

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

Meeting Agenda*

March, 6, 2024, 9:00 AM – 11:00 AM

Meeting Location:

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

Facilitator: Jake Bradley-Rowe, Committee Chair

Scribe: Angelina Olweny – Council 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	All		
March Agenda Review*	Bradley-Rowe		
January 2024 Minutes Review*	Bradley-Rowe		
Conflict of Interest	Bradley-Rowe		
Allocation and Expenditure Discussion	Bradley-Rowe		
FY24 PAC Workplan – draft*	Gammell		
FY24 General Directives – draft*	Gammell		
FY24 Service Directives – draft*	Gammell		
Technical Assistance	Bradley-Rowe		
Public Comment – Non-Agenda Items	Bradley-Rowe		

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Adjourn	Bradley-Rowe	11:00 AM	
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*Action Items

Attachments:

- Minutes of January, 2024*
- FY23 January Part A Monthly Report
- FY24 PAC Workplan draft*
- FY24 General Directives – draft*
- FY24 Service Directives – draft *

NEXT MEETING: May 1, 2024
June 5, 2024

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

Meeting Minutes

January 3, 2024, 9:00 a.m. to 11:00 p.m.

Meeting Location:

4600 Broadway Sacramento

Facilitator: Jake Bradley-Rowe, Committee Chair

Council Staff: Angelina Olweny

Committee Member Attendees: Chelle Gossett, Dennis Poupart, Jake Bradley-Rowe, Liane Bruckstein, Melissa Willett, Richard Benavidez, Tami Emslie, Zach Basler

County Staff: Danielle Caravella, Paula Gammell

Members Excused: Keshia Lynch, Lenore Gotelli

Members Absent: Josh Kooman

Guests: Clarmundo Sullivan, Sashi Jit, Carolyn Buck

Topic	Minutes
Welcome, Introductions and, Announcements	Meeting and introductions started at 9:04 AM N/A
Public Comments- Agenda Items	N/A
<p data-bbox="65 464 436 792">Agenda Review*</p> <p data-bbox="65 797 436 1317">Minutes Review*</p>	<p data-bbox="443 464 1938 792">The January agenda was presented for review and approval. Zach Basler motioned to approve the agenda as presented and Richard Benavidez seconded the motion. The motion passed with a majority</p> <p data-bbox="443 613 1938 760">Approve: Chelle Gossett, Clarmundo Sullivan, Dennis Poupart, Jake Bradley-Rowe, Liane Bruckstein, Melissa Willet, Richard Benavidez, Tami Emslie, Zach Basler Oppose: N/A Abstain: N/A</p> <p data-bbox="443 797 1938 1101">The October minutes were presented for review and approval. Richard Benavidez motioned to accept minutes as presented and Liane Bruckstein seconded the motion. The following changes were made Keisha should be removed from attendee list and Ronnie Miranda’s name should be removed from the voting list. On page five, the second paragraph should state “There was and additional \$15,120 that was requested for reallocation but was covered by carryover allocations”. Richard Benavidez motioned to accept the minutes with the changes made and Melissa Willett seconded the motion. The motion passed with a majority.</p> <p data-bbox="443 1122 1938 1268">Approve: Chelle Gossett, Clarmundo Sullivan, Dennis Poupart, Jake Bradley-Rowe, Liane Bruckstein, Melissa Willet, Richard Benavidez, Tami Emslie, Zach Basler Oppose: N/A Abstain: N/A</p>

Topic	Minutes
FY23 Part A Monthly Report November*	<p>Committee members stated their conflicts of interest before the discussion on the FY23 budget report.</p> <p>The November Part A monthly report was shared for informational purposes only. The FY23 November monthly report includes current budgets and all invoices submitted by Tuesday, December 26th. Chelle Gossett stated that more invoices were received after the Tuesday cutoff date.</p> <p>Expenditures should be at 75% through November 30th. The TGA spending for El Dorado County is at 58.8% and 55.7% for Placer County. The current TGA spending for Sacramento County is at 55.3%. The overall direct expenditure for the Sacramento Transitional Grant Area (TGA) is 55.53%. Recipients expenditures are at 52.68%.</p> <p>The monthly report shows that most service categories are underspent. Providers represented in the meeting shared information on the status of outstanding invoices. One of the reasons for a delay in providers submitting invoices is that the County’s fiscal department has a new invoicing system that requires the submission of backup documents with the invoices. Providers stated that these documents are not always available when invoices are created for services rendered.</p> <p>To ensure that the unobligated balance is below 5% at the end of FY23, PAC recommended that Chelle Gossett should be given authority to reallocate 20% of funding across service categories outside of any directive.</p> <p>Richard Benavidez motioned to give Chelle Gossett authority to reallocate up to 20% of funding across service categories outside of any directive for FY23 and Zach Basler seconded the motion. The motion passed with a majority.</p> <p>Approve: Clarmundo Sullivan, Dennis Poupart, Jake Bradley-Rowe, Liane Bruckstein, Tami Emslie, Zach Basler Oppose: N/A Abstain: Chelle Gossett, Melissa Willet, Richard Benavidez.</p>

