above-mentioned items needs to be submitted along with the request for reimbursement.

subrecipients and/or sub-subrecipients are required to maintain a database or spreadsheet, tracked by Ryan White (RW) service category, and submitted along with the monthly invoice for consideration of reimbursement.

EFA-Housing Support Sub-Service is not for mortgage payments and not for security deposits.

EFA, Other Sub-Service cannot include services already specified in EFA sub-services.

- EFA, Other Sub-Service: documentation must be clearly identified.

Food Bank/Home Delivered Meals

Food Bank/Home Delivered Meals refers to the provision of actual food items, hot meals, or a voucher program to purchase food. This category also includes the provision of essential non-food items, limited to the following:

- Personal hygiene products;
- Household cleaning supplies; and
- Water filtration/purification systems in communities where issues of water safety exist.

Unallowable Food Bank/Home Delivered Meal costs include household appliances, pet foods, and other non-essential products. Nutritional services and nutritional supplements provided by a registered dietitian are considered a Core Medical Service under RWHAP Medical Nutrition Therapy.

Food Bank: Should be provided to clients and contain high quality foods appropriate for individuals with HIV infection. Foods are culturally appropriate and nutritionally balanced, in accordance to the client's dietary needs, and are appealing to those receiving the service.

Home Delivered Meals: Should be provided to clients and contain high quality foods appropriate for individuals with HIV infection. Foods are culturally appropriate and nutritionally balanced, in accordance to the client's dietary needs, and are appealing to those receiving the service.

Congregate Meals: Are an allowable RW expense under this service category for HIV positive individuals and others who are not HIV positive in a group setting. Each HIV positive individual can have one guest in attendance at a congregated meal. All individuals must be registered on a list.

Health Education/Risk Reduction

Health Education/Risk Reduction is the provision of education to clients living with HIV regarding HIV transmission and how to reduce the risk of HIV transmission. This category of services includes sharing information about medical, psychosocial support services and counseling with clients to improve their health status.

Health Education/Risk Reduction cannot be delivered anonymously.

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 reduction of risk during pregnancy and transmission risks with breastfeeding when appropriate;
- Education on health care coverage options (e.g., qualified health plans through the Marketplace, Medicaid coverage, Medicare coverage);
- Health literacy; and
- Treatment adherence education.

Health Insurance Premium and Cost Sharing Assistance for Low Income Individuals

Health Insurance Premium and Cost Sharing Assistance for Low Income Individuals 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 stand-alone dental insurance.

The service provisions consist 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 stand-alone 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 RWHAP funds for health insurance premium assistance (not stand-alone dental insurance assistance), RW Part B subrecipients and/or sub-subrecipients must implement a methodology incorporating the following components:

- RWHAP Part B subrecipients and/or sub-subrecipients must ensure that clients are buying health coverage that, at a minimum, includes at least one drug in each class of core antiretroviral therapeutics from the U.S. Department of Health

and Human Services (HHS) treatment guidelines along with appropriate HIV outpatient/ambulatory health services.

- RWHAP Part B subrecipients and/or sub-subrecipients must assess and compare the aggregate cost of paying for the health insurance option versus paying for the full cost for medications and other appropriate HIV outpatient/ambulatory health services to ensure that purchasing health 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.
- To use RWHAP funds for standalone dental insurance premium assistance, an RWHAP Part B subrecipient and/or sub-sub recipient must implement a methodology that incorporates the following requirement:
 - RWHAP Part B subrecipients and/or sub-subrecipient must assess and compare the aggregate cost of paying for the stand-alone dental insurance option versus paying for the full cost of HIV oral health care services to ensure that purchasing stand-alone 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.

Paying cost sharing on behalf of a client is defined as the out-of-pocket cost of a RWHAP Part B client after primary insurance payment or denial on claims. These out of pocket amounts are considered an eligible service for individuals who have other insurance, and the other insurance has made a determination to pay or deny payment on the claim. Examples of substantiation can include a health insurance bill or statement from insurer specifying the amount the client owes after the insurance has made their determination of payment or denial. Statements from health insurers specifying 'THIS IS NOT BILL' are not permitted as they are estimates of what the other insurance may pay but not the actual payment amount.

Cost sharing reimbursement toward claims with out-of-pocket expenses is limited to claims for services directly related to HIV associated medical conditions.

If a co-morbidity is directly related to HIV diagnosis and is clearly documented in client's record, expense is allowable.

Home and Community-Based Services

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.

Sub-services include:

- Specialized Care: Appropriate mental health, developmental, and rehabilitation services
- Day Treatment and/or Other Services
- Durable Medical Equipment (DME)
- Home Health aide services/Personal Care services in the home

Inpatient hospitals, Skilled Nursing Facilities and other long-term care facilities are not considered an integrated setting for the purposes of providing home and community-based health services and are not an allowable expense.

Specialized Care: If justification can be made and clearly documented in the client's medical record that the co-morbidity is directly related to HIV diagnosis, expense is allowable.

Home Health Care

Home Health Care is the provision of services in the home appropriate to a client's needs and are performed by licensed professionals. Services must be directly related to client's HIV Disease.

Home Health Care Services 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; and
- Other medical therapies.

The provision of Home Health Care is limited to clients who are homebound.

Home settings do not include Skilled Nursing Facilities or inpatient mental health/substance abuse treatment facilities.

Subrecipients and/or sub-subrecipients must ensure a Nursing Plan is developed to include an assigned Case Manager for each client accepted into this program. The Case Manager is required to ensure a Nursing Plan exists and confirm the Plan contains required information. The Plan will indicate whether the Home Health aide or nurse will provide services or specialized care and shall include the services to be provided, the roles and responsibilities, and the goals and activities involved, including dates as appropriate. These items will be documented in the client's medical record.

Professional Requirements: Pennsylvania Department of Primary Care Certification for Home Health, and Medicare Primary Care Certification.

Hospice Services

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

Allowable services are:

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

Palliative therapies must be consistent with those covered under private insurance, Medicare insurance, and/or respective state Medicaid programs. The above-mentioned sub-services must be performed at the time of hospice services. Hospice providers may provide these five components for a RWP Part B client who is terminally ill. Clients who are terminally ill are defined as a client with a life expectancy of six months or less.

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.

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 subrecipient and/or sub-subrecipient. 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.

Hospice Services can be used to purchase medications relating to end of life care.

Housing

RW 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.

It is intended to provide for the housing costs associated with treatment centers to ensure that treatment is not denied, because the funding to support the actual treatment does not allow for the housing component. Housing activities include housing referral services, such as assessment, search, placement, and housing advocacy services on behalf of the eligible client, as well as fees associated with these activities. Housing

may provide some type of core medical (i.e. Mental Health Services) or support services (i.e. Residential Substance Abuse Services).

HRSA RWHAP subrecipients and/or sub-subrecipients using 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 housing clients.

HRSA RWHAP subrecipients and/or sub-subrecipients, along with local decision-making planning bodies, are strongly encouraged to institute duration limits to housing activities. HRSA HIV/AIDS Bureau (HAB) recommends subrecipients and/or sub-subrecipients align duration limits with definitions used by other housing programs, such as those administered by the U.S. Department of Housing and Urban Development (HUD), which currently uses 24 months for transitional housing.

This category includes housing only where there is a current rental agreement in place and kept on file. Such documentation may include a lease, a signed letter on agency letterhead, a rent verification form, or other documents approved by the subrecipient and/or sub-subrecipient. Handwritten and typed documents are acceptable if the document includes, minimally, the landlord name and phone number, client name and phone number, address rent amount, and terms of payment that may be imposed on client outside of the rent.

RW Housing cannot pay for mortgage payments or security deposits.

Housing Opportunities for People with AIDS (HOPWA) -Permanent Placement Sub-Service includes Security Deposits and/or first/last month's rent. It is not to exceed two month's rent and is HOPWA Only.

Coordination with other Federal/State housing programs is encouraged.

Subrecipients and/or sub-subrecipients must assess the housing needs of new clients and annually review the housing needs of existing clients.

Clients cannot receive HOPWA housing and RW housing simultaneously for the same service.

For additional HOPWA guidance, see the Pennsylvania HOPWA manual.

Linguistic Services

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

Linguistic Services provided must comply with the [National CLAS \(Culturally and Linguistically Appropriate Services In Health and Health Care\) standards.](#)

Subrecipients and/or sub-sub recipients will develop and follow a written protocol for processing requests for client services, and for the delivery and monitoring of these services.

Subrecipients and/or sub-subrecipients are responsible to provide interpretation and translation requests for the primary languages in their area by fax or by telephone during normal business hours. Recipients and/or sub-subrecipients should access [national linguistic map](#) of primary languages in their region when establishing these services.

Subrecipients and/or sub-subrecipients are responsible to provide the ability to communicate with clients who are deaf or hard of hearing. Subrecipients and/or sub-subrecipients should inform clients of available aids and services available to clients.

Linguistic subscription/contract (s) are an administrative cost. The per service charge is the client cost.

Medical Case Management, including Treatment Adherence

Medical Case Management (MCM) is the provision of a range of client-centered activities focused on improving health outcomes in support of the HIV care continuum. Activities may be prescribed by an interdisciplinary team that includes other specialty care providers. MCM includes all types of case management encounters (e.g., face-to-face, non-face-to-face and client-specific supervision). MCM services have improving health care outcomes as their objective, whereas Non-Medical Case Management Services (NMCM) have providing guidance and assistance in improving access to needed services as their objective.

Key activities may 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 six 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; and
- Follow-up.

In addition to providing the medically oriented services above, MCM may also provide benefits by assisting eligible clients in obtaining access to other public and private programs for which they may be eligible (i.e. 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).

Visits to ensure readiness for, and adherence to, complex HIV treatments is allowable for MCM or Outpatient/Ambulatory Health Services. Treatment Adherence Services provided during an MCM visit should be reported in the MCM service category whereas Treatment Adherence services provided during an Outpatient/Ambulatory Health Service visit should be reported under the Outpatient/Ambulatory Health Services category.

The minimum education requirements for a Case Management Supervisor and a Case Manager are as follows:

- MCM Supervisors:
 - Bachelor's degree required, Masters preferred, along with two years of experience performing Social Work and/or MCM activities.
- Medical Case Manager:
 - A licensed Registered Nurse; and/or bachelor's degree in social work, psychology, sociology or other related field; or bachelor's degree in a non-similar field; and two years' experience in case management, social work and/or a Community Health Worker Certification.

MCM Supervisors and/or Medical Case Managers employed prior to April 4, 2018 not meeting the minimum education requirements will be grandfathered in.

Caseload amounts per Case Manager is dependent on the ability of the Case Manager to adequately manage their clients. The Case Manager caseload will be reviewed during an Annual Site Visit.

Face-to-Face MCM are any face-to-face client-centered activities, including accompanied medical visits, focused on improving health outcomes.

Non-Face-to-Face MCM are any non-face-to-face client-centered activities, including documentation, focused on improving health outcomes.

Client-Specific Supervision activities are any client-specific encounter between an MCM and MCM supervisor (to be documented by either the MCM or supervisor).

Medical Nutrition Therapy

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

dietitian should be considered Psychosocial Support Services or Food Bank/Home Delivered Meals.

These services can be provided in individual and/or group settings and outside of HIV Outpatient/Ambulatory Health Services. Services must contain a consideration of a person's individual personal and cultural food preferences, budget, living situation, cooking skills and facilities.

Medical Nutrition Therapy includes:

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

Medical Transportation

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

Medical transportation may be provided through:

- Contracts with providers of transportation services;
- Mileage reimbursement (through a non-cash system) that enables clients to travel to needed medical or other support services, but should not in any case exceed the established rates for federal Programs (Federal Joint Travel Regulations provide further guidance on this subject);
- Purchase or lease of organizational vehicles for client transportation programs, provided the subrecipient and/or sub-subrecipient 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); and
- Voucher or token systems.

Transportation costs for medical providers to giving care should be categorized under the service category for the service being provided. All services billed to Medical Transportation need to be submitted on the Medical Transportation Services form.

Medical Transportation Services can only be provided to clients to access RW allowable services defined in these Standards.

Unallowable costs include:

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

Mental Health Services

Mental Health Services are the provision of outpatient psychological and/or psychiatric screening, assessment, diagnosis, treatment, and/or 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 of Pennsylvania to render such services. Such professionals typically include psychiatrists, psychologists, and licensed clinical social workers.

Mental Health Services are performed only by licensed, qualified mental health professionals. For services performed by non-licensed individuals, see Psychosocial Services.

Non-Medical Case Management

Non-Medical Case Management (NMCM) provides guidance and assistance in accessing medical, social, community, legal, financial, and other needed services. NMCM Services, unlike MCM Services, do not involve coordination and follow up of medical treatments.

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, non-face-to-face and client-specific supervision).

Telehealth technology is an allowable means of NMCM 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 six months with adaptations as necessary; and
- Ongoing assessment of the client's and other key family members' needs and personal support.

NMCM may provide the client with assistance in accessing vocational and employment services.

Face-to-Face NMCM are any face-to-face client-centered activities, including accompanied medical visits, focused on improving health outcomes.

Non-Face-to-Face NMCM are any non-face-to-face client-centered activities, including documentation, focused on improving health outcomes.

Client-Specific Supervision activities are any client-specific encounter between an NMCM to be documented by NMCM.

Oral Health Care

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

Other Professional Services

Other Professional Services allow for the provision of professional and consultant services rendered by members of 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; and
 - 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
 - These services are only available prior to the death of the client.
- 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 or for RW eligibility verification purposes.

Other Professional Services cannot be used for criminal defense or class-action lawsuits unrelated to access services eligible for funding under the RWHAP program.

Outpatient/Ambulatory Health Services

Outpatient/Ambulatory Health Services (OAHS) are diagnostic and therapeutic-related services provided directly to a client by a licensed healthcare provider in an outpatient medical setting. Outpatient medical settings may include clinics, medical offices, mobile vans where clients do not stay overnight, using telehealth technology and urgent care facilities for HIV-related visits. Emergency room services are not considered outpatient settings and they are not an allowable use of OAHS.

Allowable activities include:

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

Telehealth is an allowable OAHS activity if it directly relates to the diagnosis of HIV (and/or related medical conditions noted by licensed healthcare provider). When providing this service remotely, through any telehealth modality, the subrecipient and/or sub-subrecipient must ensure ability of the equipment used to protect client confidentiality.

Treatment Adherence services provided during an OAHS visit should be reported under the OAHS category whereas Treatment Adherence services provided during an MCM visit should be reported in the MCM service category.

Acupuncture is an allowable expense if it is a part of a treatment plan.

HIV confirmatory and viral load testing is allowable.

HIV-related Specialty Care includes vision and audiology

Non-HIV related visits to urgent care facilities are not an allowable cost within the OAHS category.

Outreach Services

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.

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) thus meeting the requirements above and include explicit and clear links to, and information about, available HRSA RWHAP services.

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 exclusively used to promote HIV prevention education. Subrecipients and/or sub-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 must have measurable deliverables including a workplan that depicts the goal of the program.

Outreach funds may pay for HIV testing but must not supplant other funding.

Psychosocial Support

Psychosocial Support services provide group or individual support and counseling services to assist eligible PLWH to address behavioral and physical health concerns. Activities provided under the Psychosocial Support Services may include:

- Bereavement counseling;
- Counseling (which may include child abuse and neglect counseling);
- HIV Support Groups;
- Nutrition counseling provided by a non-registered dietitian (see Medical Nutrition Therapy Services); and
- Pastoral care/counseling services.

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.

Individual psychosocial support services require a goal plan and progress notes in the client's record.

Group activity requires a log of participants per session. Group activities must have a plan/structure. Individual notes for all group participants must be documented in client's record.

Referral for Healthcare and Support Services

Referral for Health Care and Support Services directs clients to needed core medical or support services in person, or through telephone, written or other type of communication.

This service may include referrals to assist eligible clients to obtain access to other public and private programs for which they may be eligible (e.g., Medicaid, Medicare Part D, Pa. Special Pharmaceutical Benefits Program, Pharmaceutical Manufacturer's Patient Assistance Programs, and other state or local health care and supportive services, or health insurance Marketplace plans).

Rehabilitation Services

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.

Allowable activities under this category include physical, occupational, speech, and vocational therapy.

Rehabilitation services provided as part of in-patient hospital services, nursing home, and other long-term care facilities are not allowable under Rehabilitation Services.

Respite Care

Respite Care is the provision of periodic respite care in community or home-based settings which 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.

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 Outpatient Care

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

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

- Acupuncture.

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

Substance Abuse Services (residential)

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; and
- 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).

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.

Out-of-state Substance Abuse-Residential services must be pre-approved by the DOH.

Universal Standards

As part of its commitment to improving the quality of care and services and ultimately the quality of life for PLWH, HRSA/HAB directs subrecipients and/or sub-subrecipients of the RW Program to develop and implement quality management programs to address the quality of care for PLWH. HRSA/HAB's working definition of quality is "the degree to which a health or social service meets or exceeds established professional standards and user expectations." Subrecipient's and/or sub-subrecipient's quality management programs are required to:

- Assess the extent to which HIV health services are consistent with the most recent Public Health Service (PHS) guidelines and established clinical practice 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.

Universal Standards are the minimum requirements subrecipients and/or sub-subrecipients are expected to meet when providing HIV care and support services funded by the RWHP. Universal Standards will be reviewed and modified cooperatively with the HIV Planning Group Quality Management Advisory Committee (HPG QMAC) Part A, Part B, subrecipients, sub-subrecipients and consumers in Pennsylvania as needed. Subrecipients evaluate sub-subrecipients compliance with the Universal Standards with the measures listed below, during annual site visits, and required reporting.

A subrecipient is defined as the entity who contracts with DOH. A sub-subrecipient is an entity who contracts with a subrecipient.

Eligibility:

- A. Subrecipient and/or sub-subrecipient must:
- a. Have a documented policy in place for verifying client's RW eligibility; screening for duplication of services; ensuring RW is the payer of last resort (cash payments to clients is not allowable).
 - b. Must collect the HRSA demographic information from client.
 - c. Develop and maintain client records containing documentation of client's eligibility determination, including the following:
 - i. Initial Eligibility Determination & Once annually (12-month period).
Recertification Documentation Requirements:
 1. HIV/AIDS diagnosis (at initial determination);
 2. Proof of residence;
 3. Low income documentation;
 4. Uninsured or underinsured status (Insurance verification as proof)

- a. Determination of eligibility and enrollment in other third-party insurance programs including Medicaid and Medicare
 - b. For underinsured, proof this service is not covered by other third-party insurance programs including Medicaid and Medicare.
- d. Proof of HIV status is only required during Initial Eligibility.
 - i. Recertification (minimum of every six months)
 - Documentation Requirements:
 - 1. Proof of residence;
 - 2. Low income documentation;
 - 3. Uninsured or underinsured status (insurance verification as proof)
 - a. Determination of eligibility and enrollment in other third-party insurance program (s) including Medicaid and Medicare.
- e. At six-month recertification one of the following is acceptable:
 - 1. Full application with documentation.
 - 2. Self-attestation of no change or self-attestation of change with documentation.
 - o A self-attestation statement can be done in person, over the telephone or via email (if self-attestation is done over the phone or via email, client must bring the required paperwork on their next visit).
- f. Appropriate documentation is required for changes in eligibility status and at least once per year.

