

Sacramento County Department of Health Services
HIV Health Services Planning Council
Priorities and Allocations Committee
www.sacramento-tga.com

Meeting Agenda*

April 5, 2023, 9:00 AM – 11:00 AM

Meeting Location:

4600 Broadway, Sacramento, CA 95820
2nd Floor Conference/Community Room 2020

Facilitator: Jake Bradley-Rowe, Council Chair

Scribe: TBD – Staff

Meeting Invitees:

- Priorities and Allocations Committee Members
- Open to the Public

Topic	Presenter	Start Time	Length
Welcome and Introductions	Bradley-Rowe	9:00 AM	
Announcements	All	As Needed	As Needed
Public Comments –Agenda Items	Bradley-Rowe		
April Agenda Review*	Bradley-Rowe		
December 2022 Minutes Review*	Bradley-Rowe		
Conflict of Interest	Bradley-Rowe		
FY22 PAC Self-Assessment	Bradley-Rowe		
FY23 Re-Allocations*	Bradley-Rowe		
FY23 General Directives*	Bradley-Rowe		
FY23 Service Directives*	Bradley-Rowe		
PAC Overview*	Bradley-Rowe		
FY23 PAC Work Plan*	Bradley-Rowe		

Sacramento County Department of Health Services
HIV Health Services Planning Council
Priorities and Allocations Committee
www.sacramento-tga.com

Technical Assistance	Bradley-Rowe		
Public Comment – Non Agenda Items	Bradley-Rowe		
Adjourn	Bradley-Rowe	11:00 AM	

*Action Items

Attachments:

- Minutes of December, 2022*
- FY22 PAC Self-Assessment
- FY23 Re-Allocations Memo*
- FY23 Part A Application
- SSC12 – Food Bank/Home Delivered Meals
- FY23 General Directives*
- FY23 Service Directives*
- PAC Overview*
- FY23 PAC Work Plan*

NEXT MEETING: May 3, 2023

HIV HEALTH SERVICES PLANNING COUNCIL – Priorities and Allocation Committee (PAC)

Meeting Minutes

December 12, 2022, 10:00 a.m. to 12:00 p.m.

Meeting Location:

Via teleconference only

Facilitator: Jake Bradley-Rowe, Chair

Scribe: Danielle Caravella and Paula Gammell, Council Staff

Committee Member Attendees:

Chelle Gossett, Dennis Poupart, Jake Bradley-Rowe, Josh Kooman, Keshia Lynch, Liane Bruckstein, Melissa Willett, Richard Benavidez, and Ronnie Miranda and Zach B.

Members Excused:

Members Absent: Tami Emslie

Guests: Kristina Kendricks-Clark, Sashi Jit, Steve Austin, and Beth Valentine

Topic	Minutes
Welcome, Introductions and Announcements	Meeting began at 10:05 a.m.
Public Comments	N/A
Agenda and Minutes*	<p>The Agenda was presented for review and approval. Zach B. motioned to approve the Agenda as presented with a second by Dennis Poupart. The motion was passed with a majority.</p> <p>Approve: Chelle, Dennis, Jake, Liane, Melissa, Richard, and Ronnie Oppose: None Abstain: None</p> <p>A copy of the November 2022 Minutes was presented. Dennis Poupart motioned to approve the Minutes as presented with a second by Zach B. No corrections or changes were noted. The motion was passed by majority.</p> <p>Approve: Chelle, Dennis, Jake, Liane, Melissa, and Richard Oppose: Abstain: Ronnie</p>

Topic	Minutes
<p>Reallocation*</p>	<p>Chelle Gossett presented the 2nd FY22 Reallocation Recommendations Memo. It was determined that there was \$113,400 available for the second reallocation based on current expenditures from the October Monthly report, any invoices submitted and posted as of November, as well as taking into account any additional information from subrecipients as discussed in the Executive Committee meeting on December 8th, 2022.</p> <p>Using the total funds available for reallocation, \$113,400, the recommendations are:</p> <ol style="list-style-type: none"> 1. Reallocate (\$62,400) from the Outpatient Ambulatory Care Service category in Sacramento County, a core service that is underspending by 13% in the current year allocation to date. 2. Reallocate (\$20,000) from the Oral Health Care Service category in Sacramento County, a core service that is funded in both Parts A and B. Although the spending is near target for Part A, the spending for this category in Part B is underspent. There are also fewer providers available. 3. Reallocate a total of (\$70,000) to the Medical Case Management Service category, a core service that is overspending the current year's allocation. There will be a reduction of (\$7,000) for one agency. Several subrecipients are overspending in this category and will run out of funding before the end of the contract period. 4. Reallocate (\$13,000) from the Non-Medical Case Management Service category, a support service that is underspending by 14% in the current year allocation to date. 5. Reallocate (\$25,025) to the Mental Health Service category, a core service that is overspending the current year allocation. There is an increased need for this service. More providers have had to be added to accommodate the client need.

