Directives to the Grant Recipient
For the Delivery of
FY 2025-26 Ryan White Part A and Minority AIDS Initiative (MAI) Funded Services
Approved by PSAP 1/24/24
Approved by Executive 2/6/24
Approved by Council 2/14/24

The Orange County Health Care Agency serves as the Grant Recipient for Ryan White Part A funds. Unless otherwise indicated, all allocations are Ryan White Act Part A funds. Use of various funding sources is suggestive and may be altered based on actual award amount and instructions from Planning Council (Council). Directives will be revised at least one (1) year prior to procurement of services.

For the purpose of this document, "General" population refers to people living with HIV (PLWH). Unless otherwise indicated, all inferences to populations refer to PLWH.

I. FOUNDATIONAL INSTRUCTIONS

1. Enhanced Planning

- The Grant Recipient will work with the Planning Council to maintain an annual work plan to include priority setting, allocations, and reallocation activities. Planning Council training shall be included in work plan.
- The Grant Recipient will work with the Priority Setting, Allocations, and Planning (PSAP) Committee to develop a plan to conduct a resource analysis on all prioritized services prior to the next planning process.
- The Grant Recipient will provide quarterly utilization and expenditure reports to the Council for review.
- The Grant Recipient will provide reports on fiscal and programmatic monitoring to the Council for review.
- The Grant Recipient will conduct ongoing needs assessments focusing on unmet need estimates and service gap analysis.
- The Grant Recipient will promote efficiency on the service delivery system by minimizing paperwork and administrative requirements as appropriate.
- The Grant Recipient will reduce barriers to service through a service system that targets case management to those that need it and reduces the use of ongoing case management as a mechanism for eligibility screening and access to support services.
- The Grant Recipient will explore and implement appropriate changes in procuring services to ensure that services are provided in the most cost efficient and effective manner.
- The Grant Recipient will work with service providers to explore, assess, and apply prior resources to support the continuum of HIV care in Orange County.

2. Special Populations

- Assess findings and recommendations from needs assessments and incorporate them into service requirements as appropriate.
- Increase outreach efforts to bring PLWH into care through enhanced specific outreach requirements in case management.

- A list of special populations in Orange County includes: African Americans, Asians and Pacific Islanders, Hispanics/Latinos, homeless individuals, immigrants, incarcerated or recently released individuals, individuals with mental health issues, men of color who have sex with men, sex workers, substance users or individuals with history of substance abuse, including injection drug users (IDU), transgender individuals, White/Anglo men who have sex with men, women of child bearing age (13 years and older), and young people (19-25).

3. Clinical Quality Management (CQM)

- Integrate system-wide client satisfaction measurements and standards into CQM Plan.
- Review, and revise as needed, current CQM measurements.
- Develop, revise, and finalize Standards of Care for services.
- Develop training on quality management program and resource fundamentals.
- Grant Recipient to provide, at minimum, quarterly forums or trainings open to all service providers.

4. Fiscal Management

- The Grant Recipient may reallocate (decrease/increase) up to and including $50,000 per approved service categories (or subcategories) at the end of a fiscal year consistent with intent of the Planning Council and demonstrated service needs without prior authorization of the Planning Council in order to appropriately expend all Part A funds. The Grant Recipient must report any and all adjustments to the Planning Council. Any reallocations greater than $50,000 must be approved by the Council. The Council must also approve final expenses and carryover funds, if appropriate.
- If a service can be provided by a community provider, the community provider will be prioritized for funding over a county provider. All providers will be held to the same program and fiscal accountability.

5. Payer of Last Resort

- Planning should be coordinated with all other public funding for HIV to: 1) ensure that Ryan White Programs are the payer of last resort, 2) maximize the number and accessibility of services available, and 3) reduce any duplication [of services][1].
- With the implementation of the Affordable Care Act (ACA), efforts to screen individuals for eligibility into other payer sources must be standardized and in accordance with Health Resources Services Administration (HRSA) guidance and expectations.
- Individuals who are eligible for standard Medi-Cal or expanded Medi-Cal (Medi-Cal MAGI) must be enrolled in Medi-Cal. Individuals who qualify for Covered California (California's Healthcare Exchange) shall be encouraged to enroll in health insurance under Covered California but may choose to utilize Ryan White instead of purchasing insurance. Individuals who are veterans may choose to use Ryan White instead of Veterans Administration coverage; however, active military personnel must utilize insurance coverage not Ryan White.

- The Grant Recipient is responsible for ensuring proper documentation of efforts to ensure that Ryan White is the payer of last resort.
- Grant Recipient will encourage providers to assure that all clients are educated about and referred to other available resources (e.g., Supplemental Nutrition Assistance Program also known as CalFresh formerly known as food stamps, food banks, medical services, medical transportation, mental health services) to ensure that Ryan White is used as payer of last resort.

II. SERVICES INSTRUCTIONS

Services listed below must be provided in accordance with the Common Standards of Care as well as service specific Standards of Care where indicated.