Topic	Minutes
	<p>After further discussion, PAC recommend that Chelle Gossett should be given full authority to reallocate funding across services categories outside any directives for FY23. This is to ensure that the funds are utilized to the maximum extent.</p> <p>Richard Benavidez motioned to give Chelle Gossett full authority to reallocate funding across service categories outside of any directive for FY23 and Liane Bruckstein seconded the motion. The motion passed with a majority.</p> <p>Approve: Chelle Gossett, Clarmundo Sullivan, Dennis Poupart, Jake Bradley-Rowe, Liane Bruckstein, Melissa Willet, Richard Benavidez Tami Emslie, Zach Basler</p> <p>Oppose: N/A</p> <p>Abstain: N/A</p> <p>The recommendation to give Chelle Gossett full authority outside any directive will be voted on in the next Planning Council meeting.</p>
Public Comment Non-agenda items	N/A
Technical Assistance	For technical assistance reach out to Richard Benavidez.
Adjournment	10:55 AM

EL DORADO COUNTY - January 2024 Service Category	Approved Budget	Current Month	Cumulative Expenses	% Shade	Percentage Used	Remaining Balance
Ambulatory/Outpatient Care	Not Funded at This Time					
Oral Health	\$5,285		\$3,424		64.8%	\$1,861
Health Insurance Premium & Cost Sharing Asst.	\$1,955		\$752		38.5%	\$1,203
Mental Health Services	\$10,201		\$2,740		26.9%	\$7,461
Medical Case Management	\$145,640		\$113,999		78.3%	\$31,641
Medical Transportation Services	\$11,784		\$10,780		91.5%	\$1,004
Emergency Financial Assistance	\$31,750		\$31,994		100.8%	-\$244
Sub-Total El Dorado Counties	\$206,615	\$0	\$163,689		79.2%	\$42,926

PLACER COUNTY - January 2024 Service Category	Approved Budget	Current Month	Cumulative Expenses	% Shade	Percentage Used	Remaining Balance
Ambulatory/Outpatient Care	Not Funded at This Time					
Oral Health	\$2,530		\$2,300		90.9%	\$230
Health Insurance Premium & Cost Sharing Asst.	\$715		\$654		91.5%	\$61
Mental Health Services	\$4,425		\$1,469		33.2%	\$2,956
Medical Case Management	\$150,694		\$109,208		72.5%	\$41,486
Medical Transportation Services	\$20,891		\$16,914		81.0%	\$3,977
Emergency Financial Assistance	\$46,000		\$41,528		90.3%	\$4,472
Sub-Total Placer County	\$225,255	\$0	\$172,072		76.4%	\$53,183