6. Reallocate (\$2,500) to the Medical Transportation Service category, a support service category. There will be a reduction of (\$500) for one agency. There is an increased need for this service in the rural counties.

7. Reallocate (\$6,000) to the Emergency Financial Assistance Service category, a support service. There will be a reduction of (\$4,500) for one agency. There is an increased need for this service in the rural counties.

8. Reallocate (\$6,000) from the Housing Service category, a support service category. This category is underspending by 60% in the current year allocation to date.

9. Reallocate (\$9,875) to the Outreach Service category, a support service category. This category is overspent by 274% in the current year allocation.

10. **For information only-** The Recipient will be requesting from the Office of AIDS, Part B to move \$10,975 from the Medical Case Management Service to the Mental Health Service, both core services. In addition, to move \$4,000 into the Medical Transportation Service category, a support service category.

Jake Bradley-Rowe explained that the executive committee decided to have a 2nd Reallocation this year due to issues with the carryover request.

Richard Benavidez motioned to accept the Recipient's recommendations for Reallocation as they were presented. Liane Bruckstein seconded the motion. Discussion ensued and members thanked Chelle the Recipient for working so quickly and diligently on this. It was discussed that these numbers included all of the TGA including the rural counties as well as the Sexual Health Clinic and that most agencies were consulted either during the Executive Committee meeting or through email. After discussion concluded the motion passed with a majority and moved to Council.

Approve: Dennis, Jake, Liane, Melissa, Richard, Ronnie

Oppose:

Abstain: Chelle

Topic	Minutes
Technical Assistance	If in need of technical assistance, members can reach out to the Council Chair, Richard Benavidez, or Council Staff for assistance.
Adjournment	10:20 a.m.

HIV Health Services Planning Council
Priorities and Allocations Committee

Rating Category	Standards	Progress				Accomplishments/Barriers <ul style="list-style-type: none"> • What has been accomplished (by whom) • What still needs to occur (by whom) in order to complete the task
		NA	ND	IP	COM	
Priority Setting and Resource Allocation	1. A diverse set of stakeholders, including consumers, providers, and affected communities, are utilized in the priority setting and resource allocation processes.					
	2. Opportunities for input into the priority setting and resource allocation processes were well publicized.					
	3. PAC reviews a variety of data, including findings from needs assessment, comprehensive plan, utilization figures, outcome measures, costs, and availability of other funding, prior to setting priorities and allocations.					
	4. PAC receives training on priority setting and resource allocation processes prior to initiation of processes.					
	5. Priority setting and allocation decisions are well justified by data and documentation reviewed.					
	6. Conflict of interest is enforced during priority setting and resource allocation processes.					
	7. Multiple allocation scenarios are developed to account for various award decisions.					
	8. PAC specifies how priorities could be best addressed through directives to the Fiscal Agent.					
	9. Utilization and expenditures are reviewed mid-year, and funds are reallocated as needed.					
	10. PAC receives feedback from the Planning Council on PAC committee outcomes/findings.					

Key: NA = Not Applicable ND = Not Done, IP = In Progress, COM = Complete

County Executive

Ann Edwards

Deputy County Executive

Chevon Kothari
Social Services



Department of Health Services

Timothy W. Lutz, Director

Divisions

Behavioral Health Services
Primary Health
Public Health
Departmental Administration

County of Sacramento

March 30, 2023

MEMO TO: HIV Health Services Planning Council

FROM: Chelle Gossett
Recipient, Ryan White CARE Program Coordinator

RE: FY 2023 Allocation Areas to Review

The FY23 Allocations were determined in September 2022, at the same time the FY23 RFP had been in process. While determining the initial allocations for FY23 with the partial award from HRSA, the recipient identified some areas where the Planning Council (PC) might like to review. These areas are identified below. The areas are for Part A services in the Sacramento TGA and does not pertain to/include Part B Yolo County.