1. MEDICAL CARE

1.1. Outpatient/Ambulatory Health Services (Core Medical Service)

***Definition*:** Provision of diagnostic and therapeutic related activities directly to as client by a licensed healthcare provider in an outpatient medical setting. Outpatient medical settings include clinics, medical offices, mobile vans, using telehealth technology, and urgent care facilities for HIV-related visits. Activities include: medical history taking, physical examinations, diagnostic testing (including HIV confirmatory and viral load testing) as well as laboratory testing, treatment and management of physical and behavioral health conditions, behavioral risk assessment, subsequent counseling and referrals, preventive care and screening, pediatric development assessment, prescribing and managing medication therapy, treatment adherence, education and counseling on health and prevention issues, and referral to and provision of specialty medical care related to HIV diagnosis, including audiology and ophthalmology (does not include optometry).

Allocation: Level funding

Special Instructions:

- *Population*: General.
- *Service Qualification*: Persons with incomes at or below 500% of Federal Poverty Level (see below)[2].
- *Geographic Area*: Entire County.
- *Service Procurement*: Competitive and/or County-retained funding.

Other Instructions: This service will follow the Outpatient/Ambulatory Medical Standards of Care and the Public Health Services Guidelines. Primary medical care for the treatment of HIV infection includes the provision of laboratory tests integral to the treatment of HIV infection and related complications. Non-HIV related visits to urgent care facilities and emergency room visits are not allowable services.

[1] Ryan White HIV/AIDS Program Part A Manual – Revised 2023

[2] Federal Poverty Level (FPL) is determined by the U.S. Department of Health and Human Services; these guidelines are available at https://aspe.hhs.gov/poverty-guidelines.

1.2. Specialty Medical Care (Core Medical Service)

Definition: The referral to and provision of HIV-related specialty care, including all medical subspecialties even ophthalmic and optometric services.

Allocation: Level funding

Special Instructions:

- *Population*: General.
- *Service Qualification*: Persons with incomes at or below 500% of Federal Poverty Level[2].
- *Geographic Area*: Entire County.
- *Service Procurement*: County-retained funding up to full allocation and/or through master agreements.

Other Instructions: Services are limited to specialists within the current Ryan White network.

1.3. Treatment Adherence Services (Core Medical Service)

Definition: The provision of counseling provided by non-medical personnel to ensure readiness for, and adherence to, complex HIV treatments. Pharmacist consultation services provided by a licensed and appropriately trained pharmacist on a one-on-one basis and through group sessions with HIV-infected patients and with provider staff. The pharmacist educates the patient and provider staff (as appropriate) regarding issues related to the use of medications, monitors and tracks medication use, and improves therapeutic outcomes for HIV-infected individuals.

Allocation: Service category funding eliminated in FY 2009. Service currently provided under outpatient ambulatory medical care.

Special Instructions:

- *Population*: General.
- *Service Qualification*: None.
- *Geographic Area*: Entire County.
- *Service Procurement*: County-retained funding up to full allocation and/or through master agreements.

Other Instructions: The pharmacist makes therapeutic recommendations to physicians when deemed appropriate to ensure positive outcomes for the patient. Provider and client education that increases client self-advocacy should be emphasized in the service.

2. CASE MANAGEMENT SERVICES

Orange County provides a range of Case Management to enhance independence and increase quality of life for persons living with HIV. There are several levels of Case Management. The levels are intended to address the variety of client needs.

1) Medical Retention Services (MRS): Services for medically fragile individuals who need intensive services to be retained in HIV medical care.

2) Linkage to Care (LTC): Services utilizing the Anti-Retroviral Treatment and Access to Services (ARTAS)-model for linking newly diagnosed individuals and those re-engaging in care to HIV medical services.
3) Client Support Services (CSS): Services for medically stable individuals to assist in accessing support services.

Minority AIDS Initiative (MAI) funding may support all levels of case management with an emphasis on the following disproportionally impacted populations: African American, Asian and Pacific Islanders, Hispanic ethnic groups, and Native Americans.

2.1. Medical Retention Services (Core Medical Service)

Definition: A range of client-centered services that link clients with access to medically appropriate levels of health and support services and continuity of care, provided by trained professionals, including both medically credentialed and other health care staff who are part of the clinical care team, through all types of encounters including face-to-face, phone contact, and any other form of communication. Medical Retention Services shall also ensure continuity of care through ongoing assessment of the client's needs and personal support systems. Medical Case Management services shall focus on ensuring medical adherence and retention in care. Successful engagement in care is defined as four (4) consecutive labs indicating viral load suppression up to a twenty-four (24) month period or as appropriate based on psychosocial assessment. Individuals who are successfully engaged in care should have a plan for transitioning out of Medical Retention Services. Key activities for Medical Retention Services include 1) initial assessment of service needs; 2) development of a comprehensive, individualized service plan; 3) coordination of services required to implement the plan; 4) monitoring of client to assess the efficacy of the plan; 5) periodic re-evaluation at least every three (3) months and adaptation of the plan, as necessary; and 6) clear documentation of assessment, plan, and referrals.