Client Rights:

- A. Services must be made available to all individuals meeting RW eligibility requirements.
- B. Subrecipients and/or sub-subrecipients must:
 - a. Ensure clients' right to access all RW services in a safe and accessible facility regardless of physical or cognitive limitations;
 - b. Have a Non-Discrimination policy in place stating they will not discriminate against any client or potential client on the basis of race, color, creed, religion, national origin, sex, marital status, status in regard to public assistance, membership or activity in a local commission, disability, sexual orientation, gender identity and expression and/or age; and
 - c. Have a Grievance policy in place for clients to access in the event they are dissatisfied with any aspect of the service (s) they receive
- C. Client must be provided with:
 - a. Appropriate interpretive services;

- b. Education on available HIV services and how to access them, as necessary or on request;
 - c. Privacy Notice/Confidentiality Statement on how client information is protected, shared and used;
 - d. Client/Patient Bill of Rights;
 - e. Grievance policy;
 - f. Copies of any releases of information (if applicable);
 - g. Copy of Non-Discrimination policy upon request; and
 - h. Copy of Service Standards and Universal Standards upon request.
- D. Client file must contain a signed:
- a. Release of Information (ROI) reviewed annually, as required, with details on who is sending information; who is receiving information; what information is being shared; how client may revoke ROI;
 - b. Consent to Services; and
 - c. Acknowledgement of having received items Da-Db;

Subrecipient and/or Sub-Subrecipient Qualifications:

- A. Subrecipients and/or sub-subrecipient must:
- a. Have documentation of all current staff including job description, resume, education, certification, licensure, work experience, background checks, skills and training needs/plans.
 - b. Ensure their staff have the required certification, licensure, training, knowledge, skills, and abilities required by statute/law and service care standards necessary to completely provide contracted services, for which all documentation shall be retained (PCN 16-02, RWHAP Part B Manual & HIV/AIDS Bureau National Monitoring Standards).
- B. Track all completed trainings and retain records. This information will be provided upon request.
- C. Ensure staff will have knowledge of or training on:
- a. All MCM Supervisors and MCM's meet the minimum educational requirements outlined for their roles.
 - b. Specific and required education/training:
 - i. Documentation of policies and staff training on the requirement that RW be the payer of last resort and how that requirement is met.
 - ii. Documentation of all staff involved in Eligibility Determination complete the required training.
 - c. General education/training topics may include:

- i. HIV basics (i.e. getting tested, transmission, disease stages, understanding lab results);
- ii. RW system, services provided, and eligibility;
- iii. HIV Care Continuum;
- iv. Retention in care and referral strategies;
- v. Cultural responsiveness;
- vi. Confidentiality/privacy policies;
- vii. Universal Standards;
- viii. Service specific standards; and
- ix. Required documentation for RW program compliance.
- x. Subrecipients and/or sub-subrecipients are required to maintain staff training records, to be reviewed during an Annual Site Visit.

Administration:

- A. Subrecipients and/or sub-subrecipients must:
 - a. Ensure all services/activities paid for by the RW Grant are allowable, ensure RW is the payer of last resort and no cash payments can be made to clients.
 - b. Mobile devices (e.g., telephones, tablets, laptops) and connectivity costs (e.g., data plans, phone cards), collectively referred to as “mobile technology,” are allowable uses of federal funds in instances where the RWHAP subrecipient and/or sub-subrecipient office can ensure that costs are reasonable, allocable, and needed in order to achieve the statutory purpose of the program. Subrecipients and/or sub-subrecipients can fund mobile technology costs to support access to HIV care, treatment, and support via telehealth across various core medical and support services, in accordance to the specifics of the service category identified. These would be direct service costs. However, and in addition, mobile technology and related costs are allowable uses of federal funds for members of RWHAP planning councils and planning bodies, or other advisory groups, as needed to participate in activities with subrecipients and/or sub-subrecipients. In cases such as these, the costs would be administrative funds. Any purchases for mobile technology for client access to services or for planning/Advisory members must be justified in documentation on a case by case basis and comport with all contractual requirements regarding purchases of equipment with RW funds in your subrecipient and/or sub-subrecipient contracts.
 - c. Have a policy on and demonstrate compliance regarding:
 - i. Intake and Assessment;
 - ii. Case Closure;

- iii. Waiting Lists;
 - iv. Caps on charges; and
 - v. Sliding-fee scale for services provided.
- d. Have a complete, current, secure, individual record (electronic or hard copy) maintained for each client receiving RW funded services with eligibility documents, intake/assessment/application, record of all RW funded services provided, and all service-specific documentation requirements. Ensure all electronic records are password protected and backed up at least weekly. Backed up records shall be maintained in a safe and secure (off-site) location.
 - e. Ensure all RW funded services are accurately entered into the client level data reporting system (CAREWare) monthly in accordance with contract guidance, with types, dates, quantity, duration and services provided matching submitted invoices.
 - f. Submit outcomes and evaluation data through quarterly reports on schedule specified in contract guidance, through CAREWare, and the RW Services Report (RSR).
 - g. Comply with the contract, HRSA and HHS requirements.
 - h. Conduct annual client/community input through an anonymous survey allowing subrecipients and/or sub-subrecipients to collect and evaluate client feedback to improve service delivery and Cultural Responsiveness across all services.
 - i. Collect and maintain client utilization outcomes data which indicates:
 - 1. Number and demographics of clients who are receiving each funded service;
 - 2. Communities or populations underutilizing services;
 - 3. Disparities in HIV related client-level health outcomes;
 - 4. Subrecipients and/or sub-subrecipients can utilize their organization's Community Advisory Board (CAB) to review the results of the annual client survey and provide recommendation (s) to be included in the Quality Improvement Plan based on the responses;
 - a. If an organization does not have a CAB, or is unable to utilize their CAB, subrecipients and/or sub-subrecipients can conduct the review of the annual client survey and provide recommendations.

Cultural Responsiveness:

- A. Cultural Responsiveness is defined as the ability to learn from and relate respectfully with people from your own culture as well as those from other cultures. Cultural Responsiveness should be incorporated into all aspects of our service delivery.
- B. Operations & Structure:
 - a. Organizations will train staff to be prepared for a diverse client population:

- i. Provide a welcoming environment, which is culturally inclusive and respectful of the client populations being served.
- ii. Collect and analyze client demographic data to identify disparities and develop strategies to eliminate disparities, as well as to support continuous improvement around cultural responsiveness.

Confidentiality, Security & Compliance:

- A. Subrecipient and/or sub-subrecipient will demonstrate structured and ongoing efforts to avoid fraud, waste and abuse (mismanagement) in any federal or state funded program.
 - a. Subrecipient and/or sub-subrecipient will utilize monitoring system (s) to enforce and ensure compliance with federal requirements and programmatic expectations;
 - b. Subrecipient and/or sub-subrecipient will maintain evidence demonstrating federal funds have been used for allowable services and comply with Federal and RW requirements.
 - c. Subrecipient and/or sub-subrecipient will demonstrate evidence of financial monitoring. Subrecipient and/or sub-subrecipient will provide financial reports specifying expenditures by service category and use of Ryan White funds as specified by DOH;
 - d. Subrecipient and/or sub-subrecipient will prepare and submit timely and detailed response to monitoring findings and will provide timely progress reports on implementation of corrective action plans;
 - e. Subrecipient and/or sub-subrecipient will demonstrate identification and description of individual employee salary expenditures to ensure salaries are within the HRSA salary limit.
 - f. Subrecipient and/or sub-subrecipient will provide newly hired employees and annually thereafter, a copy of the organizations Code of Conduct (which includes HIPAA, Conflict of Interest & Anti-Kickback policies);
 - g. Subrecipient and/or sub-subrecipient will maintain professional certifications and licensure documents for medical professionals providing care to RW clients and make them available to PADOH upon request.
 - h. Subrecipient and/or sub-subrecipient will participate in and provide all materials necessary to carry out monitoring activities.
 - i. Subrecipient and/or sub-subrecipient will conduct background checks prior to employment.
 - i. Background checks are an administrative cost and is billable to RW.
 - ii. Staff are to notify their employer of legal infractions impacting their role and/or certification/licensure.

- j. Any identified misuse of RWHAP Part B funds by an individual and/or entity must be reported to DOH within 24 hours of being made aware.
- k. In the event clarification is required, sub-subrecipients are to contact their subrecipient for guidance and subrecipients are to contact their assigned Project Officer (PO) for additional clarification as needed.

Taxonomy for Ryan White Eligible Service

2020 Service Category	2020 Service Definitions	2020 Sub-Service	2020 Sub-Service Definition	1 unit =
Child Care Services	See Service Standard Definition and Program Guidance	Child Care Services		30 Minutes
Early Intervention Services (EIS)	See service standard definition and program guidance	EIS-Testing	Must obtain written approval from DOH for EIS.	1 Test
		EIS-Referral services	Must obtain written approval from DOH for EIS.	1 Referral
		EIS-Outreach-HIV positive	Must obtain approval from DOH for EIS. Cannot be delivered anonymously.	15 Minutes
		EIS-Outreach-referral	Must obtain written approval from DOH for EIS.	15 Minutes
		EIS-Outreach follow-up	Must obtain written approval from DOH for EIS.	15 Minutes
		EIS-Education risk reduction	Must obtain written approval from DOH for EIS.	15 Minutes
Emergency Financial Assistance (EFA)	See service standard definition and program guidance	EFA-Food	Proof of hardship to be conducted prior to service.	1 Food voucher
		EFA-Housing support		1 Payment
		EFA-Medications	EFA-Housing support is not for mortgage	1 Filled prescription

2020 Service Category	2020 Service Definitions	2020 Sub-Service	2020 Sub-Service Definition	1 unit =
		EFA-Transportation	payments and not for security deposits.	1 Way trip or 1 round trip
		EFA-Utilities		1 Bill/expense
		EFA-Other	Cannot include services already specified in EFA sub-services above. Documentation for this subservice must be clearly identified.	1 Payment
Food Bank/ Home Delivered Meals	See service standard Definition and program guidance	Food bank-Congregate meals		1 Meal
		Food bank-home delivered meals	Home delivered meals (The number of meals and deliveries of meals to HIV+clients). This does not reflect finances to purchase food or meals.	1 Meal
		Food bank-visit	This represents the number of visits to the food bank.	1 Visit
		Food bank-voucher		1 Voucher
		Food bank-nutritional supplements	Nutritional services and nutritional supplements provided by a registered dietitian is considered a core medical service under RWHAP.	1 Supplement
		Food bank-water filter/replacement		1 Filter or replacement
Health Education/Risk Reduction	See service standard definition and program guidance	Health ed./risk reduction	Cannot be delivered anonymously.	15 Minutes

2020 Service Category	2020 Service Definitions	2020 Sub-Service	2020 Sub-Service Definition	1 unit =
Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals	See service standard definition and program guidance	Medicare premium		1 Premium
		Medicare deductible/co-pay		1 Payment
		Other insurance premium		1 Premium
		Other insurance deductible/co-pay		1 Payment
Home and Community-Based Services	See service standard definition and program guidance	HCBS-Day treatment/other	Day treatments or other partial hospitalization services.	1 Day
		HCBS-DME	Durable medical equipment	1 Item
		HCBS-Aide/personal services	Home health aide services/personal care services.	1 Hour
		HCBS-Specialized care		1 Hour
Home Health-Care	See service standard definition and program guidance	Home health care		1 Hour
Hospice Services	See service standard definition and program guidance	Hospice-Residential		1 Hour
		Hospice-In home		1 Hour
Housing Services	See Service Standard Definition and Program Guidance	RW Housing assistance / information services	RW only	15 Minutes
		Housing support	RW only (not for mortgage payments; not for security deposits)	1 Payment
		HOPWA-STRMU	Short-term rent, mortgage, utility payments-HOPWA only	1 Payment

2020 Service Category	2020 Service Definitions	2020 Sub-Service	2020 Sub-Service Definition	1 unit =
		HOPWA-TBRA	Tenant based rental assistance-HOPWA only	1 Payment
		HOPWA-Permanent housing placement	Security deposits and/or first/last month's rent, not to exceed two month's rent. HOPWA only.	1 Payment
		HOPWA-Case management	HOPWA case management only	1 Payment
Linguistics Services	See service standard definition and program guidance	Translation/interpretation services	The per service charge is the client cost. Linguistic subscription/contract is an administrative cost.	15 Minutes
Medical Case Management (MCM), including Treatment Adherence Services	See service standard definition and program guidance	MCM, face-to-face	The sub-services listed may include the following: MCM Intake, MCM assessment, MCM re-assessment/re-certification, MCM follow-up, MCM referral and/or MCM treatment adherence.	15 Minutes
		MCM, non-face-to-face		15 Minutes
		MCM, client specific supervision		15 Minutes
Medical Nutrition Therapy	See service standard definition and program guidance	Medical nutrition therapy	Services provided by registered/licensed dietitian.	15 Minutes
Medical Transportation	See service standard definition and program guidance	Medical transportation	Medical transportation services can only be provided to a client when accessing RW allowable services defined in service standards.	1 Way trip or 1 round Trip
Mental Health Services	See service standard definition and	Mental health services		15 Minutes

2020 Service Category	2020 Service Definitions	2020 Sub-Service	2020 Sub-Service Definition	1 unit =
	program guidance			
Non-Medical Case Management (NMCM)	See service standard definition and program guidance	NMCM, face-to-face	The sub-services listed may include the following: NMCM intake, NMCM assessment, NMCM re-assessment/recertification, NMCM follow-up and/or NMCM referral.	15 Minutes
		NMCM, non-face-to-face		15 Minutes
		NMCM, client specific supervision		15 Minutes
Other Professional Services	See service standard definition and program guidance	Legal services		15 Minutes
		Permanency planning	Permanency planning services are only available prior to the death of a client.	15 Minutes
		Tax preparation		15 Minutes
Oral Health Care	See service standard definition and program guidance	OHC, face-to-face office visit	The sub-service may include: Diagnostic, preventative and/or therapeutic Services.	1 Visit
Outpatient/ Ambulatory Health Services	See service standard definition and program guidance	OAHS, face-to-face	OAHS provides diagnostic and therapeutic related activities directly to a client by a licensed healthcare provider in an outpatient setting. OAHS may include: Diagnostic, therapeutic,	1 Visit
		OAHS, telehealth		1 Visit

2020 Service Category	2020 Service Definitions	2020 Sub-Service	2020 Sub-Service Definition	1 unit =
			treatment adherence, acupuncture and vision care. Outpatient medical settings may include clinics, medical offices, mobile vans, using telehealth technology and/or urgent care facilities for HIV-related visits.	
Outreach Services	See service standard definition and program guidance	Outreach services, encounters	Cannot be delivered anonymously.	1 HIV case identified
		Outreach services, referrals	Cannot be delivered anonymously.	15 Minutes
		Outreach services, follow-up	Cannot be delivered anonymously.	15 Minutes
Psychosocial Support Services	See service standard definition and program guidance	Psychosocial support services, bereavement counseling		15 Minutes
		Psychosocial support services, caregiver support group		30 Minutes Per Person
		Psychosocial support services, counseling		15 Minutes
		Psychosocial support services, HIV support group		30 Minutes per person
		Psychosocial support services,		15 Minutes

2020 Service Category	2020 Service Definitions	2020 Sub-Service	2020 Sub-Service Definition	1 unit =
		non-professional nutritional counseling		
		Psychosocial support services, pastoral care		15 Minutes
Referral for Health Care and Supportive Services	See service standard definition and program guidance	Referral for health care/support services		15 Minutes
Rehabilitation Services	See service standard definition and program guidance	Rehabilitation services	Allowable activities under this category include physical, occupational, speech, and vocational therapy.	15 Minutes
Respite Care	See service standard definition and program guidance	Respite care, community		1 Hour
		Respite care, in home		1 Hour
Substance Abuse Outpatient Care	See service standard definition and program guidance	Substance abuse OP, acupuncture	Can only be delivered if part of a treatment plan.	1 Visit
		Substance abuse OP, counseling/behavioral health		15 Minutes
		Substance abuse OP, adherence/harm reduction		1 Visit
		Substance abuse OP, medication assistance therapy		1 Dose

2020 Service Category	2020 Service Definitions	2020 Sub-Service	2020 Sub-Service Definition	1 unit =
		Substance abuse OP, neuropsychiatric medication		1 Dose
		Substance abuse OP, pre-treatment readiness		1 Visit
		Substance abuse OP, relapse prevention		1 Visit
		Substance abuse OP, screening/assessment/diagnosis		1 Visit
		Substance abuse services, residential: acupuncture	Can only be delivered if part of a treatment plan.	1 Visit
Substance Abuse Services (residential)	See service standard definition and program guidance			
		Substance abuse services, residential		1 Day

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

*Policy Clarification Notice (PCN) #16-02 (Revised 12/05/16)
Replaces Policy #10-02*

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

Purpose of PCN

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

Background

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

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

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

HIV/AIDS BUREAU POLICY 16-02

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

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

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

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

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

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

Eligible Individuals:

¹ See sections 2605(a)(6), 2617(b)(7)(F), 2664(f)(1), and 2671(i) of the Public Health Service Act.
HIV/AIDS BUREAU POLICY 16-02

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

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

- a. The service has as its primary purpose enabling the affected individual to participate in the care of someone with HIV or AIDS. Examples include caregiver training for in-home medical or support service; psychosocial support services, such as caregiver support groups; and/or respite care services that assist affected individuals with the stresses of providing daily care for someone who is living with HIV.
- b. The service directly enables an infected individual to receive needed medical or support services by removing an identified barrier to care. Examples include payment of a RWHAP client's portion of a family health insurance policy premium to ensure continuity of insurance coverage for a low-income HIV-infected family member, or child care for children, while an infected parent secures medical care or support services.
- c. The service promotes family stability for coping with the unique challenges posed by HIV. Examples include psychosocial support services, including mental health services funded by RWHAP Part D only, that focus on equipping affected family members, and caregivers to manage the stress and loss associated with HIV.
- d. Services to non-infected clients that meet these criteria may not continue subsequent to the death of the HIV-infected family member.

Unallowable Costs:

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

² Store gift cards that can be redeemed at one merchant or an affiliated group of merchants for specific goods or services that further the goals and objectives of the RWHAP are allowable as incentives for eligible program participants.

HIV/AIDS BUREAU POLICY 16-02

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

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

Other unallowable costs include:

- Clothing
- Employment and Employment-Readiness Services
- Funeral and Burial Expenses
- Property Taxes

Allowable Costs:

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

Service Category Descriptions and Program Guidance

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

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

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.

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

RWHAP Core Medical Services

AIDS Drug Assistance Program Treatments

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

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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 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 RWHAP Part C recipients to use 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 RWHAP Parts C and D recipients to use 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.

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 Part B of the RWHAP to provide FDA-approved medications to low-income clients with HIV disease who have no coverage or limited health care coverage. ADAPs may also use program funds to purchase health insurance for eligible clients and for services that enhance access to, adherence to, and monitoring of antiretroviral therapy. RWHAP ADAP recipients must assess and compare the aggregate cost of paying for the health insurance option versus paying for the full cost for medications and other appropriate HIV outpatient/ambulatory health services to ensure that purchasing health insurance is cost effective in the aggregate.

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

Program Guidance:

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

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

PCN 13-05: [Clarifications Regarding Use of Ryan White HIV/AIDS Program Funds for Premium and Cost-Sharing Assistance for Private Health Insurance](#); and

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

See also AIDS Pharmaceutical Assistance and Emergency Financial Assistance

AIDS Pharmaceutical Assistance

Description:

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

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

RWHAP Part A or B recipients using the LPAP service category must establish the following:

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- Uniform benefits for all enrolled clients throughout the service area
 - A recordkeeping system for distributed medications
 - An LPAP advisory board
 - A drug formulary approved by the local advisory committee/board
 - A drug distribution system
 - A client enrollment and eligibility determination process that includes screening for ADAP and LPAP eligibility with rescreening at minimum of every six months
 - Coordination with the state’s RWHAP Part B ADAP
 - A statement of need should specify restrictions of the state ADAP and the need for the LPAP
 - Implementation in accordance with requirements of the 340B Drug Pricing Program and the Prime Vendor Program
2. Community Pharmaceutical Assistance Program is provided by a RWHAP Part C or D recipient for the provision of long-term medication assistance to eligible clients in the absence of any other resources. The medication assistance must be greater than 90 days.