1. Health Education/Risk Reduction-There was \$4,768 allocated by the PC to Health Education/Risk Reduction. However, no one applied for the service during the RFP. There is no service provider for this service. If the Council wishes to proceed with funding this category, the Recipient will need to release a Letter of Intent (LOI) process for this service.
2. Non-Medical Case Management-The PC allocated \$54,582 to Non-Medical Case Management. This was flat funding from the prior fiscal year. In the prior fiscal year, there were two providers for Non-Medical Case Management. Upon conclusion of the RFP process, there are now three providers. The Planning Council may want to review the allocation and decide if the flat funding is still where the committee wants to stay.
3. Food Bank/Home Delivered Meals- This is the first year the PC has allocated Part A funds to this service category in several years. As a reminder, HRSA's PCN 16-02 and the Sacramento TGA's Service Standard SSC12, the Food Bank/Home Delivered Meals service category includes the provision of essential non-food items that are limited to personal hygiene products and household cleaning supplies.

Division of Public Health

Olivia Kasirye, MD, MS
Public Health Officer



7001-A East Parkway, Suite 600A
Sacramento, CA 95823
phone (916) 875-5881
fax (916) 854-9709
www.scph.com

Service Category		FY22 Part A Actual Allocations		FY23 Part A Grant Application Request		
FY22 Priority		Amount	Percent of Direct Service Dollars	Amount	Percent of Direct Service Dollars	Reasoning/Justification/Logic
	EL DORADO COUNTY	\$ 185,201	6.6%	\$ 194,461	6.6%	5% increase because of full utilization
	Ambulatory Care	\$ 1,568				
	Oral Health	\$ 24,673				
	Health insurance	\$ 4,849				
	Housing					
	Medical Case management	\$ 140,000				
	Medical Transportation	\$ 2,266				
	Emergency Financial Assistance	\$ 11,845				
	PLACER COUNTY	\$ 188,097	6.7%	\$ 197,501	6.7%	5% increase because of full utilization
	Ambulatory Care	\$ 1,540				
	Oral Health	\$ 2,329				
	Health insurance	\$ 4,869				
	Housing					
	Medical Case management	\$ 127,728				
	Medical Transportation	\$ 18,391				
	Emergency Financial Assistance	\$ 33,240				
	YOLO COUNTY	Part B Funds				
	(Sacramento County Breakdown ONLY)	\$2,433,220	86.7%	\$2,554,882	86.7%	
1	Ambulatory/Outpatient Medical Care	\$ 439,296	15.7%	\$ 461,261	15.7%	5% increase because they are on target
	1.a.Ambulatory Care	\$ 381,898	13.6%	\$ 403,863	13.7%	
	1.b.Viral Load/ Resistance Testing	\$ 57,398	2.0%	\$ 57,398	1.9%	
2	AIDS Pharmaceutical Asst.	\$ -	0.0%	\$ -	0.0%	
3	Health Insurance Premiums	\$ 10,821	0.4%	\$ 5,000	0.2%	Low spend, use 2019 actual
4	Oral Health Care	\$ 356,117	12.7%	\$ 273,647	9.3%	Flat funding with 2022 actual
5	Medical Case Management Services	\$ 723,838	25.8%	\$ 850,000	28.8%	5% increase because of full utilization
	5.a. Child Care Medical Case Management	\$ 17,794	0.6%	\$ 20,895	0.7%	
	5.b. Office-based Medical CM Services including Pediatric Treatment	\$ 355,487	12.7%	\$ 417,447	14.2%	
	5.c. Field/In-Home Medical CM Services	\$ 350,557	12.5%	\$ 411,658	14.0%	