Allocations: Level funding

Special Instructions:

- *Population*: PLWH who are not HIV medication adherent, medically compromised or have a viral load of greater than 100,000 copies/mL, and those with medical and/or behavioral co-morbidities that impeded medical care adherence.
- *Service Qualification*: Persons with incomes at or below 500% of Federal Poverty Level[2].
- *Geographic Area*: Entire County.
- *Service Procurement*: Competitive and/or County-retained funding.

Other Instructions: This service will follow the Case Management Standards of Care and foundational instructions regarding special populations defined elsewhere in this document. Case management funding may be used to support appropriate assessment and referral functions that support client self-sufficiency and reduces dependency on ongoing case management. Ongoing case management should not be used as a mechanism for eligibility screening and/or access to support services.

2.2. Linkage to Care (Core Medical Service)

Definition: Includes a range of client-centered services using the Anti-Retroviral Treatment and Access Services (ARTAS) strengths-based model that link clients with access to medically appropriate levels of health and supportive services and continuity of care, provided by trained professionals, including both medically credentialed and other health care staff who are part of the clinical care team, through all types of encounters including face-to-face, phone contact, and any other form of communication. These services ensure timely and coordinated access to medically appropriate levels of health and support services. LTC shall also ensure continuity of care through ongoing assessment of the client's needs and personal support systems. The ARTAS Linkage to Care program shall be limited to six (6) months. Individuals that require additional assistance beyond six (6) months shall be transitioned to ongoing medical case management services to ensure linkage and retention in care. Key activities for LTC include 1) initial assessment of service needs; 2) development of a comprehensive, individualized service plan; 3) coordination of services required to implement the plan; 4) monitoring of client to assess the efficacy of the plan; 5) periodic re-evaluation and adaptation of the plan, as necessary; and 6) clear documentation of assessment, plan, and referrals.

Allocation: Level funding

Special Instructions:

- *Population*: Newly HIV-diagnosed, PLWH re-engaging in HIV care, new to Orange County and have not been linked to an HIV medical provider, and individuals transitioning payer source who have yet to link to a HIV medical provider.
- *Service Qualification*: Persons with incomes at or below 500% of Federal Poverty Level[2].
- *Geographic Area*: Entire County.
- *Service Procurement*: Competitive and/or County-retained funding.

Other Instructions: This service will follow the Case Management Standards of Care and foundational instructions regarding special populations defined elsewhere in this document. Case management funding may be used to support appropriate assessment and referral functions that support client self-sufficiency and reduces dependency on ongoing case management. Ongoing case management should not be used as a mechanism for eligibility screening and/or access to support services.

2.2b Jail Case Management (Core Medical Service)

***Definition*:** Provided as Medical Case Management as part of the Linkage to Care (LTC) tier of case management. Includes a range of client-centered services using the Anti-Retroviral Treatment and Access Services (ARTAS) strengths-based model that link clients with access to medically appropriate levels of health and supportive services and continuity of care, provided by trained professionals, including both medically credentialed and other health care staff who are part of the clinical care team. In the case of Jail Case Management, services are provided by trained professionals as they coordinate care with medical and/or mental health staff. Jail Case Management ensures continuity of care is maintained through ongoing assessment of the client's needs and personal support systems. Jail Case Management is limited to the time period of incarceration, probation, and up to 180 days after completion of probation or parole.

Individuals that require additional assistance beyond 180 days shall be transitioned to ongoing medical or non-medical case management services to ensure linkage and retention in care. Key activities for Jail Case management include 1) initial assessment of service needs; 2) development of a comprehensive, individualized service plan; 3) coordination of services required to implement the plan; 4) monitoring of client to assess the efficacy of the plan; 5) periodic re-evaluation and adaptation of the plan, as necessary; and 6) clear documentation of assessment, plan, and referrals.

Allocation: Level funding

Special Instructions:

- *Population*: Incarcerated and newly HIV-diagnosed, incarcerated and with an existing HIV diagnosis, and recently released from incarceration.
- *Service Qualification*: Persons with incomes at or below 500% of Federal Poverty Level.[2]
- *Geographic Area*: Entire County.
- *Service Procurement*: Competitive and/or County-retained funding.

Other Instructions: This service will follow the Jail Case Management Standards of Care. Staff providing this service must have appropriate jail clearance.

2.3. Client Support Services (Support Service)

Definition: The provision of needs assessment and timely follow up to ensure clients are appropriately accessing needed supportive services. Key activities include 1) initial assessment of service needs; 2) development of a comprehensive, individualized service plan; 3) coordination of services required to implement the plan; 4) monitoring of client to assess the efficacy of the plan; 5) periodic re-evaluation at least every six (6) months and adaptation of the plan, as necessary; and 6) clear documentation of assessment, plan, and referrals. Client Support Services may be used as a "step-down" model for transitioning clients to increasing levels of self-sufficiency.