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

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

Program Guidance:

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

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

See [Ryan White HIV/AIDS Program Part A and B National Monitoring Standards](#)

See also [LPAP Policy Clarification Memo](#)

See also AIDS Drug Assistance Program Treatments and Emergency Financial Assistance

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Early Intervention Services (EIS)

Description:

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

Program Guidance:

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

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

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

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

Description:

Health Insurance Premium and Cost Sharing Assistance provides financial assistance for eligible clients living with HIV to maintain continuity of health insurance or to receive medical and pharmacy benefits under a health care coverage program. 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 RWHAP funds for health insurance premium assistance (not standalone dental insurance assistance), an RWHAP Part recipient must implement a methodology that incorporates the following requirements:

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

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

- 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, RWHAP Parts A and B recipients have supported health insurance premiums and cost sharing assistance. If a 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.

See:

[PCN 07-05: Program Part B ADAP Funds to Purchase Health Insurance;](#)

[PCN 13-05: Clarifications Regarding Use of Ryan White HIV/AIDS Program Funds for Premium and Cost-Sharing Assistance for Private Health Insurance;](#)

[PCN 13-06: Clarifications Regarding Use of Ryan White HIV/AIDS Program Funds for Premium and Cost-Sharing Assistance for Medicaid;](#) and

PCN 14-01: Revised 4/3/2015: [Clarifications Regarding the Ryan White HIV/AIDS Program and Reconciliation of Premium Tax Credits under the Affordable Care Act](#)

Home and Community-Based Health Services

Description:

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

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

Program Guidance:

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

Home Health Care

Description:

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

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

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- 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:

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 may be prescribed by an interdisciplinary team that includes other specialty care providers. Medical Case Management includes all types of case management encounters (e.g., face-to-face, phone contact, and any other forms of communication). Key activities include:

- Initial assessment of service needs
- Development of a comprehensive, individualized care plan
- Timely and coordinated access to medically appropriate levels of health and support services and continuity of care
- Continuous client monitoring to assess the efficacy of the care plan
- Re-evaluation of the care plan at least every 6 months with adaptations as necessary

- Ongoing assessment of the client's and other key family members' needs and personal support systems
- Treatment adherence counseling to ensure readiness for and adherence to complex HIV treatments
- Client-specific advocacy and/or review of utilization of services

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

Program Guidance:

Medical Case Management services have as their objective improving health care outcomes whereas Non-Medical Case Management Services have as their objective providing guidance and assistance in improving access to needed services.

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

Medical Nutrition Therapy

Description:

Medical Nutrition Therapy includes:

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

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

Program Guidance:

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

See Food-Bank/Home Delivered Meals

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Mental Health Services

Description:

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

Program Guidance:

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

See Psychosocial Support Services

Oral Health Care

Description:

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

Program Guidance:

None at this time.

Outpatient/Ambulatory Health Services

Description:

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

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

Program Guidance:

Treatment Adherence services provided during an Outpatient/Ambulatory Health Service visit should be reported under the Outpatient/Ambulatory Health Services

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category whereas Treatment Adherence services provided during a Medical Case Management visit should be reported in the Medical Case Management service category.

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

See Early Intervention Services

Substance Abuse Outpatient Care

Description:

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

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

Program Guidance:

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

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

See Substance Abuse Services (residential)

RWHAP Legislation: Support Services

Child Care Services

Description:

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

Allowable use of funds include:

- A licensed or registered child care provider to deliver intermittent care

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

Program Guidance:

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

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

Emergency Financial Assistance

Description:

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

Program Guidance:

Direct cash payments to clients are not permitted.

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

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

Food Bank/Home Delivered Meals

Description:

Food Bank/Home Delivered Meals refers to the provision of actual food items, hot meals, or a voucher program to purchase food. This also includes the provision of essential non-food items that are limited to the following:

- Personal hygiene products
- Household cleaning supplies
- Water filtration/purification systems in communities where issues of water safety exist

Program Guidance:

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

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

Health Education/Risk Reduction

Description:

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

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

Program Guidance:

Health Education/Risk Reduction services cannot be delivered anonymously.

See Early Intervention Services

Housing

Description:

Housing services provide transitional, short-term, or emergency housing assistance to enable a client or family to gain or maintain outpatient/ambulatory health services and treatment. Housing services include housing referral services and transitional, short-term, or emergency housing assistance.

Transitional, short-term, or emergency housing provides temporary assistance necessary to prevent homelessness and to gain or maintain access to medical care. Housing services must also include the development of an individualized housing plan, updated annually, to guide the client's linkage to permanent housing. Housing services also can include housing referral services: assessment, search, placement, and advocacy services; as well as fees associated with these services.

Eligible housing can include either housing that:

- Provides some type of core medical or support services (such as residential substance use disorder services or mental health services, residential foster care, or assisted living residential services); or
- Does not provide direct core medical or support services, but is essential for a client or family to gain or maintain access to and compliance with HIV-related outpatient/ambulatory health services and treatment. The necessity of housing services for the purposes of medical care must be documented.

Program Guidance:

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RWHAP recipients and subrecipients must have mechanisms in place to allow newly identified clients access to housing services. RWHAP recipients and subrecipients must assess every client's housing needs at least annually to determine the need for new or additional services. In addition, RWHAP recipients and subrecipients must develop an individualized housing plan for each client receiving housing services and update it annually. RWHAP recipients and subrecipients must provide HAB with a copy of the individualized written housing plan upon request.

RWHAP Part A, B, C, and D recipients, subrecipients, and local decision making planning bodies are strongly encouraged to institute duration limits to housing services. The U.S. Department of Housing and Urban Development (HUD) defines transitional housing as up to 24 months and HRSA/HAB recommends that recipients and subrecipients consider using HUD's definition as their standard.

Housing services cannot be in the form of direct cash payments to clients and cannot be used for mortgage payments.⁴

Housing services, as described here, replaces the guidance provided in PCN 11-01.

Legal Services

See Other Professional Services

Linguistic Services

Description:

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

Program Guidance:

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

Medical Transportation

Description:

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

Program Guidance:

Medical transportation may be provided through:

- Contracts with providers of transportation services

⁴See sections 2604(i), 2612(f), 2651(b), and 2671(a) of the Public Health Service Act.

- 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) provide guidance and assistance in accessing medical, social, community, legal, financial, and other needed services. Non-Medical Case management services may also include assisting eligible clients to obtain access to other public and private programs for which they may be eligible, such as Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, other state or local health care and supportive services, or health insurance Marketplace plans. This service category includes several methods of communication including face-to-face, phone contact, and any other forms of communication deemed appropriate by the RWHAP Part recipient. Key activities include:

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

Program Guidance:

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

Program Guidance:

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

See [45 CFR § 75.459](#)

Outreach Services

Description:

Outreach Services include the provision of the following three activities:

- Identification of people who do not know their HIV status and linkage into Outpatient/Ambulatory Health Services

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- Provision of additional information and education on health care coverage options
- Reengagement of people who know their status into Outpatient/Ambulatory Health Services

Program Guidance:

Outreach programs must be:

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

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

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

See Early Intervention Services

Permanency Planning

See Other Professional Services

Psychosocial Support Services

Description:

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

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

Program Guidance:

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

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

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

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

See Respite Care Services

Rehabilitation Services

Description:

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

Program Guidance:

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

Referral for Health Care and Support Services

Description:

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

Program Guidance:

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

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

Respite Care

Description:

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

Program Guidance:

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

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

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

See Psychosocial Support Services

Substance Abuse Services (residential)

Description:

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

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

Program Guidance:

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

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

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

HIV/AIDS Bureau (HAB) Ryan White HIV/AIDS Program (RWHAP)

Policy Clarification Notice 16-02: Eligible Individuals and Allowable Uses of Funds

Frequently Asked Questions

GENERAL:

1. Are practitioners who provide RWHAP services required to have a professional license?

When licensure/certification is required by state and/or local regulations, providers must be appropriately licensed and in compliance with those regulations.

2. Do subrecipients have to adhere to the service category descriptions?

Yes, subrecipients must adhere to the service category descriptions. RWHAP recipients must ensure that subrecipients adhere to the service categories descriptions when developing contracts or memorandums of understanding and through their monitoring processes and procedures.

CORE MEDICAL SERVICES:

3. Which service categories can be used to purchase medications?

Purchasing of medications can be done through many service categories. To determine the appropriate category, review the program guidance under: AIDS Drug Assistance Program (ADAP) Treatments, Outpatient Ambulatory Health Services (OAHS), Emergency Financial Assistance (EFA), AIDS Pharmaceutical Assistance (i.e., Local Pharmaceutical Assistance Program (LPAP), Community Pharmaceutical Assistance), Substance Abuse Outpatient Care, Substance Abuse Services (residential), and/or Hospice Services.

4. During a medical care visit, there are immediate needs by the client to obtain a medication. Can a provider dispense this medication as part of that medical care visit and have the service categorized under Outpatient Ambulatory Health Services or EFA?

RWHAP recipients should not make the dispensing of medications a standard practice. When this does occur, on a rare occasion, the recipient should document such service under EFA. If EFA is not available (due to lack of contract or processes in place), the service can be documented under OAHS if the medication is dispensed as part of a medical visit and there is an immediate and urgent medical need.

5. As a direct medical care provider funded by Part C, which category should be used to capture the dispensing of medication?

Depending on the model of care, a direct provider of care could provide services under three different categories: AIDS Pharmaceutical Assistance (Community Pharmaceutical

Assistance), OAHS (prescription and management of prescription therapy), or EFA. Availability of pharmaceutical resources will influence which category is used.

6. Under OAHS, does prescription and management of medication include dispensing?

When the medications are not funded by any other source (such as ADAP or LPAP as part of AIDS Pharmaceutical Assistance), OAHS is an option if resources are available until such time that the client can be enrolled in other programs to pay for medications. The dispensing of medication should be in the context of a medical visit. This should be on a short term basis until recipients enroll clients in ADAP, AIDS Pharmaceutical Assistance or EFA.

7. What is the difference between a local pharmaceutical assistance program for indigent populations that is run and funded by a state or local government and the AIDS Pharmaceutical Assistance/LPAP service category described by HRSA/HAB?

HAB's use of the term LPAP is intended to differentiate this service from the state ADAP. It is a supplemental means of providing medication assistance for people living with HIV (PLWH) where there are various limits on the state ADAP; it is created and supported by the RWHAP recipient, although, in some instances, the RWHAP-supported LPAP may also receive state or local funding. HAB recognizes that many governments fund and provide, with their own generated resources, more general pharmaceutical assistance to a wide range of indigent populations within their jurisdiction, some of which are called local pharmaceutical assistance programs. To the extent that such programs are available to PLWH, they should be utilized, but the term "LPAP" under RWHAP does not constitute a reference to such programs.

8. Can I provide targeted HIV testing and referral services under Early Intervention Services (EIS)?

Yes, in conjunction with the other required components of EIS. RWHAP Parts A and B EIS must include the following four components: targeted HIV testing, referral services, access and linkage to HIV care and treatment services, and health education/risk reduction related to HIV diagnosis. 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), referral and linkage to care of HIV-infected clients, and other clinical and diagnostic services related to HIV diagnosis.

9. I am a Part C recipient. Can I use the Health Insurance Premium and Cost-Sharing Assistance for Low-Income Individuals service category?

Traditionally, RWHAP Parts A and B funding support health insurance premiums and cost-

sharing assistance. If a RWHAP Part C or D recipient has the resources to provide this service, an equitable enrollment policy must be in place and it must be cost-effective. Equitable is a systematic approach that is fair.

10. How are medical case management and non-medical case management services different?

Medical Case Management (MCM) services help clients improve health care outcomes. MCM providers should be able to analyze the care that a client receives to ensure that the client is obtaining the services necessary to improve his/her health outcomes. Non-Medical Case Management (NMCM) services provide guidance and assistance to clients to help them to access needed services (medical, social, community, legal, financial, and other needed services), but may not analyze the services to enhance their care toward improving their health outcomes.

Both MCM and 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, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, other state or local health care and supportive services, or health insurance Marketplace plans.

Both service categories include several methods of communication including face-to-face, phone contact, and any other forms of communication deemed appropriate by the RWHAP Part recipient.

11. How do I know which service category should be used for treatment adherence?

Treatment adherence services are provided conjointly with many service categories such as OAHS, MCM, or ADAP. As such, recipients may choose to record treatment adherence within the service category during which the adherence service was given. In addition, if treatment adherence services are provided as a stand-alone activity, it can be reported under Health Education/Risk Reduction.

12. Who are authorized to provide Home Health Care services to RWHAP clients?

Home health care services must be prescribed by a licensed medical provider and can be performed by licensed medical professionals, such as physicians, mid-level providers, nurses, and certified medical assistants. This does not include non-licensed, in-home care providers.

SUPPORT SERVICES:

13. If there is another professional service that clients need, can I include it under other professional services?

Other Professional Services allow for the provision of professional and consultant services rendered by members of particular professions licensed and/or qualified to offer such services by local governing authorities. Such services may include: legal services, permanency planning, and income tax preparation services. Recipients should work with their project officer to discuss other allowable professional services that may fall within this category.

14. Can I include vocational therapy under the rehabilitation services category?

Yes, this is an allowable activity, but a recipient should establish policies regarding the use of this service, and ensure it is cost effective.

15. How do recipients define the length of life expectancy an individual must have in order to receive hospice care?

Recipients have the flexibility to define life expectancy, but must establish that criterion and implement it consistently.

16. Can a RWHAP recipient support intermittent child care services for the children living in the house of HIV-infected clients?

Recipients may use funds to cover child care services for HIV-infected clients to enable their attendance at medical visits, related appointments, and/or RWHAP and HIV-related meetings, groups, or training sessions. Direct cash payments to clients are not permitted. Funds used for this service should be limited and carefully monitored.

17. Should EFA funds that are used for allowable services (food, housing, transportation, etc.) be accounted under the corresponding service category or the specific category of EFA?

The funds should be counted under EFA regardless of how the funds were used.

18. Is transitional housing an allowable service under the RWHAP?

Yes. Recipients and local decision making planning bodies are strongly encouraged to institute duration limits to provide transitional and emergency housing services. HAB recommends that recipients consider using the U.S. Department of Housing and Urban Development's definition of transitional housing as 24 months.

19. Can linguistic services be used to pay for translating printed materials such as ADAP application?

Yes, this activity would facilitate discussion between the provider and client regarding their service needs through a language that is understood.

Appendix B-3

HIV/AIDS Bureau (HAB) Ryan White HIV/AIDS Program (RWHAP)

Policy Clarification Notice 16-02: Eligible Individuals and Allowable Uses of Funds

Housing Services Frequently Asked Questions

1. What service category should be used if the housing service is a one-time payment for a utility bill? Is a housing assessment required for this one-time payment?

The housing service category covers transitional, short-term, or emergency housing assistance to enable a client or family to gain or maintain outpatient/ambulatory health services and treatment that extends beyond a one-time service. If a RWHAP recipient makes a one-time payment for a client's utility or housing bill, this should be categorized as emergency financial assistance. A housing assessment and individualized housing plan would not be required for a one-time housing payment provided under emergency financial assistance.

2. A client comes in to receive services and it is determined that their housing needs extend beyond a one-time payment. If the client's housing needs were previously assessed, would that client need an additional assessment?

If a RWHAP client's housing needs extend beyond a one-time payment, and there is a need for additional housing services, this service should be categorized as housing. Clients receiving housing services must have their housing needs assessed annually and an individualized written housing plan developed to determine if there is a need for new or additional housing services.

3. Can RWHAP funds be used for rental deposits?

No, RWHAP funds may not be used for rental deposits. Because rental deposits are typically returned to clients as cash, this would violate the prohibition on providing cash payments to clients. In some instances, deposits may be retained as payment (e.g., damage to the property). As such costs would additionally be unallowable, recipients cannot pay for a rental deposit using federal funds, program income generated from federal funds, or pharmaceutical rebates generated from federal funds.

Appendix B-4

HIV/AIDS Bureau (HAB) Ryan White HIV/AIDS Program (RWHAP)

Policy Clarification Notice 16-02: Eligible Individuals and Allowable Uses of Funds

Standalone Dental Insurance Frequently Asked Questions

1. Can recipients offer both standalone dental insurance premiums and/or cost sharing assistance under the service category Health Insurance Premiums and Cost Sharing Assistance **and** RWHAP Oral Health Care services in their program?

Recipients and subrecipients are able to provide both service categories within their programs as long as the standalone dental insurance premium and/or cost sharing assistance and Oral Health Care services are provided in compliance with the requirements for each described in [PCN #16-02 Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds](#).

2. Can recipients/subrecipients use RWHAP funds to pay for oral health care services that exceed annual expenditure caps established by standalone dental insurance plans?

RWHAP recipients and subrecipients are in the best position to understand the unique needs of their client populations, determine which costs are cost-effective to pay, and ensure availability of the resources equitably for eligible clients. It is up to the recipient and subrecipient to identify which costs they will cover related to standalone dental insurance, which can include: premiums, deductibles, co-payments, and/or costs above the cap. The recipient or subrecipient must have policies and procedures in place to ensure these services are available to all eligible RWHAP clients.

3. Can ADAP funds or pharmaceutical rebates be used to purchase standalone dental insurance premiums and/or cost sharing assistance?

ADAP funds cannot be used to purchase standalone dental insurance premiums and cost sharing assistance because standalone dental insurance does not cover the cost of medications necessary in treatment for people living with HIV. See [PCN #13-05 Clarifications Regarding Use of Ryan White HIV/AIDS Program Funds for Premium and Cost Sharing Assistance for Private Health Insurance](#) for requirements for ADAPs to pay for Health Insurance Premiums and Cost Sharing Assistance for Individuals.

However, as [PCN #15-04 Utilization and Reporting of Pharmaceutical Rebates](#) explains, “the RWHAP legislation requires that rebates collected on ADAP medication purchases be applied to the RWHAP Part B Program with a priority, but not a requirement, that the rebates be placed back into ADAP. These rebates must be used for the statutorily permitted purposes under the RWHAP Part B Program which are limited to core medical services including ADAP, support services, clinical quality management, and administrative expenses (including planning and evaluation) as part of a comprehensive system of care for low-income individuals living with

HIV.” Pharmaceutical rebates earned by the RWHAP Part B Program may be used to pay for standalone dental insurance premiums and/or cost sharing assistance.

4. When does the addition of standalone dental insurance to the Health Insurance Premiums and Cost Sharing Assistance for Low-Income Individuals service category take effect?

PCN #16-02 is in effect for all awards made on or after October 1, 2016, including competing continuations, noncompeting continuations, supplements, and new awards.

Clarifications Regarding the Use of Ryan White HIV/AIDS Program Funds for Health Care Coverage Premium and Cost Sharing Assistance

Policy Clarification Notice (PCN) #18-01 (revised 08/30/2018)

Replaces PCNs #07-05, #13-05, and #13-06

Relates to PCNs #13-01, #13-04, #14-01, and #16-02

Scope of Coverage

Ryan White HIV/AIDS Program Parts A, B (including the AIDS Drug Assistance Program [ADAP]), C, D, and Part F where funding supports direct care and treatment services.