	5.d. Minority AIDS Initiative Medical CM		0.0%		0.0%	
6	Non-Medical Case Management	\$ 54,582	1.9%	\$ 54,582	1.9%	Flat funding with 2022 actual
7	Food Bank/Home Delivered Meals	\$ -	0.0%	\$ 32,500	1.1%	Add funding to support need from other agencies going for this funding
8	Mental Health Services	\$ 399,764	14.2%	\$ 439,752	14.9%	5% increase because of full utilization
9	Psychosocial Support Services	\$ -		\$ -		
10	Medical Transportation Services	\$ 65,079	2.3%	\$ 78,333	2.7%	5% increase because of full utilization
11	Substance Abuse Services - Outpatient	\$ 201,661	7.2%	\$ 186,661	6.3%	Flat funding with 2022 actual
12	Substance Abuse Services - Residential	\$ 63,408	2.3%	\$ 63,408	2.2%	Flat funding with 2022 actual
13	Housing Assistance	\$ 21,861	0.8%	\$ 21,861	0.7%	Flat funding with 2022 actual
14	Child Care Services	\$ 30,931	1.1%	\$ 20,000	0.7%	Our recommendation based in usage from Sunburst
15	Emergency Financial Assistance	\$ 20,362	0.7%	\$ 20,389	0.7%	Flat funding with 2022 actual
16	Medical Nutritional Therapy	\$ 16,660	0.6%	\$ 10,220	0.3%	Flat funding 2019 actual because of poor utilization in 2022
17	Health Education Risk Reduction	\$ 11,334	0.4%	\$ 4,768	0.2%	Flat funding 2019 actual because of poor utilization in 2022
18	Outreach Non-MAI	\$ 17,506	0.6%		0.0%	
19	MAI Outreach	\$ -	0.0%	\$ -	0.0%	
20	Linguistic Services	\$ -	0.0%	\$ -	0.0%	
21	Home and Community Based Health Services	\$ -	0.0%	\$ -	0.0%	
22	Home Health Care	\$ -	0.0%	\$ -	0.0%	
23	Hospice	\$ -	0.0%	\$ -	0.0%	
24	Legal Services	\$ -	0.0%	\$ -	0.0%	
25	Permanency Planning	\$ -	0.0%	\$ -	0.0%	
26	Referral for Health Care and Support Services	\$ -	0.0%	\$ -	0.0%	
27	Rehabilitation Services	\$ -	0.0%	\$ -	0.0%	
28	Respite Care	\$ -	0.0%	\$ -	0.0%	
29	ADAP	\$ -	0.0%	\$ -	0.0%	
30	Early Intervention Services	0	0.0%	0	0.0%	
GRAND TOTAL DIRECT SERVICES		\$ 2,806,518	100.0%	\$ 2,946,844	100.0%	
Direct Services Target		\$ 2,806,518	Target	\$ (0)	Target	

**HIV Health Services Planning Council
Sacramento TGA
Policy and Procedure Manual**

Subject: Food Bank and Home Delivered Meals **No.:** SSC 12

Date Approved: 01/22/03

Date Revised: 04/22/20

Date Reviewed: 04/22/20

Consistent with funded Service Priorities established by the Sacramento TGA HIV Health Services Council the following Food Bank and Home-Delivered Meals Service Standard will apply to all Ryan White contracted vendors that provide Food Bank and Home-Delivered Meals services.

1. Ryan White CARE Act funding is to be used for any service designed to significantly improve client access and adherence to HIV/AIDS medical resources. Food Bank and Home-Delivered Meals services that are provided by agencies and paid for through Ryan White CARE Act funding is part of a comprehensive medical care plan that promotes an optimal state of health for the afflicted individual. Food Bank and Home-Delivered Meals services must meet criteria as noted below: be:

- Medically appropriate
- Nutritionally sound as referenced by the Choose MyPlate Program United States Department of Agriculture guidelines
- Consistent with any restrictions otherwise noted by an individualized client medically prescribed diet

These expectations shall apply whether such services are provided directly by a Ryan White Agency (RW Agency), or by a non-RW Agency to which the client is referred by a RW Agency.

2. Ryan White funding is to be expended in a cost effective, equitable manner which is based upon verification of client need. Payment for Food Bank and Home-Delivered Meals services through Ryan White funding is authorized only in circumstances where client eligibility is validated and no other payment guarantor has been identified.

3. Established Standards:

A. Screening:

- i. Each new client enrolled in Food Bank/Home Delivered Meals must receive an orientation to the services; document this orientation in the client file.
- ii. Refer clients ineligible for Food Bank/Home-Delivered Meals services to another community-based organization or link them to another safety net provider as appropriate. Documentation of that referral must be in the client file and available upon request.

B. Food Bank/Home-Delivered Meals refers to the provision of actual food items, hot meals, or vouchers to purchase food. This also includes the provision of essential non-food items. Nutritional services and nutritional supplements provided by a registered dietitian are considered a core medical service, covered under the Medical Nutrition Therapy standard.