Allocation: Level funding

Special Instructions:

- *Population*: General.
- *Service Qualification*: Persons with incomes at or below 500% of Federal Poverty Level[2].
- *Geographic Area*: Entire County.
- *Service Procurement*: Competitive and/or County-retained funding.

Other Instructions: This service will follow the Case Management Standards of Care. Case management funding may be used to support appropriate assessment and referral functions that support client self-sufficiency and reduces dependency on ongoing case management. Ongoing case management should not be used as a mechanism for eligibility screening and/or access to support service.

3. REFERRAL FOR HEALTH CARE AND SUPPORTIVE SERVICES (Support Service)

Definition: The provision of services that directs a client to a needed core medical or support service in person or through telephone, written, or other type of communication. Activities provided under this service category 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). There are several levels of services. The levels are intended to address the variety of client needs.

1) Client Advocacy: Services limited to provision of information and referrals to clients on an as needed basis.
2) Benefits Counseling: Service that provides specific assistance applying for benefits (e.g., Social Security, State Disability, Medicare, etc.).
3) Eligibility Screening: Screening and assistance applying for Ryan White and AIDS Drug Assistance. Service includes identifying other programs an individual may be eligible to receive (e.g., Medi-Cal, Covered California, etc.).

3.1 Client Advocacy (Support Service)

Definition: The provision of basic needs assessment and assistance (through appropriate referrals) in obtaining medical, social, community, legal, financial, and other needed services. Key activities include 1) assessment of service needs; 2) provision of information and/or referrals; 3) assistance in obtaining intake information for individuals pending enrollment in a service and who are initiating a thirty (30) day grace period, if needed; and 4) clear documentation of assessment and referrals.

Allocation: Level funding

Special Instructions:

- *Population*: General.
- *Service Qualification*: Persons with incomes at or below 500% of Federal Poverty Level[2].
- *Geographic Area*: Entire County.
- *Service Procurement*: Competitive and/or County-retained funding.

Other Instructions: This service will follow the Referral for Health Care and Support Services Standards of Care. Client advocacy must include a documented assessment of basic needs and documentation of information and referrals provided. Clients receiving this service should be able to follow up on referrals with minimal assistance. Client advocacy does not require a comprehensive needs assessment, eligibility verification, or periodic follow-up. This service is designed to provide basic information over the phone or in person. Clients needing ongoing and/or regular assistance and support to access medical services should be evaluated for the appropriate level of case management.

3.2 Benefits Counseling (Support Service)

Definition: Services that refer or assist eligible clients to obtain access to non-Ryan White public and private programs for which they may be eligible, including Medicaid, Medicare Part D, Social Security Disability Insurance, State Disability Insurance, Supplemental Security Income, General Relief, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, Health Insurance Premium Programs, and other supportive services. Key activities include 1) assessment of service needs; 2) helping clients to understand the eligibility criteria for benefits, the benefits provided by the program, the payment process and the rights of

beneficiaries; providing consultation and advice regarding benefits programs; 3) assistance in completing the benefits application forms; 4) negotiating on the behalf of clients with benefits administration staff; and/or 5) referring to and coordinating with legal services in cases of administrative proceedings.

Allocation: Level funding

Special Instructions:

- *Population*: General.
- *Service Qualification*: Persons with incomes at or below 500% of Federal Poverty Level[2].
- *Geographic Area*: Entire County.
- *Service Procurement*: Competitive and/or County-retained funding.

Other Instructions: This service will follow the Referral for Health Care and Support Services Standards of Care. It is expected that this service is available to any eligible client, including those not receiving case management or those receiving case management and other services at another agency.

3.3 Eligibility Screening (Support Service)

Definition: Services that assist individuals in identifying programs for which they are eligible. Screening is required for Ryan White services. Key activities include 1) obtaining proof of HIV status, 2) assessment of Orange County residency, 3) determining household income, 4) assessing other prior resources (e.g., public or private insurance), and conducting an annual assessment of eligibility with periodic checks.

Allocation: Level funding

Special Instructions:

- *Population*: General.
- *Service Qualification*: Persons with incomes at or below 500% of Federal Poverty Level[2].
- *Geographic Area*: Entire County.
- *Service Procurement*: Competitive and/or County-retained funding.

Other Instructions: This service will follow the Referral for Health Care and Support Services Standards of Care. It is expected that this service is available to any eligible client, including those not receiving case management or those receiving case management and other services at another agency.

4. ORAL HEALTH CARE (Core Medical Service)

Definition: Provides outpatient diagnostic, preventive, and therapeutic services provided by dental health care professionals, including general dental practitioners, dental specialist, and dental hygienists, as well as licensed dental assistants that are in compliance with state dental practice laws. Additionally, oral health care services include evidence-based clinical decisions that are informed by the American Dental Association Dental Practice Parameters, are provided based on an oral health treatment plan, and adhere to specified service caps.