Purpose of PCN

This PCN streamlines the Health Resources and Services Administration (HRSA) HIV/AIDS Bureau (HRSA HAB) policy regarding the use of Ryan White HIV/AIDS Program (RWHAP) funds for premium and cost sharing assistance for the purchase and maintenance of private health insurance, Medicaid, and Medicare coverage. This updated PCN simplifies and replaces the following three notices: 07-05 *Use of Ryan White HIV/AIDS Program Part B ADAP Funds to Purchase Health Insurance*; 13-05 *Clarifications Regarding Use of Ryan White HIV/AIDS Program Funds for Premium and Cost-Sharing Assistance for Private Health Insurance*; and 13-06 *Clarifications Regarding Use of Ryan White HIV/AIDS Program Funds for Premium and Cost-Sharing Assistance for Medicaid*.

Background

The RWHAP statute, codified at title XXVI of the Public Health Service Act, stipulates that 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...” by another payment source.¹ Recipients must assure that funded providers make reasonable efforts to secure non-RWHAP funds whenever possible for services to individual clients. RWHAP recipients and their subrecipients are expected to vigorously pursue enrollment into health care coverage for which their clients may

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

be eligible (e.g., Medicaid, Children's Health Insurance Program (CHIP), Medicare, state-funded HIV programs, employer-sponsored health insurance coverage, and/or other private health insurance) in order to maximize finite RWHAP grant resources.

The RWHAP, as the payor of last resort will continue to fund RWHAP services not covered, or partially covered, by public or private health care coverage. RWHAP recipients and subrecipients should consider assisting individual clients by paying for premiums and/or cost sharing, if cost effective.

General Guidance and Expectations

Using RWHAP Part A, Part B, ADAP, Part C, and Part D Funds to Pay for Health Care Coverage

According to RWHAP statute, funds awarded under RWHAP Parts A, B, and C may be used to support the HRSA RWHAP core medical service "Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals," regardless of the kind of health care coverage (public or private), in accordance with Section 2615 of the Public Health Service Act (Continuum of Health Insurance Coverage) and HRSA HAB PCN [16-02 Ryan White HIV/AIDS Program Services: Eligible Individuals and Allowable Uses of Funds](#).²

According to statute, funds awarded under RWHAP ADAP may be used to cover costs associated with health care coverage. Health care coverage costs that are allowable uses of RWHAP ADAP funds include premiums and medication cost sharing, in accordance with Section 2616 of the Public Health Service Act (Provision of Treatments) and HRSA HAB PCN 16-02, regardless of the kind of health care coverage (public or private).

RWHAP Part D recipients may use funds to support the HRSA RWHAP core medical service "Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals," in accordance with HRSA HAB PCN 16-02.

All RWHAP recipients must determine how to operationalize their health care coverage premium and cost sharing assistance programs and demonstrate that:

1. 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

² See Section 2604(c)(3)(F), Section 2612(c)(3)(F), and Section 2651(c)(3)(F) of the Public Health Service Act.

Health and Human Services' Clinical Guidelines for the Treatment of HIV,³ as well as appropriate HIV outpatient/ambulatory health services; and

2. 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 (RWHAP Part A, RWHAP Part B, RWHAP Part C, and RWHAP Part D). RWHAP ADAP must determine the cost of paying for the health care coverage is cost-effective in the aggregate *versus paying for the full cost for medications*.

RWHAP Parts A, B, C, and D recipients may consider providing their health insurance premiums and cost sharing resource allocation to their state 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 cost sharing.

RWHAP recipients must be able, upon request, to demonstrate the methodologies applied for determining compliance with these two requirements. As with other allowable costs, recipients are responsible for accounting and reporting on funds used for this purpose.

Guidance and Expectations for Specific Types of Health Care Coverage

Private Health Insurance

Private health insurance consists of any health care coverage that can be purchased by an individual or an employer. This includes private health insurance associated with employment (e.g., employer-sponsored or continuation of health care coverage such as Consolidated Omnibus Budget Reconciliation Act (COBRA)) and private health insurance otherwise available for purchase by an individual or family. Private health insurance plans must, at a minimum, provide comprehensive primary health care services, deemed adequate by the state. RWHAP funds may be used to cover the cost of private health insurance premiums and cost sharing (including deductibles, copayments, and coinsurance) to assist eligible low-income clients in maintaining private health insurance or receiving medical benefits under a health insurance or benefits program, including high-risk pools. However, RWHAP funds must not be used to pay for any administrative costs outside of the premium payment of health plans or high-risk pools. It is particularly important that all sources of premium and cost sharing assistance⁴ are included in the cost

³ <https://aidsinfo.nih.gov/guidelines>

⁴ Advance premium tax credits and other federal or state cost sharing reductions may be available and need to be considered in cost-effectiveness determinations.

effectiveness calculation. RWHAP recipients must vigorously pursue these other sources of premium and cost sharing assistance to ensure RWHAP remains the payor of last resort.

Medicaid

Medicaid provides health care coverage to millions of Americans, including eligible low-income adults, children, pregnant women, elderly adults, and people with disabilities. Medicaid is administered by states, according to federal requirements. The program is funded jointly by states and the federal government.

In some states, Medicaid-eligible clients may incur premium expenses and/or cost sharing. RWHAP funds may be used to pay the cost of Medicaid premiums, deductibles, and copayments consistent with federal regulations and RWHAP policy.

Some states may use Medicaid funds to provide Medicaid-equivalent coverage through the purchase of private health insurance. In instances where the private health insurance does not meet Medicaid standards, the Medicaid program must provide the wrap-around coverage and cost sharing assistance necessary to make the coverage Medicaid-equivalent. RWHAP funds must not be used to pay for premiums or cost sharing assistance for private health plans that are paid for or reasonably expected to be paid for by Medicaid. However, RWHAP funds may be used to pay for any remaining premium and/or cost sharing amounts not covered by Medicaid.

Recipients and subrecipients are strongly encouraged to work with their state Medicaid program to coordinate payment of premiums and cost sharing for clients, where permitted.

Medicare

Medicare is health care coverage for people who are age 65 and older and certain other populations affected by disability funded and administered by the Centers for Medicare & Medicaid Services (CMS). There are four parts:

- Medicare Part A (hospital insurance) covers inpatient hospital care, skilled nursing facility, hospice, lab tests, surgery, and home health care;
- Medicare Part B (medical insurance) covers doctor and other health care providers' services, outpatient care, durable medical equipment, home health care, and some preventive services;
- Medicare Part C (Medicare Advantage Plans) provides Medicare Part A and B benefits, and may include prescription drug coverage (Part D); and

HIV/AIDS BUREAU POLICY 18-01

- Medicare Part D Medicare Prescription Drug Coverage - covers prescription drugs.⁵

RWHAP funds may be used to pay for Medicare premiums and cost sharing associated with Medicare Parts B, C, and D coverage, when doing so is determined to be cost effective in the aggregate and includes coverage for both outpatient/ambulatory health services and prescription drug coverage that includes at least one drug in each class of core antiretroviral therapeutics, as described above.

To meet this requirement, RWHAP Part A, B, C, and D recipients may use funds to pay for Medicare Part B (outpatient/ambulatory health services) premiums and cost sharing, but must also pay for the Medicare Part D (medication) premiums and cost sharing. RWHAP Part A, B, C, and D recipients may also use funds to pay for Medicare Part C premiums and cost sharing assistance, when the plan covers both outpatient ambulatory health services and at least one medication in each drug class of core antiretrovirals. If the Medicare Part C plan does not cover at least one medication in each drug class of core antiretrovirals, the RWHAP Parts A, B, C, and D recipients, must also pay for Medicare Part D premiums and cost sharing to meet the RWHAP requirement for health care coverage.

RWHAP Parts A, B, C, and D may not pay premiums for Medicare Part D alone; however, *RWHAP ADAP funds may be used to pay Medicare Part D premiums and cost sharing assistance alone, when it is cost-effective to do so versus paying for the full cost of medications.* RWHAP funds must not be used to pay for premiums or cost sharing assistance for Medicare Part A, as inpatient care is not a RWHAP allowable cost (see Table 1).

Table 1. Medicare Costs Allowable in the RWHAP

Medicare Part	RWHAP Funds
Medicare Part A	Must not be used by any RWHAP recipient to pay premiums or cost sharing.
Medicare Part B	May be used by all RWHAP recipients to pay premiums and/or cost sharing in conjunction with paying for Medicare Part D premiums or cost sharing.
Medicare Part C	May be used by all RWHAP recipients to pay premiums and/or cost sharing when the Medicare Part C plan includes prescription drug coverage; or in conjunction with paying for Medicare Part D premiums and cost sharing for plans that do not include prescription drug coverage.

⁵ See What Medicare Covers: <https://www.medicare.gov/what-medicare-covers/index.html>

Medicare Part	RWHAP Funds
Medicare Part D	May be used by RWHAP Part A, B, C, and D recipients to pay premiums or cost sharing in conjunction with paying Medicare Part B or Medicare Part C premiums or cost sharing
Medicare Part D <i>(continued)</i>	May be used by RWHAP ADAP recipients to pay Medicare Part D premiums and cost sharing when cost effective versus paying for the full cost of medications.

RWHAP funds must not be used to reimburse Medicare Part B premiums paid by clients because cash and cash-equivalent payments to RWHAP clients are prohibited. However, state or local government entities or other organizations can enter into a group-billing arrangement with CMS to pay Medicare Part B premiums directly to CMS (42 C.F.R. section 408.60).

RWHAP recipients should refer to HRSA HAB PCN 16-02 for additional information regarding paying health insurance premiums and cost sharing assistance.

Conclusion

RWHAP funds may be used to help clients purchase and maintain health care coverage, in accordance with RWHAP statute and policy. The payor of last resort requirement when applied to health care coverage requires RWHAP recipients and subrecipients to consider other sources of premium and cost sharing payment when determining how to operationalize a premium and cost sharing assistance program. Recipients and subrecipients also should work directly with private health insurance issuers, Medicaid, and/or Medicare to coordinate payment of premiums and cost sharing for clients.

Effective Date: June 20, 2018

The Use of Ryan White HIV/AIDS Program Funds for Core Medical Services and Support Services for People Living with HIV Who Are Incarcerated and Justice Involved

Policy Clarification Notice #18-02

Replaces Policy Notice #07-04

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 and Part F, where funding supports direct care and treatment services.

Purpose of PCN

This Policy Clarification Notice (PCN) replaces HRSA HAB policy notice #07-04. The purpose of this PCN is to provide guidance to HRSA RWHAP recipients and subrecipients on the use of program funds to provide HRSA RWHAP core medical services and support services: 1) on a transitional basis to people living with HIV (PLWH) who are incarcerated in Federal and State prison systems; and 2) on a short-term and/or transitional basis to PLWH who are incarcerated in other correctional systems (e.g., local prisons and jails) or under community supervision (e.g., parole or home detention).

Background

State and federal prison systems are generally responsible for providing health care services to all individuals incarcerated in their facilities. Other correctional systems, such as local prisons and jails, may be responsible for providing health care services to all individuals incarcerated in their facilities, and those under community supervision may receive health care services by the program providing community supervision. The RWHAP statute, codified at title XXVI of the Public Health Service Act, stipulates that HRSA 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.¹ Thus, local

¹ See Sections 2605(a)(6), 2617(b)(7)(F), 2664(f)(1), and 2671(i) of the Public Health Service Act. The Indian Health Service is statutorily exempted from the payor of last resort provision.

payers, such as local jails, are not subject to the payor of last resort provision, and HRSA RWHAP may be the primary payor. All short-term and transitional basis services must be coordinated with the HIV care and treatment services the correctional systems are required to provide – which can vary across correctional systems in a jurisdiction.

Definitions

“Incarceration” refers to the involuntary confinement of an individual in connection with an alleged crime. It includes involuntary confinement, either where a sentence has been determined or where the individual is detained pending adjudication of the case, as well as community supervision, such as parole or home detention.

“Transitional basis” refers to the time-limited provision of appropriate core medical and support services for the purpose of ensuring linkage to and continuity of care for incarcerated PLWH that will be eligible for HRSA RWHAP services upon release, when such release is imminent. HRSA HAB defers to recipients/subrecipients for a determination of the time limitation, generally 180 days or fewer.

“Short-term basis” refers to the time-limited provision of core medical and support services that are not prohibited by the statutory payor of last resort requirements. HRSA HAB defers to recipients/subrecipients for a determination of the time limitation. HRSA HAB recognizes that, in some instances, the time limitation will be commensurate with the duration of incarceration.

Guidance on Allowable Uses of Ryan White HIV/AIDS Program Funds

HRSA RWHAP recipients and subrecipients may provide HRSA RWHAP core medical services and support services to PLWH incarcerated in Federal and State prison systems on a transitional basis only. The nature of these services must be defined by HRSA RWHAP recipients and subrecipients in collaboration with the Federal or State prison system. Additionally, HRSA RWHAP recipients’ and subrecipients’ definitions of transitional services must be based on the HIV-related needs and anticipated release date of the incarcerated person.

HRSA RWHAP recipients and subrecipients may also provide HRSA RWHAP core medical services and support services to PLWH incarcerated in other correctional systems including those under community supervision on a short-term and/or transitional basis. The nature of these services must be defined by HRSA RWHAP recipients and subrecipients in collaboration with the correctional institution to ensure there is no duplication of services. If RWHAP core medical services and

support services are provided on a short-term basis, HRSA HAB recommends that recipients and subrecipients also provide services on a transitional basis.

HRSA RWHAP funds are intended to support only the HIV-related needs of eligible individuals. To be an HRSA RWHAP allowable cost, HRSA RWHAP recipients and subrecipients must be able to make an explicit connection between any service supported with HRSA RWHAP funds and the HIV care and treatment of the incarcerated person and must adhere to established HIV clinical practice standards consistent with U.S. Department of Health and Human Services' Clinical Guidelines for the Treatment of HIV.² See [HRSA HAB PCN #16-02, Ryan White HIV/AIDS Services: Eligible Individuals and Allowable Use of Funds](#).

HRSA RWHAP funding may only be used to support PLWH who are incarcerated and expected to be eligible for HRSA RWHAP services upon their release.

Unallowable uses

The HRSA RWHAP generally cannot pay for services for which payment has been made or can reasonably be expected to be made by Federal or State sources. HRSA RWHAP recipients and subrecipients cannot use HRSA RWHAP funds to pay for HRSA RWHAP core medical services and support services provided to PLWH in Federal or State prison systems on a short-term basis, because such services are generally provided by the Federal and State prison systems. Similarly, if Federal and State prison systems provide services that are equivalent to HRSA RWHAP core medical services and support services to PLWH on a transitional basis, the HRSA RWHAP cannot pay for these services.

HRSA RWHAP recipients and subrecipients cannot use HRSA RWHAP funds to pay duplicatively for HRSA RWHAP core medical services and support services provided to PLWH in other correctional systems or subject to community supervision programs, if these services are provided by the other correctional system or community supervision program. HRSA RWHAP funds cannot pay for services for incarcerated persons who retain private, State or Federal health benefits during the period of their incarceration.

Additional Expectations

Familiarity with Federal and State Prison Systems, Other Correctional Systems, and Community Supervision Programs: HRSA RWHAP recipients and subrecipients should become familiar with Federal and State prison systems, other correctional systems, and community supervision programs and the established

² <https://aidsinfo.nih.gov/guidelines>

pre-release procedures applicable to these systems to the extent they wish to provide HRSA RWHAP core medical services and support services to PLWH, as described in this policy. HRSA RWHAP recipients and subrecipients should work with the appropriate corrections administrators and staff to determine:

1. What health services are legally expected to be provided within the correctional system;
2. How, and whether, the correctional system addresses the transitional needs of PLWH who are incarcerated, including: discharge planning, continuity of treatment, and community linkages, and;
3. What services will be provided with the HRSA RWHAP funds.

Communication: HRSA RWHAP recipients and subrecipients must ensure communication between the correctional system, the recipient or subrecipient, and/or qualified provider is in compliance with all applicable laws and regulations regarding privacy.

HRSA RWHAP recipients and subrecipients that provide RWHAP core medical services and support services to eligible incarcerated PLWH should establish clear expectations with the correctional system administrators and staff regarding communication of release dates to ensure continuity of care for newly released eligible PLWH. Specifically, recipients should know what services are provided in the correctional system and who is delivering them to ensure compliance with the RWHAP statutory payor of last resort requirements and to ensure there is no duplication of effort.

Effective Date

This PCN is effective for RWHAP Parts A, B, C, D awards issued on or after November 30, 2018. This includes competing continuations, new awards, and non-competing continuations.

OUTREACH SERVICES (OS)

WORKPLAN/RENEWAL



The goal of Ryan White Part B (RWB) Outreach Services (OS) is to identify people who do not know their HIV status and/or link/re-engage PLWH to RWB services. RWB OS cannot be delivered anonymously and must: 1) use data to target populations and places that have a high probability of reaching PLWH; 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/state HIV prevention programs.

RWB OS may be provided through community and public awareness activities (e.g., posters, flyers, billboards, social media, Tv or radio announcements), but must include information about/explicit and clear links to available RWB services. RWB OS must not include outreach activities exclusively used to promote HIV prevention education. Subrecipients and/or sub-subrecipients may use RWB OS funds for HIV testing only when it would not replace testing funded by another source. RWB OS must have measurable deliverables including a workplan that depicts the goal of the program.

A workplan for new RWB OS funding and requests for the renewal of existing funding should be submitted, via this form, to the Pennsylvania Department of Health's (DOH), Division of HIV. The request must detail how the subrecipient and/or sub-subrecipient will meet the RWB OS requirements. Requests for funding for a given state fiscal year are **due Dec. 31** of the preceding state fiscal year. All RWB OS funding requests are subject to availability of funds.

Date: _____ Lead agency: _____

Regional contact: _____ Phone/email: _____

New RWB OS funding? Yes No

General: Background information related to the organization seeking RWB OS funding.

1. Briefly summarize all the services your organization currently provides and how RWB OS will be/has been incorporated.
2. Please describe all the populations your agency currently serves.
3. What data source will be used to determine target populations for RWB OS activities?
4. Does your organization currently receive non-RWB funding (e.g. CDC, Ryan White Parts A/C/D, HOPWA, donations, etc.) to provide HIV prevention and/or care services? Yes No
5. If yes to question #4 directly above, what services do you receive funding for and from what source?

Issue: (*New funding*) Define the concern the proposed RWB OS activities will resolve. Explain why you believe this is an issue and include data demonstrating the extent of the need in your area.

[Narrative Here]

OUTREACH SERVICES (OS) WORKPLAN/RENEWAL

Successes: *(Renewal funding)* Provide a brief narrative outlining the overall successes of RWB OS in the previous 12 months along with data demonstrating the ongoing need for RWB OS in your area.

[Narrative Here]

RWB OS-Encounters:

1. Summarize your organization's intended activities for facilitating RWB OS-Encounters.
2. What days, times, and under what circumstances will you be conducting RWB OS-Encounter activities?
3. How will you ensure the confidentiality of clients participating in RWB OS-Encounters activities?
4. Are there any state/local HIV outreach activities already occurring in the region? Yes No
5. If yes to question #4 directly above, what organization(s) are conducting these activities and how will coordination efforts occur with your organization?