Allowable costs under the Food Bank/Home-Delivered Meals standard include:

- Food items
- Hot meals
- Vouchers used to purchase food
- Nutritional supplements, such as Ensure, may only be used in addition to food and not as the only offering to a client.

Allowable essential non-food items are limited to the following:

- Personal hygiene products
- Household cleaning supplies

Unallowable costs under the Food Bank/Home-Delivered Meals standard include:

- Household appliances
- Pet food
- Alcohol, tobacco, or cannabis products
- Clothing
- Other non-essential products
- Cash payments to clients
- The provision of food is essential to wellbeing and must be based on need. It should not be used as an incentive to motivate clients to attend on-going appointments or take medication

C. Food distributed by food banks and others shall be fresh (for packaged food, not beyond recommended expiration dates), free from filth or vermin and, until distributed to consumers, properly stored and handled to maximize shelf life and minimize spoilage. Referrals shall only be made to food providers which have valid, current permits issued by the appropriate county health department or otherwise meet accepted community standards. It is recommended and preferred that food packages contain items which can be used together to create nutritionally complete meals for a minimum of **three days** per person or family. Referrals by service providers to food banks and other services which are not themselves recipients of Ryan White funding, shall be based in part on client feedback on their satisfaction with the quality of such services.

D. Expenditures for food shall be controlled to minimize opportunities for inappropriate use. Vouchers or debit cards shall be issued only to qualified clients and, if possible for reasonable cost. Vouchers or cards must be labeled or coded to prevent purchase of alcoholic beverages, tobacco products or games of chance. In order to prevent resale of vouchers or food cards, clients must, return a used or expired voucher or debit card to the issuing service provider in order to obtain a replacement. The following criteria must be met for voucher/card issuance:

- i. Eligible clients must provide proof of need with each request and such proof must be documented and added to the case file.
- ii. Upon receipt of a Ryan White food voucher or debit card, clients will be instructed that additional nutrition assistance will not be granted until completion of the following:
 1. Client is referred to and attends nutritional skills course (as available), and/or;
 2. Client produces a grocery receipt displaying that the Ryan White food voucher was used consistent with the established nutrition standards herein.

iii. Fiscal Management

There are additional requirements when utilizing vouchers or store gift cards.

1. Providers must ensure that vouchers or store gift cards cannot be exchanged for cash or used for anything other than

the allowable goods or services. Some stores may require program vouchers to exclude certain products such as tobacco and alcohol.

2. General-use prepaid cards are considered "cash equivalent" and therefore unallowable. Such cards generally bear the logo of a payment network (e.g., Visa, MasterCard, or American Express) and are accepted by any merchant that accepts those credit or debit cards as payment. Gift cards that are co-branded 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 not allowed.
3. Providers must have systems in place to account for disbursed vouchers. The systems must track the client's name, the staff person who distributed the voucher, the date of the disbursement, and serial number and the voucher dollar amount.
4. Providers should only buy vouchers in amounts that are reasonable for use in the contract year. In no case should use of vouchers lead to large amounts of Ryan White monies being held over to new contract years.

E. Providers of Food Bank and Home-Delivered Meals Services shall not use their professional status as a means to promoting products in which they may have a financial interest in.

4. Ryan White Agencies which provide Medical Case Management services shall develop and adhere to budgets for Food Bank and Home-Delivered Meals Services which reflect the principles referred to above. In addition, if available funding levels are anticipated to be less than the total need, agencies shall ensure that funds are distributed equitably to achieve assistance to the greatest number of clients who are most at risk for nutrition related health problems. Agencies will assure that no client receives any RW funded services unless such client is found to be eligible for services under such Eligibility Standards as may be adopted by the Planning Council.

5. Medical Case Managers at RW Agencies may at any time submit to the RW Fiscal Agent requests for interpretation of these or any other Services Standards adopted by the HIV Health Services Planning Council, based on the unique medical or other healthcare needs of a client or on unique barriers to accessing healthcare services which may be experienced by a client.

6. Ryan White Agencies must provide a means by which Medical Case Managers can obtain in-servicing and on-call advice related to interpreting client medical and other healthcare needs.

Education/Experience/Supervision

There are no minimum educational standards. Staff preparing food must be familiar with safe food handling practices and meet any federal, state, or local requirements around food preparation.