Allocation: Level funding

Special Instructions:

- *Population*: General.
- *Service Qualification:* Persons with incomes at or below 500% of Federal Poverty Level[2].
- *Geographic Area*: Entire County.
- *Service Procurement*: County-retained funding and/or through master agreements.

Other Instructions: This service will follow the Oral Health Care Standards of Care. Emphasis is on basic dental care with advanced care available as resources permit. The Planning Council has recommended an annual spending cap per Ryan White patient for dental services as a cost containment strategy to address gaps in funding and meet the need for oral health care services. The annual spending cap amount may vary from year to year based on available funding. Patients who reach the spending cap but require additional dental care will be placed on a waiting list. If additional funding is available, services will be provided to patients on the waiting list.

5. HOUSING SERVICES

Housing services (Emergency Financial Assistance for Housing, Short-term Rent Assistance, Short-Term supportive Housing, and Housing Coordination) are not included in the Directives to the Grant Recipient. See separate document ***Recommendations for the Delivery of Housing Services Approved by Council 08/09/23***.

6. EMERGENCY FINANCIAL ASSISTANCE (EFA) – MEDICATIONS/ HEALTH INSURANCE PREMIUM (HIPP) & COST SHARING ASSISTANCE FOR LOW INCOME INDIVIDUALS/ AIDS DRUG ASSISTANCE PROGRAM (ADAP) TREATMENTS

6.1 Health Insurance Premium & Cost Sharing Assistance (Core Medical Service)

Definition: Provides financial assistance for eligible clients living with HIV to maintain continuity of health insurance or to receive medical care and pharmacy benefits under a health care coverage program. Health insurance also includes standalone dental insurance.

Allocation: Level funding

Special Instructions:

- *Population*: General.
- *Service Qualification:* Persons with incomes at or below 500% of Federal Poverty Level[2].
- *Geographic Area*: Entire County.
- *Service Procurement*: Competitive.

Other Instructions: This service will follow the Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals Standards of Care individuals must apply for Office of AIDS-Health Insurance Premium Program (OA-HIPP). Payments cannot be paid directly to clients. Recommended referral through a case manager or health care provider. This program may also provide funds to contribute to a client's Medicare Part D true out-of-pocket (TrOOP) costs.

6.2 Emergency Financial Assistance (EFA) – Medications (Support Service)

Definition: The provision of limited one-time or short-term payments to pharmacies or other licensed dispensaries of medications or the establishment of programs to assist with emergency payments for medication when other resources are not available.
Allocation: Level funding
Special Instructions:

- *Population*: General.
- *Service Qualification:* Persons with incomes at or below 500% of Federal Poverty Level[2].
- *Geographic Area*: Entire County.
- *Service Procurement*: Competitive.

Other Instructions: This service will follow the Emergency Financial Assistance for Medications Standards of Care. Medications for chronic use must have an attempt by clients' physician to secure the medication for the client through the Manufacturer's Patient Assistance, Expanded Access, Compassionate Use, or other similar program. Payments cannot be paid directly to clients. Continuous payments for medications are not allowable. Recommended referral through a case manager or health care provider.

7. MENTAL HEALTH SERVICES (Core Medical Service)

Definition: Outpatient psychological and psychiatric screening, assessment, diagnosis, treatment and counseling services offered to people living with HIV . Mental health services are based on a treatment plan and may include individual counseling, family/couple counseling, and group counseling, provided by a mental health professional licensed or authorized to practice within the State of California, including psychiatrists, psychologists, licensed marriage and family therapists, licensed clinical social workers, licensed professional clinical counselors, and appropriate interns.
Allocation: Level funding
Special Instructions:

- *Population:* General.
- *Service Qualification*: Persons with incomes at or below 300% of the Federal Poverty Level[2].
- *Geographic Area:* Entire County.
- *Service Procurement:* Competitive.

Other Instructions*:* This service will follow the Mental Health Services Standards of Care. The maximum number of individual and family/couple counseling sessions provided under this service category is 15 per year. Based on the client's therapeutic need, the therapist may increase the maximum number of visits to 25 per year with prior written approval. If a client is case managed, a referral from the case manager is required. Grant Recipient may contract for psychiatric services under Specialty Medical Care services, as appropriate.

8. MEDICAL TRANSPORTATION SERVICES (Support Service)

Definition: 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, through either direct transportation services (van, rideshare, or taxi) or public transportation

(bus passes or vouchers). Transportation assistance cannot be direct cash payments or cash reimbursement to clients.

Allocation: Level funding

Special Instructions:

- *Population*: General.
- *Service Qualification:* Individuals with incomes at or below 200% of the Federal Poverty Level[2].
- *Geographic Area*: Entire County.
- *Service Procurement*: Competitive and/or County-retained funding.

Other Instructions: This service will follow the Medical Transportation Standards of Care. Taxi rides can only be utilized for medical appointments. The most cost-effective means of transportation that meets the clients' needs shall be utilized. Clients should be screened for and assisted in completing the Orange County Transportation Authority (OCTA) eligibility requirements to receive reduced fare bus passes and ACCESS coupons. CalOptima patients must be screened for and assisted with requesting transportation services via CalOptima.