Did you/do you intend to conduct HIV Testing as part of RWB OS-Encounters? Yes No
(If yes, complete questions 6-11 below. If no, skip questions 6-11 below)

6. Summarize your reason for providing HIV testing.
7. What days, times, and under what circumstances will you be providing HIV testing?
8. What type of test technology do you plan to use? (e.g. venipuncture, oral fluid, rapid, etc.)
9. Do you have trained staff to provide HIV testing? Yes No
10. Are there any existing HIV testing programs in the region/area? Yes No
11. If yes to question #10 directly above, what organizations are already providing HIV testing and how will coordination efforts occur with these organizations?

SMART Goals <small>(Related to the RWB Outreach-Encounters funding currently being requested)</small>	Baseline	Target
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•		
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12. *(Renewal projects)* What were the goals/deliverables for the past 12 months related to RWB OS-Encounters?

Approved 4.2021

OUTREACH SERVICES (OS) WORKPLAN/RENEWAL

- 13. *(Renewal projects)* Analyzing the previous 12 months of CAREWare data, were the goals/deliverables met? If not, why?
- 14. *(Renewal projects)* What adjustments will be made to ensure goals/deliverables will be met this funding cycle?
- 15. *(Renewal projects)* What RWB OS activities facilitating encounters occurred in the past 12 months; what were the dates, times, and nature of these activities; and how many individuals participated in each activity?

RWB OS-Referrals:

- 1. Summarize your intended referral activities when providing RWB OS.
- 2. What non-RWB services (e.g., HNS.) will participants be referred to once learning their status is negative?
- 3. How will contact information for non-RWB referrals be verified and kept current?
- 4. What actions will you take on behalf of clients who have a positive test result to ensure successful referral and linkage to services (e.g. ARTAS, MCM, etc.)?
- 5. Are there any Memorandums of Understanding (MOU), Letters of Agreement (LOA) and/or written correspondence demonstrating the partnerships and coordination in place with key points of entry for RWB services? Yes No
- 6. If yes to question #5 directly above, with which organizations and for what services (provide a copy of applicable MOUs/LOAs)?
- 7. What non-RWB services (e.g., Medicaid, Medicare Part D, Pharmaceutical Manufacturer’s Patient Assistance Programs, state/local health care/supportive services, health insurance plans, etc.) will RWB eligible clients be referred to?

SMART Goals <small>(Related to the RWB OS -Referrals funding currently being requested)</small>	Baseline	Target
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•		

- 8. *(Renewal projects)* What were the goals/deliverables for the past 12 months related to RWB OS-Referrals?

OUTREACH SERVICES (OS) WORKPLAN/RENEWAL

- 9. *(Renewal projects)* Analyzing the previous 12 months of CAREWare data, were the goals/deliverables met? If not, why?
- 10. *(Renewal projects)* What adjustments will be made to ensure goals/deliverables will be met this funding cycle?

RWB OS-Follow-up:

- 1. Summarize your intended activities for providing follow-up related to your RWB OS activities.
- 2. Is there a policy in place outlining when and how often follow-up will occur as well as guidelines for termination of follow-up activities? Yes No *(If yes, attach the policy to your completed workplan/renewal.)*
- 3. What modes of communication will be used in your follow-up efforts?
- 4. How will you ensure the confidentiality of clients during your RWB OS-Follow-up activities?

SMART Goals <small>(Related to the RWB OS-Follow-up funding currently being requested)</small>	Baseline	Target
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•		

- 5. *(Renewal projects)* What were the goals/deliverables for the past 12 months related to RWB OS-Follow-up?
- 6. *(Renewal projects)* Analyzing the previous 12 months of CAREWare data, were the goals/deliverables met? If not, why?
- 7. *(Renewal projects)* What adjustments will be made to ensure goals/deliverables will be met this funding cycle?

Requested Resources: In the table below, provide dollar amounts needed by the region to fully implement the activities in this workplan/renewal as well as the anticipated funding source. Please include the lead agency’s RWB OS budget (i.e. Appendix C) as part of the workplan submission.

Personnel/Fringe: <input type="checkbox"/> RWB/rebates <input type="checkbox"/> Budget revision	\$	Consultant Services: <input type="checkbox"/> RWB/rebates <input type="checkbox"/> Budget revision	\$
Subcontract Services: <input type="checkbox"/> Rebate <input type="checkbox"/> Budget revision	\$	Patient Services: <input type="checkbox"/> Rebate <input type="checkbox"/> Budget revision	\$

OUTREACH SERVICES (OS) WORKPLAN/RENEWAL

Equipment: <input type="checkbox"/> RWB/rebates <input type="checkbox"/> Budget revision	\$	Supplies: <input type="checkbox"/> RWB/rebates <input type="checkbox"/> Budget revision	\$
Travel: <input type="checkbox"/> RWB/rebates <input type="checkbox"/> Budget revision	\$	Other Costs: <input type="checkbox"/> RWB/rebates <input type="checkbox"/> Budget revision	\$
Total additional RWB/rebate funds requested:		\$	
Total anticipated budget revision necessary:		\$	

Work Statement/Implementation Plan Information: (e.g., How many units of a given service will be provided to how many clients)	# Clients to be Served:	# Units to be Provided:
RWB OS-Encounters		
RWB OS-Referrals		
RWB OS-Follow-up		

APPROVAL (For DOH use only)	
Recommendation, along with justification for the recommendation:	
Date:	Total RWB/rebates approved: \$
Title:	Printed name:
Signature:	

This form, DOH ID number HD002295, is an official DOH data collection instrument.



DATE: July 1, 2019

SUBJECT: Guidance on the Implementation of Evidence Based Interventions

TO: Ryan White Part B Grantees

FROM: Jill Garland, Director
Division of HIV Disease
Bureau of Communicable Diseases

Background Information:

The priority actions of the National HIV/AIDS Strategy (NHAS) include: widespread testing and linkage to care, broad support for people living with HIV (PLWH) to remain engaged in comprehensive care, universal viral suppression, and full access to comprehensive pre-exposure prophylaxis (PrEP) services. To effectively support the implementation of the strategy, the Pennsylvania Department of Health (Department) will support the following Evidence Based Interventions (EBI) beginning July 1, 2020: HIV Navigation Services (HNS) and Anti-Retroviral Treatment and Access to Services (ARTAS).

The Centers for Disease Control and Prevention (CDC) define HNS as: a process of service delivery to help a person obtain timely, essential and appropriate HIV-related medical and social services to optimize his or her health and prevent HIV transmission and acquisition. HNS includes linking persons to health care systems, assisting with health insurance and transportation, identifying and reducing barriers to care, and tailoring health education to the client to influence his or her health-related attitudes and behaviors.

The CDC define ARTAS as: an individual-level, multi-session, time-limited intervention with the goal of linking recently diagnosed persons with HIV to medical care soon after receiving their positive test result. ARTAS is based on the strengths-based case management model, which encourages the client to identify and use personal strengths; create goals for himself/herself; and establish an effective, working relationship with the Linkage Coordinator.

The Department is targeting resources for the intervention in areas where we can have the greatest impact. The groups disproportionately impacted by HIV include:

- Gay, bisexual, and other men who have sex with men of all races and ethnicities
- Black women and men
- Latino men and women
- People who inject drugs
- Youth aged 13-24 years
- Transgender Women

Department Supported Evidence Based Intervention Activities

Effective July 1, 2020 the Department will support implementation of HIV Navigation Services and ARTAS in targeted areas for:

- Referral and linkage to HIV Testing
- Referral and linkage to TasP (treatment as prevention) for persons living with HIV.
- HIV care, prevention services, and other medical and social services as needed, for persons newly diagnosed with or currently living with HIV.
- Referral and linkage for HIV-negative individuals at high risk to PrEP (pre-exposure prophylaxis) and PEP (post-exposure prophylaxis), harm reduction services, and other medical and social services as needed.

Key Points for the implementation of Evidence Based Interventions:

The Department is committed to providing the necessary tools to facilitate the successful implementation of Evidence Based Interventions. Please direct all requests for training/technical/capacity building assistance to the Department's HIV Prevention Program Manager, Marijane Salem-Noll at: masalemnol@pa.gov or 717-547-3433.

In addition to the trainings specific to HNS and ARTAS, please consider that some basic courses such as HIV 101, Motivational Interviewing, and Cultural Humility are also a critical foundation for the successful implementation of any high impact prevention activity.

Ensure that your agency has the appropriate capacity to deliver the HNS and ARTAS with fidelity (in a way that adheres to the procedures and content that determined its effectiveness). For example:

- Agency budgets should take into consideration all necessary costs associated with implementing an intervention, such as travel costs for staff to attend training, training and implementation materials, etc.
- All facilitators are required to participate in HNS and/or ARTAS training before implementing the intervention. It is recommended to participate in Motivational Interviewing, Cultural Humility, and an HIV 101 course.
- Agencies are required to submit the provided data collection tools and are subject to yearly on-site monitoring of each intervention by the Department or Ryan White Regional Grantee

Expectations for yearly monitoring of EBIs include:

- Up-to-date referral guide
- Client specific required implementation forms
- Completed data collection tool

When using incentives to enhance recruitment/retention into EBI activities, you must adhere to the following requirements;

- Obtain prior written approval from the Department (detailed documentation of incentives in a Department approved budget constitutes prior written approval)
- Develop/maintain a written procedure for use of incentives to include:
 - Clear guidelines for when and to whom incentives are to be provided, and under what circumstances
 - A tracking mechanism for the purchase/distribution of incentives

- Responsible parties for the purchase, handling and distribution of incentives, including security protocols.
- The use of incentives that violate state or federal law is prohibited, including the purchase of alcohol.
- Direct cash payments to recipients of services are prohibited (pre-paid credit cards are the same as cash).
- Some examples of acceptable incentives include but are not limited to:
 - Gift cards (not for purveyors of alcohol), bus tokens, certificates of appreciation, food and refreshments (non-alcoholic), clothing items, toiletries, etc.
- Incentives may be provided to individuals on a one-time or periodic basis to encourage participation; however, the value of each incentive must be reasonable and must not exceed a maximum of \$50.00.
- No Grantee or employee of the Grantee is eligible to receive an incentive.

Implementing Evidence Based Interventions:

Proposals for EBIs will be assessed by a panel of Department staff. Please answer the attached questions and submit them to Michelle Rossi microssi@pa.gov. All proposals will be de-identified for panel review.

While the Department is focusing resources on HNS and ARTAS, proposals for other CDC EBIs will be reviewed and considered for implementation if resources are available. All EBIs, including HNS and ARTAS, require the submission of the attached “Proposal for Implementation of Evidence Based Interventions.”

Effective July 1, 2020, previously approved EBIs will no longer be supported unless an updated proposal is submitted and approved by the Department. For more information about HNS, ARTAS, and other CDC Evidence Based Interventions please visit: <https://effectiveinterventions.cdc.gov>.

This updated Guidance reflects some of the changes being made within the Department’s HIV Program to ensure the greatest impact for the clients we serve throughout the continuum of HIV Prevention and Care. If you have questions regarding the implementation of Evidence Based Interventions or this guidance, please contact the Department’s HIV Program Administrator Michelle Rossi at: microssi@pa.gov or 717-547-3435 or the Department’s HIV Prevention Program Manager, Marijane Salem-Noll at: masalemnol@pa.gov or 717-547-3433. Thank you for your support.

Appendix D

Proposal for Implementation of Evidence Based Interventions	
Intervention:	<input type="checkbox"/> HIV Navigation Services (HNS) <input type="checkbox"/> Anti-Retroviral Treatment and Access to Services (ARTAS) <input type="checkbox"/> Other (Specify):
Agency Name:	
Address:	
Phone:	
Contact Person:	
Contact Person's email:	
Contact Person's phone:	
Satellite Office Name/Address (s):	
Briefly summarize your agencies services and your intent for providing the intervention.	
What target populations will you reach?	
Is there is a demonstrated need for this intervention in the area you are proposing to provide services?	
How does the intervention enhance your ability to reach target populations?	
Are there other providers or health departments in your area (City, County, Region) offering the same intervention? List.	
How will you ensure the confidentiality of the client's information?	
How will you ensure successful referral and linkage to care, support services and HIV prevention services?	
How will you make HIV counseling and testing available to clients? (required for HNS)	
Approximately how many clients do you anticipate serving each month?	
How many staff persons will be trained in the intervention?	
How will you ensure the continuity of the intervention taking into consideration employee attrition?	
How will you evaluate the quality and completeness of the intervention?	

Proposals for EBIs will be assessed by a panel of Department staff. Please answer the attached questions and submit them to Michelle Rossi microssi@pa.gov. All proposals will be de-identified for panel review.

EARLY INTERVENTION SERVICES (EIS)

PROPOSAL/RENEWAL



Early Intervention Services (EIS) is a combination of services rather than a stand-alone service, and all four components of EIS must exist within a single organization to qualify to receive EIS funding. A proposal for new EIS funding and requests for the renewal of existing funding should be submitted, via this form, to the Pennsylvania Department of Health's (DOH), Division of HIV. The request must detail how the subrecipient and/or sub-subrecipient will meet the requirements for all four components of EIS. Requests for funding for a given state fiscal year are **due Dec. 31** of the preceding state fiscal year. All EIS funding requests are subject to availability of funds.

Date: [Click or tap to enter a date.](#) Provider/Project Name: _____

Regional Contact: _____ Phone/Email: _____

New EIS Funding/Project? Yes No

General: Background information related to the organization seeking EIS funding.

1. Briefly summarize all the services your organization currently provides and how EIS will be/has been incorporated.
2. Please describe all the populations your agency currently serves.
3. What target populations does your organization intend to reach using EIS funding?
4. Does your organization currently receive non-Ryan White Part B (RWB) funding (e.g. CDC, Ryan White Parts A/C/D, HOPWA, donations, etc.) to provide HIV prevention and/or care services? Yes No
5. If yes to question #4 directly above, what services do you receive funding for and from what source?

Issue: (*New projects*) Define the concern the proposed EIS activities will resolve. Explain why you believe this is an issue and include data demonstrating the extent of the need in your area.

[Narrative Here]

Successes: (*Renewal projects*) Provide a brief narrative outlining the successes of the EIS program in the previous 12 months along with data demonstrating the ongoing need for EIS services in your area.

[Narrative Here]

EARLY INTERVENTION SERVICES (EIS) PROPOSAL/RENEWAL

Component 1: *Targeted HIV testing to help the unaware learn of their HIV status and receive referrals to HIV care and treatment services if found to be HIV positive.* HIV testing paid for under EIS cannot replace testing efforts paid for by other funding sources.

1. Summarize your reason for providing HIV testing.
2. What data source will be used to determine where/who to test?
3. What days, times, and under what circumstances will you be providing HIV testing?
4. What type of test technology do you plan to use? (e.g. venipuncture, oral fluid, rapid, etc.)
5. Do you have trained staff to provide HIV testing?
6. Are there any existing HIV testing programs in the region? Yes No
7. If yes to question #6, what organizations are already providing HIV testing and how will coordination efforts occur with these organizations?
8. What actions will you take on behalf of clients who have a positive test result to ensure successful referral and linkage to services (e.g. ARTAS, MCM, etc.)?

SMART Goals (Related to the EIS funding currently being requested)	Baseline	Target
•		
•		
•		

9. *(Renewal projects)* What were the goals/deliverables for the past 12 months related to this EIS component?
10. *(Renewal projects)* Analyzing the previous 12 months of CAREWare data, were the goals/deliverables met? If not, why?
11. *(Renewal projects)* What adjustments will be made to ensure goals/deliverables will be met this funding cycle?

Component 2: *Referral Services to improve HIV care and treatment services at key points of entry.* Referrals for ongoing RWB core medical or support services. This component may include the referral of an eligible RWB client to non-RWB public and private programs for which they may also be eligible.

1. Summarize your intended activities for providing this EIS component.
2. What RWB services and/or non-RWB services (e.g., Medicaid, Medicare Part D, Pharmaceutical Manufacturer's Patient Assistance Programs, state/local health care/supportive services, health insurance plans, etc.) will clients be

EARLY INTERVENTION SERVICES (EIS) PROPOSAL/RENEWAL

referred to?

- How will contact information for these referrals be verified and kept current?

SMART Goals <small>(Related to the EIS funding currently being requested)</small>	Baseline	Target
•		
•		
•		

- (Renewal projects)* What were the goals/deliverables for the past 12 months related to this EIS component?
- (Renewal projects)* Analyzing the previous 12 months of CAREWare data, were the goals/deliverables met? If not, why?
- (Renewal projects)* What adjustments will be made to ensure goals/deliverables will be met this funding cycle?

Component 3: *Access and linkage to HIV care and treatment services such as HIV Outpatient/Ambulatory Health Services, Medical Case Management, and/or Substance Abuse Care/Services.*

- Summarize your organization’s intended activities for providing this EIS component.
- Are there any Memorandums of Understanding (MOU), Letters of Agreement (LOA) and/or written correspondence demonstrating the partnerships and coordination in place with key points of entry?
 Yes No
- If yes to question #2, with which organizations and for what services (provide a copy of applicable MOUs/LOAs)?

SMART Goals <small>(Related to the EIS funding currently being requested)</small>	Baseline	Target
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•		
•		

- (Renewal projects)* What were the goals/deliverables for the past 12 months related to this EIS component?
- (Renewal projects)* Analyzing the previous 12 months of CAREWare data, were the goals/deliverables met? If not, why?
- (Renewal projects)* What adjustments will be made to ensure goals/deliverables will be met this funding cycle?

EARLY INTERVENTION SERVICES (EIS) PROPOSAL/RENEWAL

Component 4: Outreach Services and Health Education/Risk Reduction related to HIV.

The goal of Outreach Services is to identify people who do not know their HIV status and/or link/re-engage PLWH to RWB services. Outreach cannot be delivered anonymously and must: 1) use data to target populations and places that have a high probability of reaching PLWH; 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/state HIV prevention programs.

Outreach Services may be provided through community and public awareness activities (e.g., posters, flyers, billboards, social media, TV or radio announcements), but must include information about/explicit and clear links to available RWB services. Outreach Services must not include outreach activities exclusively used to promote HIV prevention education. Subrecipients and/or sub-subrecipients may use Outreach Services funds for HIV testing only when it would not replace testing funded by another source. Outreach services must have measurable deliverables including a workplan that depicts the goal of the program.

1. Summarize your organization's intended activities for providing Outreach services.
2. What data source will be used to determine target populations for Outreach activities?
3. What days, times, and under what circumstances will you be conducting Outreach activities?
4. How will you ensure the confidentiality of clients participating in Outreach activities?
5. Are there any state/local HIV Outreach activities already occurring in the region? Yes No
6. If yes to question #5, what organization(s) are conducting these activities and how will coordination efforts occur with your organization?

SMART Goals (Related to the EIS funding currently being requested)	Baseline	Target
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•		

7. *(Renewal projects)* What were the goals/deliverables for the past 12 months related to this EIS component?
8. *(Renewal projects)* Analyzing the previous 12 months of CAREWare data, were the goals/deliverables met? If not, why?
9. *(Renewal projects)* What adjustments will be made to ensure goals/deliverables will be met this funding cycle?
10. *(Renewal projects)* What Outreach activities were provided, what were the dates and times of these activities, and how many individuals participated in each activity?

Health Education/Risk Reduction is the provision of education to clients living with HIV regarding HIV transmission and how to reduce the risk of HIV transmission. This category of services includes sharing information about medical, psychosocial support services and counseling with clients to improve their health status.

EARLY INTERVENTION SERVICES (EIS) PROPOSAL/RENEWAL

Health Education/Risk Reduction cannot be delivered anonymously. 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 reduction of risk during pregnancy and transmission risks with breastfeeding when appropriate; Education on health care coverage options (e.g., qualified health plans through the Marketplace, Medicaid coverage, Medicare coverage); Health literacy; and Treatment Adherence education.)