Staff Orientation and Training

Initial: All Food Bank/Home Delivered Meals staff must complete an initial training session related to their job description and serving those with HIV. Training should be completed within 60 days of hire. Topics must include:

- Safe food handling procedures
- Confidentiality
- Knowledge of key points of entry for other Ryan White services

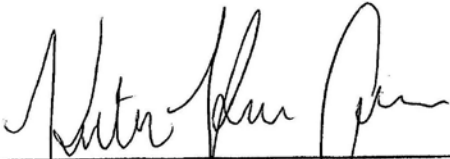
Ongoing: Staff must also receive ongoing annual HIV training as appropriate for their position. Training may be any combination of (1) in-person, (2) articles, (3) home studies, or (4) webinars, and must be clearly documented and tracked for monitoring purposes.

Agency

Any agency providing Food Bank/Home-Delivered Meals must comply with federal, state, and local regulations, including any required licensure or certification for the provision of food bank services and/or home-delivered meals. Where applicable, this also includes adherence to any necessary food handling standards or inspection requirements.

7. Clients shall have the right to request a review of any service denials under this or any other Services Standards adopted by the HIV Health Services Planning Council. The most recent review/grievance policies procedures for the RW Agency shall be made available to each client upon intake. Such policies and procedures shall include an explanation of the criteria and process for accessing any available advocacy or ombudsman services.

Adopted:



Kristina Kendricks-Clark, Chair

Date: 4/22/20

HIV Health Services Planning Council
General Directives Fiscal Year 202~~32~~-202~~43~~
(Here after, known as Current Fiscal Year)

General Directive 1

The service provider must have a process in place that documents that Ryan White is the payer of last resort, that no other resources are available, and that all appropriate referrals were made for eligible services.

General Directive 2

All Ryan White Care service categories will be provided in a manner that provides for 100% access and 0% disparity to all populations.

General Directive 3

With the exception of ambulatory care, behavioral/mental health, oral health, childcare and substance abuse/use services, clients cannot access services outside of their county of residence without referral and prior authorization through the Medical Case Management system.

General Directive 4

As the Priorities and Allocations committee develops alternate funding scenarios based on possible funding losses, the Recipient shall choose the nearest approved allocation scenario to fund provider contracts for the Current Fiscal Year.

The grant award will determine which scenario is to be used by the Recipient. The Recipient shall use the scenarios approved by PAC and the Council and the approved percent variances. In the Current Fiscal Year, it will be:

- If the grant award is within 5% higher or lower of the ***application requested amount***, the Recipient will pro-rate the increases/decreases pro-rated across all service categories.
- If the award is 1% to 5% less than the prior fiscal year ***actual award***, the Council approved prior fiscal year Flat Funding scenario shall be used and pro-rated across all service categories, with the exception of Pediatric Treatment Adherence which will remain at the prior fiscal year Allocation.
- If the award is 6% - 13% less than the prior fiscal year ***actual award***, the 10% Council approved reduction scenario shall be used and pro-rated across all service categories, with the exception of Pediatric Treatment Adherence, which will remain at the prior fiscal year Allocation.

- If the award is 14% or more less than the prior fiscal year **actual award**, the Recipient will consult the HIV Health Services Planning Council's Priorities and Allocation Committee to develop a final Current Fiscal Year Allocation plan.
- If the award is within 5% higher than the prior fiscal year **actual award**, the 5% increase scenario shall be used and pro-rated across all service categories.

General Directive 5

The Affordable Care Act (ACA) ensures that all legal U.S. residents are able to obtain affordable health care coverage, regardless of any pre-existing conditions. Legal California residents are able to get affordable private health care coverage from a variety of plans through Covered CA. There are Penalties if residents do not get coverage.

The service provider must have a process in place that documents that the client has been informed of the ACA requirements and that appropriate referrals were made for ACA enrollment.

General Directive 6

The Federal Ryan White HIV/AIDS Program defines eligibility for the program as an individual (1) with a medical diagnosis of HIV/AIDS and (2) who is low-income as defined by the State.

The California State Department of Public Health, under the Budget Act of 2019, shall apply the same financial eligibility requirements for its various HIV Care Program, which is formulated by using the Modified Adjusted Gross Income (MAGI) that does not exceed 500% of the Federal Poverty Level per year, based on family size and household income.

To maintain compliance with the State and Federal Government, the Sacramento TGA adopts the same financial eligibility requirements.

General Directive 7

All Ryan White funded providers shall make telehealth/tele-services available for medical case management, non-medical case management, outpatient ambulatory care, behavioral/mental health and/or other telehealth/tele-service appropriate services.