9. EARLY INTERVENTION SERVICES (Core Medical Service)

Definition: Includes 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. Coordination of testing services with other HIV prevention and testing programs to avoid duplication of efforts. HIV testing under EIS cannot supplant testing efforts paid for by other services. 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, Substance Abuse Care, and other clinical and diagnostic services regarding HIV. Targeted outreach services with health education/risk reduction related to HIV diagnosis.

Allocation: Level funding

Special Instructions:

- *Population*: General.
- *Service Qualification*: None.
- *Geographic Area*: Entire County.
- *Service Procurement*: Competitive and/or County-retained funding.

Other Instructions: This service will follow the Early Intervention Services Standards of Care. All four (4) components of Early Intervention Services (e.g., counseling, testing, outreach and education, and referrals) must be present, for Part A funds to be used. HIV testing under this category should supplement, not supplant, existing funding.

10. Medical Nutrition Therapy (Core Medical Service)

Definition: The provision of nutritional assessment and screening, dietary/ nutritional evaluation, nutritional education and/or counseling, and food and/or nutritional supplements (this includes Food Bank, Home-Delivered Meals, and Nutritional Supplements) based on a medical provider's recommendation with a concurrence of a Registered Dietician (RD) recommendation. A nutritional plan must be developed by a licensed, Registered Dietitian to determine medical

necessity, and ensure that clients have access to food and nutritional supplements that promote appropriate weight, address specific medical issues, and/or ensure medication adherence.

Allocation: Level funding

Special Instructions:

- *Population*: General.
- *Service Qualification:* Persons with incomes at or below 500% of Federal Poverty Level[2].
- *Geographic Area*: Entire County.
- *Service Procurement*: Competitive.

***Other Instructions*:** This service will follow the Medical Nutrition Therapy (Including Nutritional Supplements) Standards of Care. Nutritional Supplements must be provided as a Core Medical service with the recommendation from the Registered Dietitian and medical provider.

10.1 Home Delivered Meals (Core Medical Service)

Definition: The provision of nutritionally balanced prepared meals to individuals who are homebound due to physical disability and/or unable to independently prepare meals.

Allocation: Level funding

Special Instructions:

- *Population*: General.
- *Service Qualification:* Persons with incomes at or below 500% of Federal Poverty Level.[2] Be homebound due to physical disability and/or unable to independently prepare meal. Case managed by a nurse or receive medical provider recommendation with concurrence of a Registered Dietician recommendation.
- *Geographic Area*: Entire County.
- *Service Procurement*: Competitive.

***Other Instructions*:** This service will follow the Food Bank/Home Delivered Meals Standards of Care. Home-Delivered Meals must be provided as a Core Medical service with the recommendation from the Registered Dietitian and medical provider.

10.2 Food Bank (Core Medical and Support Service)

Definition: The provision of food through a food pantry. Food from at least four (4) out of the five (5) basic food groups is offered. Food items must optimize nutritional value and offerings must be culturally appropriate.

Allocation: Level funding

Special Instructions:

- *Population*: General.
- *Service Qualification*:
  - Food Bank Core: Must be recommended by a medical provider with concurrence of a Registered Dietician recommendation.
  - Food Bank Support: Persons with incomes at or below 200% of Federal Poverty Level (FPL)[2].
- *Geographic Area*: Entire County.
- *Service Procurement*: Competitive.

***Other Instructions**:* This service will follow the Food Bank/Home Delivered Meals Standards of Care. Clients needing assistance with applications for the Supplemental Nutrition Assistance Program (SNAP) (also known as CalFresh formerly known as food stamps) should be assisted or referred for assistance. Food Bank provided based on a medical provider's recommendation with concurrence of a Registered Dietician (RD) recommendation is provided as a Core Medical Service. Food Bank NOT provided based on a medical provider's physician's recommendation with concurrence of a RD recommendation and a nutritional plan developed by a Registered Dietitian may be provided under the Support Service Food Bank if the client meets the required service qualifications. Service qualifications for Food Bank Support (disability and income at or below 150% of FPL) may be temporarily lifted (duration to be determined in accordance with local, state, and/or national guidelines) to provide individuals food through a food pantry or food vouchers who are homeless, at risk of homelessness, or experiencing extenuating circumstances during a local, state, or national emergency/crisis such as the COVID-19 pandemic.