11. Summarize your intended activities for providing Health Education/Risk Reduction services.
12. What data source will be used to determine target populations for Health Education/Risk Reduction services?
13. What days, times, and under what circumstances will you be providing Health Education/Risk Reduction?
14. How will you ensure the confidentiality of the client?
15. What topics will be covered?
 - Risks During Pregnancy/Breastfeeding Healthcare Coverage (e.g. Medicare/Medicaid, Marketplace, MAWD)
 - PrEP (related to clients' partners only) Health literacy Treatment Adherence
 - Transmission/Risks Other (describe):

SMART Goals (Related to the EIS funding currently being requested)	Baseline	Target
•		
•		
•		

16. *(Renewal projects)* What were the goals/deliverables for the past 12 months related to this EIS component?
17. *(Renewal projects)* Analyzing the previous 12 months of CAREWare data, were the goals/deliverables met? If not, why?
18. *(Renewal projects)* What adjustments will be made to ensure goals/deliverables will be met this funding cycle?

Requested Resources: In the table below, provide dollar amounts needed by the region to fully implement the activities in this proposal/renewal as well as the anticipated funding source. Please include the region's and/or provider's EIS budget (i.e. Appendix C) as part of the proposal submission.

Personnel/Fringe: <input type="checkbox"/> RWB/Rebates <input type="checkbox"/> Budget Revision	\$	Consultant Services: <input type="checkbox"/> RWB/Rebates <input type="checkbox"/> Budget Revision	\$
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EARLY INTERVENTION SERVICES (EIS) PROPOSAL/RENEWAL

Subcontract Services: <input type="checkbox"/> Rebate <input type="checkbox"/> Budget Revision	\$	Patient Services: <input type="checkbox"/> Rebate <input type="checkbox"/> Budget Revision	\$
Equipment: <input type="checkbox"/> RWB/Rebates <input type="checkbox"/> Budget Revision	\$	Supplies: <input type="checkbox"/> RWB/Rebates <input type="checkbox"/> Budget Revision	\$
Travel: <input type="checkbox"/> RWB/Rebates <input type="checkbox"/> Budget Revision	\$	Other Costs: <input type="checkbox"/> RWB/Rebates <input type="checkbox"/> Budget Revision	\$
TOTAL Additional RWB/Rebate Funds Requested:		\$	
TOTAL Anticipated Budget Revision Necessary:		\$	

Work Statement/Implementation Plan Information: (e.g., How many units of a given service will be provided to how many clients)	# Clients to be Served:	# Units to be Provided:
EIS-Testing		
EIS-Referral Services		
EIS-Outreach, HIV Positive		
EIS-Outreach, Referral		
EIS-Outreach, Follow-Up		
EIS-Health Education Risk Reduction		

APPROVAL (For DOH use only)	
Recommendation, along with justification for the recommendation:	
Date:	Total RWB/Rebates Approved: \$
Title:	Printed Name:

EARLY INTERVENTION SERVICES (EIS) PROPOSAL/RENEWAL

Signature:

--

List of Prevention Contracts

Instructions:

This spreadsheet is to be completed by the Provider Sub-recipient applying for state (11068) funding.
 This EXCEL file contains two worksheets. The first contains codes and the second is the actual form to be completed.

<u>Activity/Intervention/Strategy - Column G</u>	<u>Population to be served (by Risk Category) - Column H</u>	<u>Code</u>	<u>By Race - Column I</u>	<u>Code</u>	<u>Ethnicity - Column J</u>
Anti-Retroviral Treatment and Access to Services (ARTAS)	HIV+ men who have sex with men/injection drug user	HIV+MSM/IDU	American Indian or Alaska Native	AI	Hispanic or Latino
HIV Navigation Services (HNS)	HIV + men who have sex with men	HIV+MSM	Asian	A	Not Hispanic or Latino
Other: specify*	HIV+ injection drug users	HIV+IDU	Black or African American	B	
*must receive prior approval from PADOH	HIV+ heterosexual	HIV+H	Native Hawaiian or Pacific Islander	PI	
	HIV+ clients with other/unknown behavioral risk factors	HIV+	White	W	
	Men who have sex with men/injection drug user	MSM/IDU			
	Men who have sex with men	MSM			
	Injection drug users	IDU			
	High-risk heterosexual	HRH			
	Clients with other/unknown behavioral risk factors	UNK			

Name of regional grantee:	AIDSNET
Time period:	Fiscal Years 2022-2024

Name of subgrantee	Subgrantee street address	Subgrantee city	Subgrantee zip code	Subgrantee phone number

Proposed Activity/Intervention	Population(s) to be served (Use code found in instructions.)	Race (Use code found in instructions.)	Ethnicity (Use code found in instructions.)	Gender (Use code found in instructions.)	Proposed Service area county/counties	Proposed Service area zip code(s)	Proposed # of individuals to be served	Proposed # of sessions

Intervention	Proposed Total annual budget for intervention
Anti-Retroviral Treatment and Access to Services (ARTAS)	\$ -
HIV Navigation Services (HNS)	\$ -
Other: specify*	\$ -
Other: specify*	\$ -
	\$ -

APPENDIX E

PROPOSAL APPLICATIONS ARE DUE IN FULL NO LATER THAN 3:00 PM, MONDAY, FEBRUARY 7, 2022

FY 2022-2024 PROPOSAL CHECKLIST

Agency/Organization Name: _____ **Date** _____

This Proposal Checklist should be included as the first page of the original proposal. The proposal must incorporate each of the following components related to the type of funding requested.

SUBMIT AN ORIGINAL AND 10 COPIES OF THE FOLLOWING COMPONENTS IN THE ORDER LISTED.

- Proposal Summary Sheet
- Proposal Acknowledgment and Signature
- Organizational Profile
- Description of Cultural Competency
- Personnel: Work Environment Narrative, Job Descriptions, Current Resumes, Organizational Chart
- Needs Assessment
- Program Narrative
- Early Interventions Service Proposal/Renewal Form (for RW EIS funding applicants only)
- Outreach Workplan/Renewal Form (for RW Outreach applicants only)
- Proposal for Implementation of Evidence-Based Interventions (for prevention funding applicants only)
- Prevention Intervention Plan Spreadsheet (for prevention funding applicants only)
- Quality Management Plan and Quality Improvement Projects
- Any other documentation referenced in the proposal
- All required fiscal forms

In addition to the hard copies of the fiscal forms, please submit them in Excel format via email to Kevin Westgate, Fiscal Officer, at fiscal.officer@aidsnetpa.org

IN ADDITION, SUBMIT ONE COPY OF THE FOLLOWING DOCUMENTS:

- Proposal Checklist
- List of Board of Directors
- IRS Determination Letter
- Most Recent Financial Audit and Management Letter



FY 2022-2024 PROPOSAL SUMMARY SHEET

Agency/Organization

Name: _____ **EIN Number:** _____

Street Address: _____ **County:** _____

City: _____ **State:** _____ **ZIP + 4 digits:** _____

Office Phone: _____ **Office Fax:** _____

Contact Person

Name: _____ **Title:** _____

Office Phone/Ext.: _____ **Email Address:** _____

Funding Requested

Care Services

- | | |
|---|---|
| <input type="checkbox"/> Child Care Services | <input type="checkbox"/> Medical Nutrition Therapy |
| <input type="checkbox"/> Early Intervention Services | <input type="checkbox"/> Mental Health Services |
| <input type="checkbox"/> Emergency Financial Assistance | <input type="checkbox"/> Non-Medical Case Management |
| <input type="checkbox"/> Food Bank/Home Delivered Meals | <input type="checkbox"/> Oral Health Care |
| <input type="checkbox"/> Health Education/Risk Reduction | <input type="checkbox"/> Other Professional Services |
| <input type="checkbox"/> Health Insurance Premium and Cost Sharing Assistance | <input type="checkbox"/> Outpatient/Ambulatory Health Services |
| <input type="checkbox"/> Home and Community-Based Services | <input type="checkbox"/> Outreach Services |
| <input type="checkbox"/> Home Health Care | <input type="checkbox"/> Psychosocial Support |
| <input type="checkbox"/> Hospice Services | <input type="checkbox"/> Referral for Healthcare Support Services |
| <input type="checkbox"/> Housing Services | <input type="checkbox"/> Rehabilitation Services |
| <input type="checkbox"/> Linguistic Services | <input type="checkbox"/> Respite Care |
| <input type="checkbox"/> Medical Case Management | <input type="checkbox"/> Substance Abuse Outpatient Care |
| | <input type="checkbox"/> Substance Abuse Services (Residential) |

Prevention Services

- Anti-Retroviral Treatment and Access to Services
- HIV Navigation Services (HNS)
- Other Intervention: Please specify _____

HOPWA Program

- Direct Services – Specify: _____
- Support Services



**PROPOSAL APPLICATIONS ARE DUE IN FULL NO LATER THAN
3:00 PM, MONDAY, FEBRUARY 7, 2022**

FY 2022-2024 PROPOSAL ACKNOWLEDGMENT AND SIGNATURE

Agency/Organization Name: _____

We, the undersigned, submit this proposal for consideration as a program subrecipient. We understand that the submission of this application does not guarantee funding approval and that missing application elements may result in disqualification. We agree to aspire toward the objectives outlined within our proposal and understand that we will be responsible for all invoicing, reporting, and monitoring requirements that may be outlined within an executed grant contract agreement should we be awarded funding. We agree to make ourselves regularly available to AIDSNET and to communicate about changes with programming, personnel, and/or budgetary matters. Further, we understand that all funding awarded will be disbursed as a reimbursable expense, subject to the limitations of qualifying activities, invoice processing time by the state, and the procurement of government funds.

Board Representative _____
(Signature)

(Print Name)

(Title)

Agency Director _____
(Signature)

(Print Name)

(Title)

**APPENDIX F
PREVENTION STANDARDIZED JOB TITLES,
EDUCATION AND EXPERIENCE**

Job Title*	Minimum Education	Other Minimum Qualifications
Prevention Services Manager	BS/BA degree in education or related field	<u>Minimum:</u> Experience in health related prevention education; supervisory and management experience; <u>Additional:</u> Strong organization skills; non-profit experience a plus; willingness to work with diverse populations; participate in mandatory trainings in HIV fundamentals and DOH C&T certification; effective communication skills and reliable transportation.
Prevention Education Specialist II	Bachelor's degree in public health, health education, social work, psychology, human service or related field; or comparable experience may be accepted	Willingness to work with diverse populations; certification or willingness to become certified in ARC HIV fundamentals & Prevention Instruction and CDC HIV Prevention Counselor; bi-lingual; reliable transportation.
Prevention Education Specialist I	Associates degree; related experience in community outreach or health/education related field or comparable experience may be accepted	Willingness to work with diverse populations; participate in mandatory trainings in HIV fundamentals and DOH C&T certification; bi-lingual; reliable transportation.
Prevention Educator	HS diploma or equivalent	Basic knowledge of HIV; experience in community outreach, health/education or related field desirable; willingness to work with diverse populations; take mandatory trainings in HIV fundamentals and DOH C&T certification; bi-lingual; reliable transportation.

*unless constricted by established institutional titles

APPENDIX G

CARE OUTCOME-BASED OBJECTIVES

Early Intervention Services (EIS)

Objectives

- Targeted HIV testing
 - At least 10 hours of targeted testing will be conducted weekly
- Access and linkage to HIV care and treatment services
 - 90% of participants testing positive for HIV will be linked to their chosen HIV medical and case management service provider within 30 days
- Referral services and follow-up
 - 90% of participants testing positive for HIV will receive referral services and follow-up to improve HIV care and treatment services and to reduce barriers to retention in care
- Outreach services, health education and risk reduction related to HIV diagnosis
 - 60% of participants testing positive for HIV will receive outreach services and health education/risk reduction related to their HIV diagnosis

Health Education/Risk Reduction (HE/RR)

Objectives

- Viral load suppression
 - 65% of participants receiving treatment adherence education will exhibit stable, declining, or undetectable viral loads or increased CD4 counts at two intervals during the measurement year
- Adherence barrier reduction
 - 60% of participants who identify a barrier(s) to medication adherence will commit to a documented barrier reduction plan during the measurement year

Housing Services (Ryan White and HOPWA)

Objectives

- Overcome barriers to housing stability
 - 75% of participants receiving Ryan White and/or HOPWA housing services will successfully address barriers to maintaining stable housing identified in their *Individual Housing Services Plan* during the measurement year
- Financial stability

- 75% of participants receiving Ryan White and/or HOPWA housing services will maintain or increase income through employment and/or public benefits during the measurement year
- Client satisfaction
 - 80% of participants receiving Ryan White and/or HOPWA housing services will complete and return a satisfaction survey and report high satisfaction with the housing services through the agency

Medical Case Management (MCM)

Objectives

- Mental health history and treatment
 - 90% of participants will have their mental health history and treatment status documented in the case management chart in the measurement year
- Substance use history and treatment
 - 90% of participants will have their substance use history and treatment status documented in the case management chart in the measurement year
- Documentation of retention in care
 - 80% of participants will have documentation of retention in care (CD4, Viral Load test or ARV therapy prescribed within the measurement year) in the case management chart in the measurement year

APPENDIX H

PREVENTION SERVICES OUTCOME-BASED OBJECTIVES

Anti-Retroviral Treatment and Access to Services (ARTAS)

Objectives

- 60% of ARTAS participants will successfully link to medical care on or before the end of the 5th session or 90 days, whichever comes first
 - Successful linkage is defined as confirmed attendance at one appointment with an HIV health care provider
 - *Equation for success:* *The number of ARTAS participants linked to care*
The total number of participants in the quarter
- 50% of ARTAS participants who successfully link to medical care will be retained in care
 - Retention in care is defined as confirmed attendance in at least two appointments with an HIV health care provider within 12 months of completing the intervention
 - *Equation for success:* *The number of ARTAS participants retained in care*
The total number of participants linked in care

Data Tracking

- Demographic data will be reported quarterly in the following categories for three primary inquiries
 - By Mode of Transmission
 - HIV + MSM
 - HIV + IDU
 - HIV + MSM/IDU
 - HIV + Heterosexual
 - HIV + Other/Unknown
 - By Race/Ethnicity
 - HIV + African American
 - HIV + Asian
 - HIV + Caucasian
 - HIV + Latinx
 - HIV + Other/Unknown
- Three primary inquiries
 - The total number of ARTAS participants linked to medical care during the quarter
 - The total number of newly diagnosed ARTAS participants linked to treatment adherence

- The total number of ARTAS participants previously lost to care that have re-engaged in treatment adherence

HIV Navigation Services (HNS)

Objectives

- Agencies are expected to develop meaningful objectives based on the documented benefits of effective Patient Navigation programs, the application of these benefits specific to HIV, and the standard measures of success outlined below

Benefit	Benefit Specific to HIV	Description/Typical Measures
Disease prevention	Prevention of HIV transmission	<ul style="list-style-type: none"> • Reduction in new HIV cases • Increased percent of PLWH receiving anti-retroviral therapy • Increase in the number of high-risk HIV-negative individuals receiving Pre-exposure prophylaxis (PrEP) • Increase in participation by PLWH in <i>Prevention for Positives</i> program
Screening and early detection	<ul style="list-style-type: none"> • Routine testing • Targeted testing 	<ul style="list-style-type: none"> • Increase in HIV testing in health care facilities as part of routine examinations and preventive care • Identification of PLWH through community testing that targets high-risk populations
Prompt diagnosis	Early diagnosis	<ul style="list-style-type: none"> • Reduced percent of late testers (individuals with a concurrent first diagnosis and AIDS diagnosis or AIDS diagnosis within 12 months after first testing positive)
Access to care	<ul style="list-style-type: none"> • Linkage to HIV-related medical care • Re-linkage to HIV-related medical care 	<ul style="list-style-type: none"> • Increase in the number of PLWH accessing their first medical visit within 90 days of diagnosis • Increase in the number of PLWH re-engaged in medical care
Retention in care	Retention in HIV-related medical care	<ul style="list-style-type: none"> • Increase in the number of PLWH with at least 1 HIV medical visit every 6 months over a 24-month measurement period, with visits at least 60 days apart

Improved health status	Viral load suppression	<ul style="list-style-type: none"> • Increased percent of PLWH who have a viral load of < 200 copies/mL
Disease control or self-management	Treatment adherence	<ul style="list-style-type: none"> • Increased percent of PLWH prescribed ART who take it regularly • Reduced percent of opportunistic infections among PLWH
Reduced barriers to care	Strong connection to care	<ul style="list-style-type: none"> • Reduction in the number of missed medical appointments PLWH • Consistency of use of supportive/enabling services by PLWH

APPENDIX I

INSTRUCTIONS

FISCAL FORMS

RW-REBATES 2022-2023

RW-REBATES 2023-2024

HOPWA 2022-2023

HOPWA 2023-2024

PREVENTION 2022-2023

APPENDIX I
Instructions for Fiscal Forms

PLEASE NOTE: Save the fiscal forms to C:\Documents prior to use

General Instructions for 2022-2023 and 2023-2024 AIDSNET Rate Setting Process

Complete one of each of the following forms for each fiscal year and for each service proposed.

Please note: These instructions are for one program for one fiscal year. Applicants will need to follow these instructions for the next fiscal year 2022-2023 from the beginning with just substituting FY 2023-2024 for FY 2022-2023.

For all programs, there is no unit cost for 22-24. Budgets for the programs must be based on actual costs incurred.

Also, Prevention Services forms will only be sent for fiscal year 2022-2023 as Prevention services must be applied for and approved by the Department of Health, Division of HIV (Department) annually. The appropriate forms will be provided when AIDSNET receives the due date from the Department.

For each Program...Please rename each file with a Program Identifier in between the dashes in the file name.

Please note that for this RFP, each Service will require its own set of Fiscal forms for each Fiscal Year.

All Fiscal forms are contained in its individual Service worksheet so applicants need only one file for each service/fiscal year.

The following Forms are contained in each worksheet.

J-1: Agency Revenue/Expense Form

J-2: Administrative Program and Indirect Cost Distribution Form

J-3: HIV/AIDS Personnel Form

J-4: Service Expense Form

J-5: Narrative to Budget Form

J-6: Project Revenue & Request Form

Complete the forms in chronological order. Some of the forms require information from a previous form. AIDSNET's Fiscal Officer has tried to have all the inputs that are required from a previous form automatically input where required elsewhere. ***Please check to make sure that these fields are filled in correctly.***

Record all amounts in whole dollars.

For all Forms J-1, input the Agency Name once and it should disperse to all the other forms for the service.

For all Forms J-2, input the Program Name once in column 3 and it should disperse to all the other forms for the service.

SPECIFIC INSTRUCTIONS FOR COMPLETING FORMS

J-1 Agency Revenue/Expense Form

Part A: Total Agency Revenue

Column A: List all anticipated funding sources supporting the organization for the fiscal year 2022-2023

Column B: Record the projected amount of revenue for fiscal year 2022-2023

Part B: Total Agency Expense

** It is extremely important that this part of the form is filled in correctly. The numbers from this page will automatically transfer to other forms included in this package.

Note: Include a brief explanation if the revenue projected for 2022-2023 does not equal the amount of expense projected for that fiscal year.