Priority Number

SACRAMENTO COUNTY - January 2024		Approved Budget	Current Month	Cumulative Expenses	% Shade	Percentage Used	Remaining Balance
1	Ambulatory/Outpatient Care	\$423,533	\$0	\$355,513		83.9%	\$68,020
	SS: Ambulatory/Outpatient Medical Care	\$364,095		\$292,195		80.3%	\$71,900
	SS: Vendor paid viral/load resistance lab test	\$59,438		\$63,318		106.5%	-\$3,880
2	ADAP/Prescription Medications						
Not Funded at This Time							
3	Health Insurance Premium & Cost Sharing Asst.	\$22,154		\$14,276		64.4%	\$7,878
4	Oral Health	\$260,801		\$200,661		76.9%	\$60,140
5	Medical Case Management	\$1,141,619		\$968,512		84.8%	\$173,107
	SS: MAI	\$191,667		\$188,578		98.4%	\$3,089
	SS: Office Based Services	\$458,455		\$429,689		93.7%	\$28,766
	SS: Field/In-Home Services	\$471,239		\$342,659		72.7%	\$128,580
	SS: Pediatric Treatment Adherence	\$861		\$599		69.6%	\$262
	SS: Case Mgmt Child Care	\$19,397		\$6,987		36.0%	\$12,410
6	Case Management (Non-Medical)	\$113,394		\$99,450		87.7%	\$13,944
7	Food Bank/Home Delivered Meals	\$34,654		\$37,445		108.1%	-\$2,791
8	Mental Health Services	\$468,819		\$426,833		91.0%	\$41,986
9	Psychosocial Support						
Not Funded at This Time							
10	Medical Transportation Services	\$86,122		\$64,376		74.7%	\$21,746
11	Substance Abuse Services - Outpatient	\$188,815		\$165,938		87.9%	\$22,877
12	Substance Abuse Services - Residential	\$58,426		\$12,910		22.1%	\$45,516
13	Housing Assistance	\$24,015		\$17,666		73.6%	\$6,349
14	Child Care Services	\$15,369		\$11,800		76.8%	\$3,569
15	Emergency Financial Assistance	\$20,289		\$15,303		75.4%	\$4,986
16	Medical Nutritional Therapy	\$32,374		\$28,445		87.9%	\$3,929
17	Health Education/Risk Reduction						
Not Funded at This Time							
18	Outreach Services						
Part B Funded Only							
19	Outreach Services MAI						
Part B Funded Only							
20	Linguistic Services						
Not Funded at This Time							
21	Home & Community Based Health Services						
Not Funded at This Time							
22	Home Health Care						
Not Funded at This Time							
23	Hospice						
Not Funded at This Time							
24	Legal Services						
Not Funded at This Time							
25	Permanency Planning						
Not Funded at This Time							
26	Referral for Health Care and Support Services						
Not Funded at This Time							
27	Rehabilitation Services						
Not Funded at This Time							
28	Respite Care						
Not Funded at This Time							
29	ADAP/Prescription Medications						
Not Funded at This Time							
30	Early Intervention Services						
Not Funded at This Time							
Sub-Total Sacramento County		\$2,890,384	\$0	\$2,419,126		83.7%	\$471,258
Sub-Total TGA Direct Service Expenditures		\$3,322,254	\$0	\$2,754,888		82.92%	\$567,366

Recipient - Grantee Admin	\$369,311	\$0	\$229,536		62.15%	\$139,775
Recipient - Quality Mgmt	\$184,655	\$0	\$101,572		55.01%	\$83,083
Grand- Total Direct Services, Recipient	\$3,876,220	\$0	\$3,085,995		79.61%	\$790,225

Missing Invoices	January					
	Transportation, Mental Health, Ambulatory Care, Medical Case Management, Non Medical Case Management, MAI Medical Case Management, Emergency Financial Assistance, Child Care, Food, Oral Health, Outpatient Substance Abuse	Under 5%		0-86%		
	Within 5%		87-97%			
	Over 5%		98% - Over			

TGA Direct Service Expenditures by \$ Source	Approved Budget	Current Month	Accumulative Expenditures	% Shade	% Used	Remaining Balance
Part A	\$3,130,587	\$0	\$2,566,310		81.98%	\$564,277
Part A MAI	\$191,667	\$0	\$188,578		98.39%	\$3,089

Total Part A: 75/25 Expenditure Requirement	Allocations	Current	Cumulative	% of Alloc.	% Current Expenditure	% Cumulative Expenditure
Core Services (Does not include MAI MCM)	\$2,667,893	\$0	\$2,206,146	85.2%	#DIV/0!	86.0%
Support Services	\$462,694	\$0	\$360,164	14.8%	#DIV/0!	14.0%

**HIV Health Services Planning Council
Priorities and Allocations Committee
FY 2024-25 WORK PLAN**

MEETING DATE	ACTIVITY	MATERIALS
March 2024	<ul style="list-style-type: none"> • Part A Grant Award Notice Update • FY24 Allocation Updates If Needed • Update PAC Work Plan • FY24 Service Directives • FY24 General Directives 	<ul style="list-style-type: none"> • Grant Award Notice • Allocation and Reduction Scenarios • FY24 PAC Work Plan • FY24 Service Directives • FY24 General Directives
May 2024	<ul style="list-style-type: none"> • Part A Grant Award Notice Update • FY24 Allocation Updates If Needed • Begin Work on FY25 Grant Application and Reduction Scenarios • PAC Process Training • Begin Work on FY25 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
June 2024	<ul style="list-style-type: none"> • Continue/Finalize Work on FY25 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 2024	<ul style="list-style-type: none"> • FY24 Reallocation • FY23 to FY24 Carryover (If applicable) 	<ul style="list-style-type: none"> • FY24 Fiscal Agent Reallocation Recommendations • FY23 to FY24 Carryover (If applicable)
January 2024	<ul style="list-style-type: none"> • Second Re-allocation (if needed) 	<ul style="list-style-type: none"> • FY24 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

**HIV Health Services Planning Council
General Directives Fiscal Year 2024-2025
(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: 04/26/2023

Sacramento TGA

Service Category Directives, FY 2024-2025

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: 04/26/2023