11. SUBSTANCE ABUSE SERVICES

Substance Abuse Services (Narcotic Replacement Therapy, Medical Detox, Substance Abuse Counseling, and Residential Substance Abuse Treatment) are not included in the Directives to the Grant Recipient. See separate document ***Recommendations for the Delivery of Housing Services Approved by Council 08/09/23*.**

12. OUTREACH SERVICES (Support Service)

Definition: Programs that have as their principal purpose identifying PLWH who either do not know their HIV status, or who know their status but are not currently in care, so that they may become aware of and/or may be enrolled in ongoing HIV primary care and treatment. 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 Health Resources and Services Administration (HRSA) Ryan White HIV/AIDS Program (RWHAP) services, including provision of information about health care coverage options. Outreach programs must use data to target populations and places that have a high probability of reaching PLWH who have never been tested and are undiagnosed, been tested, diagnosed as HIV positive, but have not received their test results, or have been tested, know their HIV positive status, but are not in medical care. Outreach should be conducted at times and in places where there is a high probability that PLWH will be identified and designed to provide quantified program reporting of activities and outcomes. HIV counseling and testing and HIV prevention education are not included. Outreach efforts must collaborate with prevention activities, existing outreach programs/services, and case management programs to target HIV positive persons in privately or publicly-funded medical systems that have not entered care or who have fallen out of care. Outreach programs must be planned and delivered in coordination with local HIV prevention outreach programs to avoid duplication of effort; be targeted to populations known through local epidemiologic data to be at disproportionate risk for HIV infection (*African Americans and Latinos*).

Allocation: Level funding

Special Instructions:

- *Population*: General.
- *Service Qualification*: Persons who may not know their status or who know their status and are not currently in medical care.
- *Geographic Area*: Entire County.
- *Service Procurement*: County-retained funding up to full allocation.

Other Instructions: This service will follow the Outreach Services Standards of Care. Funds may not be used to pay for HIV counseling or testing.

13. LINGUISTIC SERVICES (Support Service)

Definition: Linguistic Services include interpretation and translation activities, both oral and written, to eligible clients. These activities must be provided by qualified linguistic services providers as a component of HIV service delivery between the healthcare provider and the client. These services are to be provided when such services are necessary to facilitate communication between the provider and client and/or support delivery of HRSA RWHAP-eligible services.
Allocation: Service category historically not funded
Special Instructions:

- *Population*: General.
- *Service Qualification:* Persons with incomes at or below 500% of Federal Poverty Level[2].
- *Geographic Area*: Entire County.
- *Service Procurement*: Competitive and/or County-retained funding.

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

14. HOME HEALTH CARE / HOME AND COMMUNITY-BASED HEALTH SERVICES / HOSPICE SERVICES / REHABILITATION

14.1 Home Health Care / Hospice Services (Core Medical Service)

Definition: Home health care includes the provision of services in the home by licensed health care workers, such as nurses, and administration of specialized treatments and therapies, such as intravenous and aerosolized treatment, parenteral feeding, preventive and specialty care, wound care, diagnostic testing, and other medical therapies based on a written plan of care established by a licensed health care professional. Hospice services include room and board, nursing care, mental health counseling, physician services, and palliative therapeutics provided to clients in the terminal stages of illness 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 for terminal clients.
Allocation: Level funding
Special Instructions:

- *Population*: General.
- *Service Qualification*: Persons must be homebound and have incomes at or below 300% of Federal Poverty Level[2]. Clients receiving this service must be case managed by a Ryan White-funded provider or have a recommended Nurse Case Management oversight documented.
- *Geographic Area*: Entire County.

- *Service Procurement*: Competitive.

Other Instructions: Grant Recipient shall evaluate the need for hospice services and may authorize services in emergency situations.

14.2 Home and Community-Based Health Services (Core Medical Service)/ Rehabilitation (Support Service)

Definition: Includes paraprofessional health services furnished to the client in the client's home, in accordance with a written, individualized plan of care established by a licensed health care professional. Services may include provision of durable medical equipment (DME)home base assessment, and home health aide services and personal care services provided by a certified nursing assistant or trained home health aides. Inpatient hospital services, nursing home and other long term care facilities are not included. Rehabilitation services include services 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. Services include physical and occupational therapy, speech pathology, and low-vision training.

Allocation: Level funding

Special Instructions:

- *Population*: General.
- *Service Qualification:* Persons who present symptoms which impair their ability to carry on normal daily activities and with incomes at or below 300% of Federal Poverty Level[2]. Clients receiving this service must be case managed by a Ryan White-funded provider or have a recommended Nurse Case Management oversight documented.
- *Geographic Area*: Entire County.
- *Service Procurement*: Competitive.

Other Instructions: DME services will cover medically necessary items allowable under Medi-Cal and the Medi-Cal Waiver program including Personal Emergency Response Systems. Grant Recipient shall evaluate need for rehabilitation services and may authorize services in emergency situations.

15. OTHER PROFESSIONAL SERVICES INCLUDING LEGAL SERVICES (Support Service)

Definition: The provision of services to individuals with respect to, but not limited to: preparation of healthcare and durable powers of attorney and living wills permanency planning including the arrangement for guardianship, joint custody, or adoption of children after the death of their parents/caregivers, Income Tax Preparation as required by the Affordable Care Act for individuals receiving premium tax credits, and 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 . Assistance with evictions is allowable if the services relate to intervention necessary to ensure access to services. Assistance with divorce proceedings and adoption services are not allowable. Assistance with criminal matters and class-action suits are not allowable unless related to access to services eligible for funding under Ryan White. Legal services must be directly necessitated by an individual's HIV status.

