

HIV Health Services Planning Council
General Directives Fiscal Year 2025-2026
(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 HIV Care Services Program 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. 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 MM 25-01, shall apply the same financial eligibility requirements for its various HIV Care Programs, which is formulated by using the Modified Adjusted Gross Income (MAGI) that does not exceed 600% 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 HIV Care Services Program 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.

General Directive 8

Any HIV Care Services Program Service Standards with an annual "cap" limiting expenditures shall be reviewed annually by the Quality Advisory Committee for any applicable updates.

Adopted: 
Richard Benavidez, Chair

Date: 03/26/25