Adopted:



Richard Benavidez, Chair

Date: 05/25/22

Sacramento TGA

Service Category Directives, FY 202~~32~~-202~~43~~

Medical Transportation Services Directive 1

Medical Transportation funds shall be used for the reimbursement of volunteer drivers or for the purchase of ride share or public transportation fare (Light Rail or Bus pass).

Based on client acuity, transportation funds must be prioritized by means of transport so as to preserve the most cost effective means such as

- family, friends and other sources of transport for which the RW Agency does not incur any direct cost.
- volunteer services
- public transit (to include Para-Transit) or gas voucher
- ride share (such as Lyft or Uber)
- taxi service

Medical Case Management Directive 1

Medical Case Management is a fundamental approach to efficient and effective intervention whether provided as an office based or as a home or field deployed strategy.

Medical Case Management Directive 2

All agencies providing Ryan White-funded Medical Case Management services are either "Field Based" or "Office Based" to ensure that proper billing occurs. Any agency designated as "field-based" **must** offer clients the alternative of meeting case management staff at locations outside the agency's normal place of business office and convenient for the client.

Housing Directive 1

Ryan White Funds may be used for short-term or emergency housing defined as necessary to gain or maintain access to medical care and must be administered in accordance with U.S. Department of Health and Human Services, Health Resources and Services Administration, HIV/AIDS Bureau, Policy Clarification Notice 16-02, as well as, Sacramento TGA Service Standard 15 – Housing Assistance Services.

Rent Subsidy and Emergency Housing services will be administered through the TGA's case management system.

Clients may receive rent subsidy assistance services once each fiscal year unless additional assistance is authorized by the Recipient. Eligible Ryan White clients must meet the following criteria for eligibility for rent subsidy assistance:

1. Be in medical care and compliant with their case management plan.
2. Provide proof of pending eviction or 3-day notice of eviction.

3. Provide landlord name and tax identification information.

Emergency Housing may include motels, hotels, rooming houses, etc.

- a. Emergency housing payments may be utilized on an emergency or transitional basis for no more than 14 nights per year, at the most reasonable rate available in the community for emergency per-diem housing which meets acceptability standards, unless specific contractual agreements with funding sources provide extensions. Provision of assistance beyond this 14-night cap will require the TGA's Recipient approval.
- b. This assistance will be accompanied by a documented plan to obtain more permanent housing and such medical case management and advocacy as is needed to pursue the plan.

Adopted:



Richard Benavidez, Chair

Date: ~~05/25/22~~

HIV Health Services Planning Council
PRIORITIES AND ALLOCATIONS COMMITTEE
(916) 876-5548 -- hiv-hspsc@sacounty.net

COMMITTEE OVERVIEW

Statement of Purpose:

The purpose of the Priorities and Allocations Committee (PAC) is to support the mission of the HIV Health Services Planning Council. To this end, PAC shall review and act on data and information to establish proposals for the annual funding priorities and service allocations for Ryan White CARE Act funds.

Statement of Values:

The PAC is dedicated to considering the following values in recommending service priorities and funding allocations:

- Compassion – Assisting those who cannot support themselves
- Equity – Relatively equal portions with attention paid to severe need
- Fairness – Similar cases treated in a similar fashion
- Utilitarianism – Greatest good for the greatest number
- Nuanced Inclusiveness – Since there are real differences among participants regarding both need and ability, a process for assessing these differences will be developed, thereby allowing for differential distribution.

Committee Responsibilities:

PAC is the body through which the HIV Health Services Planning Council receives recommendations on how best to utilize Ryan White funds throughout the TGA. To provide sensible recommendations, PAC is charged with:

- 1) Reviewing quantitative and qualitative information on service needs, use, costs, outcomes; and availability (internal and external to Ryan White);
- 2) Determining which services are most needed by people living with HIV (regardless of funding source) and establishing service category priorities;
- 3) Projecting annual need for essential services;
- 4) Calculating reasonable allocation allotments for essential services;
- 5) Developing annual funding request;
- 6) Sets directives for service delivery in order to increase access by special populations or otherwise ensure fair distribution of resources.
- 7) Revising annual allocations based upon actual award/changes in actual service cost or utilization patterns.

Desired Experience of Members:

Because PAC must assess and consider a wide range of inputs, desired membership qualities are broad. Desired experience includes:

- Understanding of issues impacting people living with HIV;
 - Service consumers
 - Service providers

- Budgeting expertise, or a willingness to learn the process;
- Familiarity with the health and human service delivery community;
- Recipient staff.