J-2 Administrative Program Direct and Indirect Cost Distribution Form

Administrative Program Direct costs are indirect costs necessary to run the actual operation of the Program. They should be assigned to programs equitably using a consistent method of distribution. Examples of allocation methods are: gross salary expense of each program as compared to the total gross salaries for all programs; direct cost of each program as compared to total direct costs for all programs; square footage of the facility by program usage as compared to the total square footage for programmatic use; or sources of revenue for the program as compared to the total revenue for all programs. It is important to note that whatever allocation method you chose, it must be

used across all services and may not be mixed and matched for different indirect costs items. Indirect costs are those expenses that are affiliated with running the agency and that are shared by more than one service. They support the entire agency rather than just one program. These costs include salaries and benefits of the agency director, divisional supervisors and/or administrative support personnel as well as occupancy, furniture, and utilities, etc., that cannot be directly related to the operation of the Program.

Important-Please Note:

If an Applicant agency has a federal indirect cost agreement, a copy of the agreement with all pertinent information, including the amount of the indirect cost rate and how it is to be calculated, may be attached.

- This does not imply that your federal indirect cost agreement will be allowed for purposes of this RFP, but AIDSNET will forward it to the DOH to see if it can be approved for use for this RFP.
- Applicants should still follow all the steps below to determine an actual rate if at all possible.

Column 1: This column fills in automatically from J-1.

Column 2: The total of all indirect costs allocated to services provided by the agency that are not being proposed in this RFP.

Column 3: In the heading column, list the name of the service being proposed. Record the amount of the Administrative Program Direct cost in each cost category appropriated to the service listed.

Column 4: In the heading column, list the name of the service being proposed. Record the amount of the indirect cost in each cost category appropriated to the service listed. The total from each program will be carried forward to the Indirect Cost line on the Service Expense Form (J-4) for that program.

Column 4: The total of Columns 2 and 3 should calculate. Each line of the total column should be the same amount as that line in column 1. The total column should equal column 1.

Record the methodology used for distribution of indirect costs on the lines at the bottom of the page.

J-3 HIV/AIDS Personnel Form

Column 1: List the position titles for all program staff, whether or not reimbursement for their line item is being sought.

Column 2: List the name of the employee in each position, list “vacant” for unfilled positions.

Column 3: List the amount budgeted for each position in the 2021-2022 fiscal year. If it will be a new position during the 2022-2023 fiscal year, list as “new” in column 3.

Column 4: List the amounts proposed for each position for fiscal year 2022-2023.

Columns 5: List the direct cost portion of the total salary for each position proposed for each specific service in the 2022-2023 fiscal year. In the column heading, list the name of the service.

Note: The total of each of these columns must match the total budgeted salary reported on Form J-4 for the corresponding service.

Column 6: List the amount of the salary for each position that is included in the agency indirect costs.

Column 7: List the amount of each position’s salary that is budgeted in programs not included in this RFP.

Note: The total of Columns 5 through 7 should always be equal to the amount in Column 4. The total of Columns 5 through 7 should always be equal to the amount in Column 8.

J-4 Service Expense Form

This form should fill in and calculate automatically.

The purpose of this form is to report direct costs of providing the service proposed. Direct costs relate directly to the service. This includes salaries, benefits, travel and service-related training costs for employees who provide that service and supplies and materials used in the provision of the service. Expenses such as rent, telephone and postage can also be direct costs for some services if they can be directly and exclusively attributed to the provision of the service

J-5 Narrative to Budget Form

The narrative is the line-by-line description of items listed in the service expense form (J-4). In the description column, Column 2, list the detail describing the nature of the expense proposed. For example, if benefits are a direct percentage of salaries, list the types of benefits provided plus the percentage used to calculate the total. Column 3 should fill in automatically.

J-6 Project Revenue & Request Form

Part A (Proposed Service Revenue)

Column 1: List all funding sources (excluding AIDSNET) used since 2021-2022 for the service and/or are anticipating using through 2021-2022.

Column 2: Record actual and projected revenue for the budgeted year 2021-2022.

Column 3: Record projected revenue for the budgeted year 2022-2023.

Part B (Requested Amount for Program)

Line 1: Note: This line should fill in automatically.

Enter the total projected cost of the program for fiscal year 2022-2023 from Form J-4, Column 1, Line 23.

Line 2: Enter the total projected other revenue for fiscal year 2022-2023 from Form J-6, Part A, Column 3.

Line 3: Subtract the total projected other revenue from the projected cost of the program for each fiscal year. These are the amounts requested for each fiscal year from AIDSNET for that program.

In addition to the hard copies, submit all budget forms in Excel format by email to Kevin Westgate, Fiscal Officer, at fiscal.officer@aidsnetpa.org

(RW-Rebates) Agency Revenue/Expense Form (J-1)

Agency Name _____

Part A

Fiscal Year

22-23

Total Agency Revenue

Source	7/1/2022 to 6/30/2023 Projected
AIDSNET	
Total Agency Revenue	\$0

Part B

Total Agency Expense

Cost Categories	7/1/202 to 6/30/2023 Projected
Salaries (Per Annum)	
Benefits and Taxes	
Other Consultants/Temporary Labor	
Office Supplies	
Equipment Lease & Maintenance	
Travel Expense (Mileage, Lodging, etc.)	
Professional Consultant/Group Facilitators	
Professional Fees (e.g. Accounting/Audit/Legal)	
Payroll Services	
Insurance(Prof./Liability/Board/Facility)	
Occupancy(Rent,Utilities)	
Telephone & Internet	
Postage and Delivery	
Maintenance Office equip.	
Copying & Printing	
Seminars/Conferences/Training	
Advertising	
Resource Material/subscriptions	
Stipends for Clients	
Total Agency Expense	\$0

(RW-Rebates) Administrative Program Direct and Indirect Cost distribution Form (J-2)

AGENCY NAME: _____

FISCAL YEAR: 22-23

Cost Categories	(1)	(2)	(3) Admin. Program Direct Costs	(4) Indirect Costs	(5)
	Total Agency Administrative Program Direct & Indirect Costs	<i>*All Other Programs*</i>	Insert Program Name	Insert Program Name	TOTAL columns 2- 3-4
Salaries (Per Annum)					
Benefits and Taxes					
Other Consultants/Temporary Labor					
Office Supplies					
Equipment Lease & Maintenance					
Travel Expense (Mileage,Lodging, etc.)					
Professional Consultant/Group Facilitators					
Professional Fees (e.g. Accounting/Audit/Legal)					
Payroll Services					
Insurance(Prof./Liability/Board/Facility)					
Occupancy(Rent,Utilities)					
Telephone & Internet					
Postage and Delivery					
Maintenance Office equip.					
Copying & Printing					
Seminars/Conferences/Training					
Advertising					
Resource Material/subscriptions					
Stipends for Clients					
TOTALS					

****Methodology for distribution-(Please note that the Salary Direct and indirect cost totals on J-3 should match the totals on line 8 columns 3 and 4 on this page)**

** This column is for all of the programs that are not included in this proposal.*

(RW-Rebates) SERVICE EXPENSE FORM (J-4)

AGENCY NAME: 0

SERVICE: Insert Program Name

LINE	Cost Categories	(1) 7/1/22-6/30/23 Projected Exps.
1	Salaries (Per Annum)	\$0
2	Benefits and Taxes	\$0
3	Other Consultants/Temporary Labor	\$0
4	Office Supplies	\$0
5	Equipment Lease & Maintenance	\$0
6	Travel Expense (Mileage, Lodging, etc.)	\$0
7	Professional Consultant/Group Facilitators	\$0
8	Professional Fees (e.g.. Accounting/Legal)	\$0
9	Payroll Services	\$0
10	Insurance(Prof./Liabilty/Board/Facility)	\$0
11	Occupancy(Rent,Utilities)	\$0
12	Telephone & Internet	\$0
13	Postage and delivery	\$0
14	Maintenance Office equip.	\$0
15	Copying & Printing	\$0
16	Seminars/Conferences/Training	\$0
17	Advertising	\$0
18	Resource Material/Subscriptions	\$0
19	Stipends for clients	\$0
20	TOTAL DIRECT COSTS	\$0
21	INDIRECT COSTS (from J-2)	\$0
22	10 % OF DIRECT COSTS (Line 23 x .10)	\$0
23	ALLOWABLE INDIRECT COSTS (lesser of lines 20 or 21)	\$0
24	GRAND TOTAL (lines 19 +22)	\$0

**Should equal J-2 line 27 column 3

(RW-Rebates) NARRATIVE TO BUDGET FORM (J-5)

AGENCY NAME: 0 _____

SERVICE: Insert Program Name _____

(1) Cost Categories	(2) DESCRIPTION	(3) FISCAL YEAR 2022-2023
Salaries (Per Annum)		0
Benefits and Taxes		0
Other Consultants/Temporary Labor		0
Office Supplies		0
Equipment Lease & Maintenance		0
Travel Expense (Mileage, Lodging, etc.)		0
Professional Consultant/Group Facilitators		0
Professional Fees (e.g.. Accounting/Legal)		0
Payroll Services		0
Insurance(Prof./Liability/Board/Facility)		0
Occupancy(Rent,Utilities)		0
Telephone & Internet		0
Postage and delivery		0
Maintenance Office equip.		0
Copying & Printing		0
Seminars/Conferences/Training		0
Advertising		0
Resource Material/Subscriptions		0
Stipends for clients		0
	Total Administrative Direct Cost	0

Please note: This must equal J-4 Line 20

(RW-Rebates) PROJECT REVENUE & REQUEST FORM (J-6)

AGENCY: _____ 0 _____

SERVICE: _____ Insert Program Name _____

PART A

(1) Source	Proposed Service Revenue	
	(2) 7/1/21 to 6/30/22 Actual and Projected	(3) 7/1/22 to 6/30/23 Projected
AIDSNET		
<i>Other Sources-List below:</i>		
TOTAL	\$ -	\$ -

PART B

REQUESTED AMOUNT FOR PROGRAM	
Fiscal year 2022-2023	
1. TOTAL PROJECTED COST OF PROGRAM (from J-4 line 24, columns 1 - F/Y 22-23)	_____ \$0
2. TOTAL PROJECTED OTHER REVENUE (total columns 3 above FY 22-23)	_____ \$0
3. AMOUNT REQUESTED FROM AIDSNET (subtract line 2 from line 1)	_____ \$0

(RW-Rebates) Agency Revenue/Expense Form (J-1)

Agency Name _____

Part A

Fiscal Year

23-24

Total Agency Revenue

Source	7/1/2023 to 6/30/2024 Projected
AIDSNET	
Total Agency Revenue	\$0

Part B

Total Agency Expense

Cost Categories	7/1/2023 to 6/30/2024 Projected
Salaries (Per Annum)	
Benefits and Taxes	
Other Consultants/Temporary Labor	
Office Supplies	
Equipment Lease & Maintenance	
Travel Expense (Mileage, Lodging, etc.)	
Professional Consultant/Group Facilitators	
Professional Fees (e.g. Accounting/Audit/Legal)	
Payroll Services	
Insurance(Prof./Liability/Board/Facility)	
Occupancy(Rent,Utilities)	
Telephone & Internet	
Postage and Delivery	
Maintenance Office equip.	
Copying & Printing	
Seminars/Conferences/Training	
Advertising	
Resource Material/subscriptions	
Stipends for Clients	
Total Agency Expense	\$0

(RW-Rebates) Administrative Program Direct and Indirect Cost distribution Form (J-2)

AGENCY NAME: _____

FISCAL YEAR: 23-24

Cost Categories	(1)	(2)	(3) Admin. Program Direct Costs	(4) Indirect Costs	(5)
	Total Agency Administrative Program Direct & Indirect Costs	<i>*All Other Programs*</i>	Insert Program Name	Insert Program Name	TOTAL columns 2- 3-4
Salaries (Per Annum)					
Benefits and Taxes					
Other Consultants/Temporary Labor					
Office Supplies					
Equipment Lease & Maintenance					
Travel Expense (Mileage,Lodging, etc.)					
Professional Consultant/Group Facilitators					
Professional Fees (e.g. Accounting/Audit/Legal)					
Payroll Services					
Insurance(Prof./Liability/Board/Facility)					
Occupancy(Rent,Utilities)					
Telephone & Internet					
Postage and Delivery					
Maintenance Office equip.					
Copying & Printing					
Seminars/Conferences/Training					
Advertising					
Resource Material/subscriptions					
Stipends for Clients					
TOTALS					

****Methodology for distribution-(Please note that the Salary Direct and indirect cost totals on J-3 should match the totals on line 8 columns 3 and 4 on this page)**

** This column is for all of the programs that are not included in this proposal.*

(RW-Rebates) SERVICE EXPENSE FORM (J-4)

AGENCY NAME: 0

SERVICE: Insert Program Name

LINE	Cost Categories	(1) 7/1/23-6/30/24 Projected Exps.
1	Salaries (Per Annum)	\$0
2	Benefits and Taxes	\$0
3	Other Consultants/Temporary Labor	\$0
4	Office Supplies	\$0
5	Equipment Lease & Maintenance	\$0
6	Travel Expense (Mileage, Lodging, etc.)	\$0
7	Professional Consultant/Group Facilitators	\$0
8	Professional Fees (e.g.. Accounting/Legal)	\$0
9	Payroll Services	\$0
10	Insurance(Prof./Liability/Board/Facility)	\$0
11	Occupancy(Rent,Utilities)	\$0
12	Telephone & Internet	\$0
13	Postage and delivery	\$0
14	Maintenance Office equip.	\$0
15	Copying & Printing	\$0
16	Seminars/Conferences/Training	\$0
17	Advertising	\$0
18	Resource Material/Subscriptions	\$0
19	Stipends for clients	\$0
20	TOTAL DIRECT COSTS	\$0
21	INDIRECT COSTS (from J-2)	\$0
22	10 % OF DIRECT COSTS (Line 23 x .10)	\$0
23	ALLOWABLE INDIRECT COSTS (lesser of lines 20 or 21)	\$0
24	GRAND TOTAL (lines 19 +22)	\$0

**Should equal J-2 line 27 column 3

(RW-Rebates) NARRATIVE TO BUDGET FORM (J-5)

AGENCY NAME: 0 _____

SERVICE: Insert Program Name _____

(1) Cost Categories	(2) DESCRIPTION	(3) FISCAL YEAR 2023-2024
Salaries (Per Annum)		0
Benefits and Taxes		0
Other Consultants/Temporary Labor		0
Office Supplies		0
Equipment Lease & Maintenance		0
Travel Expense (Mileage, Lodging, etc.)		0
Professional Consultant/Group Facilitators		0
Professional Fees (e.g.. Accounting/Legal)		0
Payroll Services		0
Insurance(Prof./Liability/Board/Facility)		0
Occupancy(Rent,Utilities)		0
Telephone & Internet		0
Postage and delivery		0
Maintenance Office equip.		0
Copying & Printing		0
Seminars/Conferences/Training		0
Advertising		0
Resource Material/Subscriptions		0
Stipends for clients		0
	Total Administrative Direct Cost	0

Please note: This must equal J-4 Line 20

(RW-Rebates) PROJECT REVENUE & REQUEST FORM (J-6)

AGENCY: _____ 0 _____

SERVICE: _____ Insert Program Name _____

PART A

(1) Source	Proposed Service Revenue	
	(2) 7/1/21 to 6/30/22 Actual and Projected	(3) 7/1/23 to 6/30/24 Projected
AIDSNET		
<i>Other Sources-List below:</i>		
TOTAL	\$ -	\$ -

PART B

REQUESTED AMOUNT FOR PROGRAM	
Fiscal year 2023-2024	
1. TOTAL PROJECTED COST OF PROGRAM (from J-4 line 24, columns 1 - F/Y 23-24)	_____ \$0
2. TOTAL PROJECTED OTHER REVENUE (total columns 3 above FY 23-24)	_____ \$0
3. AMOUNT REQUESTED FROM AIDSNET (subtract line 2 from line 1)	_____ \$0

(HOPWA) Agency Revenue/Expense Form (J-1)

Agency Name _____

Part A

Fiscal Year

22-23

Total Agency Revenue

Source	7/1/2022 to 6/30/2023 Projected
AIDSNET	
Total Agency Revenue	\$0

Part B

Total Agency Expense

Cost Categories	7/1/2022 to 6/30/2023 Projected
Salaries (Per Annum)	
Benefits and Taxes	
Other Consultants/Temporary Labor	
Office Supplies	
Equipment Lease & Maintenance	
Travel Expense (Mileage, Lodging, etc.)	
Professional Consultant/Group Facilitators	
Professional Fees (e.g. Accounting/Audit/Legal)	
Payroll Services	
Insurance(Prof./Liability/Board/Facility)	
Occupancy(Rent,Utilities)	
Telephone & Internet	
Postage and Delivery	
Maintenance Office equip.	
Copying & Printing	
Seminars/Conferences/Training	
Advertising	
Resource Material/subscriptions	
Stipends for Clients	
Total Agency Expense	\$0

(HOPWA) Administrative Program Direct and Indirect Cost distribution Form (J-2)

AGENCY NAME: _____

FISCAL YEAR: 22-23

Cost Categories	(1)	(2)	(3) Admin. Program Direct Costs	(4) Indirect Costs	(5)
	Total Agency Administrative Program Direct & Indirect Costs	<i>*All Other Programs*</i>	Insert Program Name	Insert Program Name	TOTAL columns 2- 3-4
Salaries (Per Annum)					
Benefits and Taxes					
Other Consultants/Temporary Labor					
Office Supplies					
Equipment Lease & Maintenance					
Travel Expense (Mileage,Lodging, etc.)					
Professional Consultant/Group Facilitators					
Professional Fees (e.g. Accounting/Audit/Legal)					
Payroll Services					
Insurance(Prof./Liability/Board/Facility)					
Occupancy(Rent,Utilities)					
Telephone & Internet					
Postage and Delivery					
Maintenance Office equip.					
Copying & Printing					
Seminars/Conferences/Training					
Advertising					
Resource Material/subscriptions					
Stipends for Clients					
TOTALS					

****Methodology for distribution-(Please note that the Salary Direct and indirect cost totals on J-3 should match the totals on line 8 columns 3 and 4 on this page)**

** This column is for all of the programs that are not included in this proposal.*

(HOPWA) SERVICE EXPENSE FORM (J-4)

AGENCY NAME: 0

SERVICE: Insert Program Name

LINE	Cost Categories	(1) 7/1/22-6/30/23 Projected Exps.
1	Salaries (Per Annum)	\$0
2	Benefits and Taxes	\$0
3	Other Consultants/Temporary Labor	\$0
4	Office Supplies	\$0
5	Equipment Lease & Maintenance	\$0
6	Travel Expense (Mileage, Lodging, etc.)	\$0
7	Professional Consultant/Group Facilitators	\$0
8	Professional Fees (e.g.. Accounting/Legal)	\$0
9	Payroll Services	\$0
10	Insurance(Prof./Liabilty/Board/Facility)	\$0
11	Occupancy(Rent,Utilities)	\$0
12	Telephone & Internet	\$0
13	Postage and delivery	\$0
14	Maintenance Office equip.	\$0
15	Copying & Printing	\$0
16	Seminars/Conferences/Training	\$0
17	Advertising	\$0
18	Resource Material/Subscriptions	\$0
19	Stipends for clients	\$0
20	TOTAL DIRECT COSTS	\$0
21	INDIRECT COSTS (from J-2)	\$0
22	22 % OF DIRECT COSTS (Line 23 x .22)	\$0
23	ALLOWABLE INDIRECT COSTS (lesser of lines 20 or 21)	\$0
24	GRAND TOTAL (lines 20 +23)	\$0

**Should equal J-2 line 27 column 3

(HOPWA) NARRATIVE TO BUDGET FORM (J-5)