Allocation: Level funding

Special Instructions:

- *Population*: General.
- *Service Qualification:* Persons with incomes at or below 300% of Federal Poverty Level[2].
- *Geographic Area*: Entire County.
- *Service Procurement*: Competitive.

Other Instructions: This service will follow the Legal Services Standards of Care. Referrals will be made for non-Ryan White-funded legal needs.

16. INDEPENDENT LIVING SKILLS [HEALTH EDUCATION/RISK REDUCTION] (Support Service)

- Independent Living Skills is not included in the Directives to the Grant Recipient.
- See separate document ***Recommendations for the Delivery of Housing Services Approved by Council 08/09/23***.

17. PREVENTION WITH POSITIVES (Support Service)

Definition: Includes prevention efforts targeted towards HIV positive individuals to enhance their quality of life and aims to inform people living with HIV on: 1) how to avoid transmitting HIV to others and 2) how to avoid getting re-infected as well as how to avoid sexually transmitted diseases and other blood-borne illnesses.

Allocation: Service category funding eliminated in FY 2009

Special Instructions:

- *Population*: General.
- *Service Qualification:* None.
- *Geographic Area*: Entire County.
- *Service Procurement*: Competitive and/or County-retained funding.

Other Instructions: None.

18. PSYCHOSOCIAL SUPPORT SERVICES (Support Service)

Definition: The provision of group or individual support and counseling activities to assist HRSA RWHAP-eligible PLWH to address physical health concerns. Activities provided under Psychosocial Support Services may include, child abuse and neglect counseling, HIV support groups, pastoral care/counseling services, caregiver support (Part D only), bereavement counseling, and nutrition counseling provided by a non-registered dietitian.

Allocation: Service category has not been previously funded

Special Instructions:

- *Population*: General.
- *Service Qualification:* Persons with incomes at or below 500% of Federal Poverty Level[2].
- *Geographic Area*: Entire County.
- *Service Procurement*: Competitive.

***Other Instructions*:** This service may be provided by non-clinical staff.

Psychosocial Support provided as part of another service (e.g., Outpatient Ambulatory Health Services, Case Management, Mental Health, etc.) will be funded under the respective service category not Psychosocial Support.

19. CHILD CARE (Support Service)

Definition: The HRSA RWHAP supports intermittent Child Care Services for the children living in the household of PLWH who are HRSA RWHAP-eligible clients for the purpose of enabling those clients to attend medical visits, related appointments, and/or HRSA RWHAP-related meetings, groups, or training sessions.

Allocation: Service category historically not funded

Special Instructions:

- *Population*: General.
- *Service Qualification:* Persons with incomes at or below 500% of Federal Poverty Level[2].
- *Geographic Area*: Entire County.
- *Service Procurement*: Competitive and/or County-retained funding.

Other Instructions: Child Care must be provided by a licensed or registered childcare provider to deliver intermittent care or informal childcare by a neighbor, family, member, or other person.

III. PLANNING COUNCIL SUPPORT

1. Planning Council Support

Definition: The provision of support for the HIV Planning Council, including the following:

- Professional and clerical expenses necessary for the support of all Planning Council activities, including routine administrative activities.
- Costs associated with conducting a needs assessment and other methods for obtaining input on community needs and priorities, such as public meetings, focus groups, and ad-hoc panels, for the purpose of assisting the Planning Council in setting service priorities and allocating funding.
- Expenses incurred by persons living with HIV on the Planning Council and its committees who have incomes under 400% of federal poverty level[2]; as a result of their participation in the Planning Council and in the conduct of their required Planning Council duties, which may include reimbursement of reasonable and actual out-of-pocket costs incurred solely as a result of attending a scheduled meeting, in accordance with the Orange County HIV Planning Council Policies and Procedures XIX - Compensation.
- Funds may be used for reasonable costs associated with Council and committee meetings.
- Costs associated with the development of a comprehensive plan for the organization and delivery of HIV-related services; assessing the efficiency of the administrative mechanism in rapidly allocating funds within the transitional grant area (TGA); and participation in development of the Statewide Coordinated Statement of Need.
- Marketing activities associated with publicizing the Planning Council's activities and programs for HIV-affected/infected populations and subpopulations, and efforts to substantively enhance community participation in Planning Council activities.
- Increase staff and Planning Council capacity regarding parliamentary procedures.
- Include Planning Council training plan in annual work plan.
- Assist Planning Council in identifying capacity needs related to public policy and advocacy.

Allocation: Total allocation for Planning Council Support: Service category funding eliminated in FY 2009

Special Instructions:

- *Population*: N/A.
- *Geographic Area*: N/A.
- *Service Procurement*: County-retained funding up to full allocation.

Other Instructions: None.