Expectations of Members:

PAC provides critical recommendations to the Council regarding the use of Ryan White funds. It is imperative that members


- 1) Commit to regularly attend and actively participate in PAC meetings;
- 2) Thoroughly review meeting materials prior to arriving at the meeting;
- 3) Abide by approved policies and procedures when discussing priorities and allocations;
- 4) Provide recommendations on how reviewed material should play into the priority setting and allocation processes;
- 5) Consider all data prior to making decisions and provide unbiased input;
- 6) Offer prioritization and allocation proposals justified by reviewed data/information;
- 7) Identify additional data needs;
- 8) Identify methods for improving processes;
- 9) Suggest ideas on how services could best be delivered;
- 10) Continually identify individuals who may be interested in membership on PAC.

Meetings:

Unless otherwise indicated, the Priorities and Allocations Committee meets on the first Wednesday of the months of March, May, July, September, and January, from 9:00 a.m. – 11:00 a.m., second Monday of every month, from 10:00 a.m. – Noon, at the Sacramento County Health Center, 4600 Broadway, Conference Room 2020, Sacramento, CA 95817.

Contact Information:

Staff support is provided by Angelina Olweny who can be reached at (916) 325-1630 or Angelina.olweny@valleyvision.org ~~Paula Gammell who can be reached at (916) 876-5548 or gammellp@saccounty.net.~~

Signed: 
Richard Benavidez, Chair

Date: 05/25/22

**HIV Health Services Planning Council
Priorities and Allocations Committee
FY 2023-24 WORK PLAN**

MEETING DATE	ACTIVITY	MATERIALS
March 2023	<ul style="list-style-type: none"> • No meeting 	
April 2023	<ul style="list-style-type: none"> • Part A Grant Award Notice Update • FY23 Allocation Updates If Needed • Update PAC Overview • Update PAC Work Plan • FY23 Service Directives • FY23 General Directives 	<ul style="list-style-type: none"> • Grant Award Notice • Allocation and Reduction Scenarios • PAC Overview • FY23 PAC Work Plan • FY23 Service Directives • FY23 General Directives
May 2023	<ul style="list-style-type: none"> • Part A Grant Award Notice Update • FY23 Allocation Updates If Needed • Begin Work on FY24-25 Grant Application and Reduction Scenarios • PAC Process Training • Begin Work on FY24-25 Service Priorities 	<ul style="list-style-type: none"> • Grant Award Notice • Historical Prior-Year Utilization Documents • Historical Allocation Scenarios • Allocation and Reduction Scenarios • Service Priority Ranking Historical Data • Service Priorities Worksheet
July 2023	<ul style="list-style-type: none"> • Continue/Finalize Work on FY23-24 Grant Application and Reduction Scenarios • Conduct PAC Training 	<ul style="list-style-type: none"> • Historical Prior-Year Utilization Documents • Historical Allocation Scenarios • Allocation and Reduction Scenarios Worksheet
September 2023	<ul style="list-style-type: none"> • FY23 Reallocation • FY24 Service Directives • FY24 General Directives 	<ul style="list-style-type: none"> • FY23 Fiscal Agent Reallocation Recommendations • FY24 Service Directives • FY24 General Directives
December 2023	<ul style="list-style-type: none"> • Second Re-allocation (if needed) 	<ul style="list-style-type: none"> • FY23 Fiscal Agent Reallocation Recommendations

STRATEGIES (from the CA Integrated HIV Surveillance, Prevention and Care Plan)

The following Strategies from the California Integrated HIV Surveillance, Prevention and Care Plan, known as, Laying a Foundation for Getting to Zero apply to the ongoing work conducted by the Priorities and Allocations Committee in the Sacramento Transitional Grant Area:

Strategy D: Improve Linkage to Care

- Activity D3: Expand Use of Patient/ Client Navigation Programs

Strategy E: Improve Retention in Care

- Activity E3: Increase the Number of Californians Living with HIV Who are Enrolled in Health Insurance Coverage

Strategy O: Further Leverage Existing Resources to Better Meet the Needs of People at Risk for and Living with HIV in California

- Activity O1: Ensure the most Appropriate Distribution of Funds in Order to Best Meet the Needs of People at Risk for and Living with HIV in California