AGENCY NAME: 0 _____

SERVICE: Insert Program Name _____

(1) Cost Categories	(2) DESCRIPTION	(3) FISCAL YEAR 2022-2023
Salaries (Per Annum)		0
Benefits and Taxes		0
Other Consultants/Temporary Labor		0
Office Supplies		0
Equipment Lease & Maintenance		0
Travel Expense (Mileage, Lodging, etc.)		0
Professional Consultant/Group Facilitators		0
Professional Fees (e.g.. Accounting/Legal)		0
Payroll Services		0
Insurance(Prof./Liability/Board/Facility)		0
Occupancy(Rent,Utilities)		0
Telephone & Internet		0
Postage and delivery		0
Maintenance Office equip.		0
Copying & Printing		0
Seminars/Conferences/Training		0
Advertising		0
Resource Material/Subscriptions		0
Stipends for clients		0
	Total Administrative Direct Cost	0

Please note: This must equal J-4 Line 20

(HOPWA) PROJECT REVENUE & REQUEST FORM (J-6)

AGENCY: _____ 0 _____

SERVICE: _____ Insert Program Name _____

PART A

(1) Source	Proposed Service Revenue	
	(2) 7/1/21 to 6/30/22 Actual and Projected	(3) 7/1/22 to 6/30/23 Projected
AIDSNET		
Other Sources-List below:		
TOTAL	\$ -	\$ -

PART B

REQUESTED AMOUNT FOR PROGRAM	
Fiscal year 2022-2023	
1. TOTAL PROJECTED COST OF PROGRAM (from J-4 line 24, columns 1 - F/Y 22-23)	_____ \$0
2. TOTAL PROJECTED OTHER REVENUE (total columns 3 above FY 22-23)	_____ \$0
3. AMOUNT REQUESTED FROM AIDSNET (subtract line 2 from line 1)	_____ \$0

(HOPWA) Agency Revenue/Expense Form (J-1)

Agency Name _____

Part A

Fiscal Year

23-24

Total Agency Revenue

Source	7/1/2023 to 6/30/2024 Projected
AIDSNET	
Total Agency Revenue	\$0

Part B

Total Agency Expense

Cost Categories	7/1/2023 to 6/30/2024 Projected
Salaries (Per Annum)	
Benefits and Taxes	
Other Consultants/Temporary Labor	
Office Supplies	
Equipment Lease & Maintenance	
Travel Expense (Mileage, Lodging, etc.)	
Professional Consultant/Group Facilitators	
Professional Fees (e.g. Accounting/Audit/Legal)	
Payroll Services	
Insurance(Prof./Liability/Board/Facility)	
Occupancy(Rent,Utilities)	
Telephone & Internet	
Postage and Delivery	
Maintenance Office equip.	
Copying & Printing	
Seminars/Conferences/Training	
Advertising	
Resource Material/subscriptions	
Stipends for Clients	
Total Agency Expense	\$0

(HOPWA) Administrative Program Direct and Indirect Cost distribution Form (J-2)

AGENCY NAME: _____

FISCAL YEAR: 23-24

Cost Categories	(1)	(2)	(3) Admin. Program Direct Costs	(4) Indirect Costs	(5)
	Total Agency Administrative Program Direct & Indirect Costs	<i>*All Other Programs*</i>	Insert Program Name	Insert Program Name	TOTAL columns 2- 3-4
Salaries (Per Annum)					
Benefits and Taxes					
Other Consultants/Temporary Labor					
Office Supplies					
Equipment Lease & Maintenance					
Travel Expense (Mileage,Lodging, etc.)					
Professional Consultant/Group Facilitators					
Professional Fees (e.g. Accounting/Audit/Legal)					
Payroll Services					
Insurance(Prof./Liability/Board/Facility)					
Occupancy(Rent,Utilities)					
Telephone & Internet					
Postage and Delivery					
Maintenance Office equip.					
Copying & Printing					
Seminars/Conferences/Training					
Advertising					
Resource Material/subscriptions					
Stipends for Clients					
TOTALS					

****Methodology for distribution-(Please note that the Salary Direct and indirect cost totals on J-3 should match the totals on line 8 columns 3 and 4 on this page)**

** This column is for all of the programs that are not included in this proposal.*

(HOPWA) SERVICE EXPENSE FORM (J-4)

AGENCY NAME: 0

SERVICE: Insert Program Name

LINE	Cost Categories	(1) 7/1/23-6/30/24 Projected Exps.
1	Salaries (Per Annum)	\$0
2	Benefits and Taxes	\$0
3	Other Consultants/Temporary Labor	\$0
4	Office Supplies	\$0
5	Equipment Lease & Maintenance	\$0
6	Travel Expense (Mileage, Lodging, etc.)	\$0
7	Professional Consultant/Group Facilitators	\$0
8	Professional Fees (e.g.. Accounting/Legal)	\$0
9	Payroll Services	\$0
10	Insurance(Prof./Liabilty/Board/Facility)	\$0
11	Occupancy(Rent,Utilities)	\$0
12	Telephone & Internet	\$0
13	Postage and delivery	\$0
14	Maintenance Office equip.	\$0
15	Copying & Printing	\$0
16	Seminars/Conferences/Training	\$0
17	Advertising	\$0
18	Resource Material/Subscriptions	\$0
19	Stipends for clients	\$0
20	TOTAL DIRECT COSTS	\$0
21	INDIRECT COSTS (from J-2)	\$0
22	22 % OF DIRECT COSTS (Line 23 x .22)	\$0
23	ALLOWABLE INDIRECT COSTS (lesser of lines 20 or 21)	\$0
24	GRAND TOTAL (lines 20 +23)	\$0

**Should equal J-2 line 27 column 3

(HOPWA) NARRATIVE TO BUDGET FORM (J-5)

AGENCY NAME: 0 _____

SERVICE: Insert Program Name _____

(1) Cost Categories	(2) DESCRIPTION	(3) FISCAL YEAR 2023-2024
Salaries (Per Annum)		0
Benefits and Taxes		0
Other Consultants/Temporary Labor		0
Office Supplies		0
Equipment Lease & Maintenance		0
Travel Expense (Mileage, Lodging, etc.)		0
Professional Consultant/Group Facilitators		0
Professional Fees (e.g.. Accounting/Legal)		0
Payroll Services		0
Insurance(Prof./Liability/Board/Facility)		0
Occupancy(Rent,Utilities)		0
Telephone & Internet		0
Postage and delivery		0
Maintenance Office equip.		0
Copying & Printing		0
Seminars/Conferences/Training		0
Advertising		0
Resource Material/Subscriptions		0
Stipends for clients		0
	Total Administrative Direct Cost	0

Please note: This must equal J-4 Line 20

(HOPWA) PROJECT REVENUE & REQUEST FORM (J-6)

AGENCY: _____ 0 _____

SERVICE: _____ Insert Program Name _____

PART A

(1) Source	Proposed Service Revenue	
	(2) 7/1/21 to 6/30/22 Actual and Projected	(3) 7/1/23 to 6/30/24 Projected
AIDSNET		
Other Sources-List below:		
TOTAL	\$ -	\$ -

PART B

REQUESTED AMOUNT FOR PROGRAM	
Fiscal year 2023-2024	
1. TOTAL PROJECTED COST OF PROGRAM (from J-4 line 24, columns 1 - F/Y 2-24)	_____ \$0
2. TOTAL PROJECTED OTHER REVENUE (total columns 3 above FY 23-24)	_____ \$0
3. AMOUNT REQUESTED FROM AIDSNET (subtract line 2 from line 1)	_____ \$0

(Prevention) Agency Revenue/Expense Form (J-1)

Agency Name _____

Part A Fiscal Year 22-23

Total Agency Revenue

Source	7/1/2022 to 6/30/2023 Projected
AIDSNET	
Total Agency Revenue	\$0

Part B

Total Agency Expense

Cost Categories	7/1/2022 to 6/30/2023 Projected
Salaries (Per Annum)	
Benefits and Taxes	
Other Consultants/Temporary Labor	
Office Supplies	
Equipment Lease & Maintenance	
Travel Expense (Mileage, Lodging, etc.)	
Professional Consultant/Group Facilitators	
Professional Fees (e.g. Accounting/Audit/Legal)	
Payroll Services	
Insurance(Prof./Liability/Board/Facility)	
Occupancy(Rent,Utilities)	
Telephone & Internet	
Postage and Delivery	
Maintenance Office equip.	
Copying & Printing	
Seminars/Conferences/Training	
Advertising	
Resource Material/subscriptions	
Stipends for Clients	
Total Agency Expense	\$0

(Prevention) Administrative Program Direct and Indirect Cost distribution Form (J-2)

AGENCY NAME: _____

FISCAL YEAR: 22-23

Cost Categories	(1)	(2)	(3) Admin. Program Direct Costs	(4) Indirect Costs	(5)
	Total Agency Administrative Program Direct & Indirect Costs	<i>*All Other Programs*</i>	Insert Program Name	Insert Program Name	TOTAL columns 2- 3-4
Salaries (Per Annum)					
Benefits and Taxes					
Other Consultants/Temporary Labor					
Office Supplies					
Equipment Lease & Maintenance					
Travel Expense (Mileage,Lodging, etc.)					
Professional Consultant/Group Facilitators					
Professional Fees (e.g. Accounting/Audit/Legal)					
Payroll Services					
Insurance(Prof./Liability/Board/Facility)					
Occupancy(Rent,Utilities)					
Telephone & Internet					
Postage and Delivery					
Maintenance Office equip.					
Copying & Printing					
Seminars/Conferences/Training					
Advertising					
Resource Material/subscriptions					
Stipends for Clients					
TOTALS					

****Methodology for distribution-(Please note that the Salary Direct and indirect cost totals on J-3 should match the totals on line 8 columns 3 and 4 on this page)**

** This column is for all of the programs that are not included in this proposal.*

(Prevention) SERVICE EXPENSE FORM (J-4)

AGENCY NAME: 0

SERVICE: Insert Program Name

LINE	Cost Categories	(1) 7/1/22-6/30/23 Projected Exps.
1	Salaries (Per Annum)	\$0
2	Benefits and Taxes	\$0
3	Other Consultants/Temporary Labor	\$0
4	Office Supplies	\$0
5	Equipment Lease & Maintenance	\$0
6	Travel Expense (Mileage, Lodging, etc.)	\$0
7	Professional Consultant/Group Facilitators	\$0
8	Professional Fees (e.g.. Accounting/Legal)	\$0
9	Payroll Services	\$0
10	Insurance(Prof./Liability/Board/Facility)	\$0
11	Occupancy(Rent,Utilities)	\$0
12	Telephone & Internet	\$0
13	Postage and delivery	\$0
14	Maintenance Office equip.	\$0
15	Copying & Printing	\$0
16	Seminars/Conferences/Training	\$0
17	Advertising	\$0
18	Resource Material/Subscriptions	\$0
19	Stipends for clients	\$0
20	TOTAL DIRECT COSTS	\$0
21	INDIRECT COSTS (from J-2)	\$0
22	10 % OF DIRECT COSTS (Line 23 x .10)	\$0
23	ALLOWABLE INDIRECT COSTS (lesser of lines 20 or 21)	\$0
24	GRAND TOTAL (lines 19 +22)	\$0

**Should equal J-2 line 27 column 3

(Prevention) NARRATIVE TO BUDGET FORM (J-5)

AGENCY NAME: 0 _____

SERVICE: Insert Program Name _____

(1) Cost Categories	(2) DESCRIPTION	(3) FISCAL YEAR 2022-2023
Salaries (Per Annum)		0
Benefits and Taxes		0
Other Consultants/Temporary Labor		0
Office Supplies		0
Equipment Lease & Maintenance		0
Travel Expense (Mileage, Lodging, etc.)		0
Professional Consultant/Group Facilitators		0
Professional Fees (e.g.. Accounting/Legal)		0
Payroll Services		0
Insurance(Prof./Liability/Board/Facility)		0
Occupancy(Rent,Utilities)		0
Telephone & Internet		0
Postage and delivery		0
Maintenance Office equip.		0
Copying & Printing		0
Seminars/Conferences/Training		0
Advertising		0
Resource Material/Subscriptions		0
Stipends for clients		0
	Total Administrative Direct Cost	0

Please note: This must equal J-4 Line 20

(Prevention) PROJECT REVENUE & REQUEST FORM (J-6)

AGENCY: _____ 0 _____

SERVICE: _____ Insert Program Name _____

PART A

(1) Source	Proposed Service Revenue	
	(2) 7/1/21 to 6/30/22 Actual and Projected	(3) 7/1/22 to 6/30/23 Projected
AIDSNET		
<i>Other Sources-List below:</i>		
TOTAL	\$ -	\$ -

PART B

REQUESTED AMOUNT FOR PROGRAM	
Fiscal year 2022-2023	
1. TOTAL PROJECTED COST OF PROGRAM (from J-4 line 24, columns 1 - F/Y 22-23)	_____ \$0
2. TOTAL PROJECTED OTHER REVENUE (total columns 3 above FY 22-23)	_____ \$0
3. AMOUNT REQUESTED FROM AIDSNET (subtract line 2 from line 1)	_____ \$0

APPENDIX J

PROPOSAL RATING CRITERIA AND RUBRIC

Programmatic Capacity (25 points)

Applicable Proposal Sections –

I: Organizational Profile

II: Cultural Competency

III: Personnel

V: Description of Services to be funded – Service Description, Goals, Objectives, Evaluation, and Prior Program Experience, Personnel (program specific)

VI: Prevention Intervention Plan Spreadsheet

VIII: Quality Management

Programmatic Monitoring

Things to consider –

- A. Does the organization have the administrative and programmatic components in place to perform the program effectively?
- B. Is the program within the parameters of the overall mission of the agency?
- C. Does the agency have the programmatic capacity and experience to provide this program? (Partially based on the results of prior programmatic monitoring, if applicable.)
- D. Is there a coordinated effort to link with other service providers and community organizations to develop a comprehensive network of services?
- E. Service Description
 - i. Is there a logical connection between the proposed program and the need it is addressing (including the Federal and PA-DOH goal of ensuring greater access and fewer disparities with regard to minority and underserved populations)?
 - ii. Does the program target specific populations?
 - iii. Does the target population indicated address the need demonstrated?
 - iv. Is the program duplicative of services being provided by other organizations in the community?
- F. Goals
 - i. Are there goals that describe the overall intent of the service? (They do not necessarily need to be measurable.)
 - ii. Are the goals clearly stated and address the need as presented?
- G. Objectives
 - i. Are the objectives outcome-based?
 - ii. Do the objectives clearly describe the desired outcome?
 - iii. Are the objectives realistic, measurable and able to be evaluated?

- iv. Do the objectives meet or exceed the minimum standards listed in the RFP?

H. Evaluation

Use these two types of evaluation as a guide when you assess each program

- i. Process Evaluation describes how the program operates, the services it delivers, and the functions it carries out. It addresses if the program was implemented and if providing services as it is intended. However, by additionally documenting the program's development and operation, process evaluation assesses reasons for successful or unsuccessful performance, and provides information for potential replication. The foci include: Who did what? When was it done? Where was it done? How was it done?
- ii. Outcome Evaluation is a method of determining how well a program achieved its objectives by measuring results. To ascertain how well a program achieved desired objectives, it is first important to have clearly defined objectives. Next, there must be a way to measure how well the objectives are being achieved. The third aspect of outcome-based evaluation is analyzing the measured results to determine how well the program performed. Utilizing the analysis, it can then be determined if corrective action should be taken to improve, terminate, or continue the program.
- iii. Does the agency describe how it is going to measure outcomes?
- iv. Does the agency describe how it is going to evaluate the effectiveness of the proposed services?
- v. Does the agency describe how it will measure consumer satisfaction?
- vi. Does the agency cite examples of actions it has taken to improve consumer satisfaction?

A. Prior Program Experience

- i. Has the agency had experience with providing this program; and, if so, have objectives been met and results documented?
- ii. If AIDSNET has previously funded the program, has there been good feedback from programmatic monitoring of the agency?

B. Personnel

- i. Is the supervision of direct service staff adequate to ensure performance of the program effectively?
- ii. Do the people who will be administrative and program staff have the appropriate level of certification, training and/or experience required?
- iii. Is the supervision of direct service staff adequate to ensure continuous oversight and effective program performance?

Administrative Capacity (25 points)

Applicable Proposal Sections –

- I: Organizational Profile

III: Personnel

V: Description of Services to be funded – Evaluation and Personnel (supervision specific)

VIII: Quality Management

Board of Directors

Audit

Management Letter

Programmatic Monitoring

Fiscal Monitoring

Things to consider –

- A. Does the organization have the administrative and programmatic components in place to perform the program effectively?
- B. Is the program within the parameters of the overall mission of the agency?
- C. Does the agency have the programmatic capacity and experience to provide this program? (Partially based on the results of prior programmatic monitoring, if applicable.)
- D. Does the agency have the administrative capacity to maintain appropriate fiscal and programmatic records and monitor its programs?
- E. Is there a coordinated effort to link with other service providers and community organizations to develop a comprehensive network of services?

Soundness of Approach (15 points)

Applicable Proposal Sections –

I: Organizational Profile

III: Personnel

IV: Needs Assessment

V: Description of Services to be funded – Objectives, Evaluation, and Prior Program Experience

Things to consider –

- A. Is there a coordinated effort to link with other service providers and community organizations to develop a comprehensive network of services?
- B. Is the need demonstrated effectively?
- C. Is the problem clearly identified, specific to an area to be served using needs assessment data that is relevant, correct and applicable?
- D. Is the need addressed relevant to the prioritization of care services and/or risk behavior services set forth in the Request for Proposal?

Appropriateness of Funding Requested (15 points)

Applicable Proposal Sections –

I: Organizational Profile

V: Description of Services to be funded – Goals and Objectives

VII: Fiscal Forms

Audit

Management Letter

Things to consider –

- A. Does the organization have the administrative and programmatic components in place to perform the program effectively?
- B. Are the expenses reported relevant to running the program?
- C. Are the expenses reported reasonable in comparison to similar programs from other agencies?

Priority of Activity and Population to be Served (10 points)

Applicable Proposal Sections –

I: Organizational Profile

II: Cultural Competency

IV: Needs Assessment

V: Description of Services to be funded – Service Description

Prioritization of Care Services

Prioritization of Prevention Services

Things to consider –

- A. Does the agency address how its program will minimize the effect of clients' language, cultural, educational, religious and social barriers on accessing services?
- B. Does the agency have the capacity to provide services to the targeted populations while recognizing the role of culture in comprehensive and supportive prevention and care?
- C. Is the problem clearly identified, specific to an area or population to be served using needs assessment data that is relevant, correct and applicable?
- D. Is the need addressed relevant to the prioritization of care services and/or risk behavior services set forth in Tables 1 and 2 of the Request for Proposal?

Need for Support (10 points)

Applicable Proposal Sections –

I: Organizational Profile

VI: Fiscal Forms

Audit

Management Letter

Things to consider –

- A. Are all required budget forms submitted, complete and mathematically correct?

- B. Has the agency maximized the use of all potential sources of funds for the program prior to requesting the use of AIDSNET funds?
- C. Has the agency documented a need for AIDSNET funds?

AIDSNET
PROPOSAL SCORE SHEET

Provider Name: _____

Service: _____

Amount Requested: _____

Programmatic Capacity (25 points) _____

Administrative Capacity (25 points) _____

Soundness of Approach (15 points) _____

Appropriateness of Funding Requested (15 points) _____

Priority of Activity and Population to be Served (10 points) _____

Need for Support

(10 points) _____

Total Points _____

Additional Notes/Comments: