NEWARK ELIGIBLE METROPOLITAN AREA (EMA)
HIV HEALTH SERVICES PLANNING COUNCIL

PRIORITY SETTING AND RESOURCE ALLOCATION (PSRA) REPORT

FY 2019

(March 1, 2019 - February 29, 2020)

Approved by the Comprehensive Planning Committee: **August 10th, 2018**
Approved by the Planning Council: **August 15th, 2018**

INTRODUCTION

The Centers for Disease Control and Prevention (CDC) estimated in 2015 that more than 1.2 million people were living with HIV in the United States (U.S.) and one (1) in seven (7) (14 percent) are not aware of their HIV status. The ultimate goal in the U.S. is to inform all people who test positive for HIV of their status and bring them into care in order to improve their health status, prolong their lives, and slow the spread of HIV to end the epidemic in the U.S.[1]

The National HIV/AIDS Strategy (NHAS) has four primary goals: 1) reducing the number of people who become infected with HIV, 2) increasing access to care and optimizing health outcomes for people living with HIV, 3) reducing HIV-related health disparities and 4) achieving a more coordinated national response to the HIV epidemic.

The NHAS states that more must be done to ensure that new prevention methods are identified and that prevention resources are more strategically deployed. Further, the NHAS recognizes the importance of getting people with HIV into care early after infection to protect their health and reduce their potential of transmitting the virus to others. HIV disproportionately affects people who have less access to prevention and treatment services and, as a result, often have poorer health outcomes. Therefore, the NHAS advocates adopting community-level approaches to reduce HIV infection in high-risk communities and reduce stigma and discrimination against people living with HIV.

To ensure success, the NHAS requires the Federal government and State, tribal and local governments to increase collaboration, efficiency, and innovation. Therefore, to the extent possible, Ryan White HIV/AIDS program activities should strive to support the four primary goals of the National HIV/AIDS Strategy. The Early Identification of Individuals with HIV/AIDS is a Federal initiative which currently supports the NHAS.

The Newark EMA developed an Integrated HIV Prevention and Care Plan to address goals set forth in the NHAS 2020. The plan is to assist the Planning Council and Recipient with identifying ways to measure progress toward goals and objectives, selecting strategies for collecting information; and analyzing information to make informed decisions to improve HIV prevention, care and treatment efforts within the EMA.

In accordance with the NHAS 2020, the Newark EMA has created six goals that have been included in its Integrated HIV Prevention and Care Plan: 1) reduce new infection through health literacy activities to R.W. Clients, 2) link 90% of newly diagnosed to care within 30 days (blood work and/or medical visits), 3) decrease gap in medical visits to 10% EMA wide, 4) increase viral load suppression to 80% EMA wide, 5) increase prescription of ARV to 96% EMA wide, and 6) coordinate NEMA located care and treatment and prevention services annually. All goals are to be accomplished by 2021.

The Ryan White HIV/AIDS Program is the largest Federal program focused exclusively on HIV/AIDS care. The program is for individuals living with HIV/AIDS who have no health insurance (public or private), have insufficient health care coverage, or lack financial resources to get the care they need for their HIV disease. As such, the Ryan White HIV/AIDS Program fills gaps in care not covered by other funding sources.

The legislation is called the Ryan White HIV/AIDS Treatment Extension Act of 2009 (RWTEA). Part A of the RWTEA provides emergency assistance to Eligible Metropolitan Areas (EMAs) that are most severely affected by the HIV/AIDS epidemic. The Newark EMA is one of 24 EMAs nation-wide. Part A funds are used to develop or enhance access to a comprehensive continuum of high quality, community-based care for individuals with HIV disease. The RWTEA is intended to help communities and states increase the availability of primary medical care and support services, in order to reduce

[1] HRSA HAB. FY 2018 Ryan White HIV/AIDS Program Part A Notice of Funding Opportunity

utilization of more costly inpatient care, increase access to care for under-served populations, and improve the quality of life for those affected by the HIV epidemic.

This report is respectfully submitted by the Newark EMA HIV Health Services Planning Council in fulfillment of its legislative requirement under the RWTEA. The following document summarizes the priorities for the allocation of RWTEA funds within the Newark EMA - all municipalities within Essex, Morris, Sussex, Union and Warren counties. The document also provides guidance to the Recipient as they select service providers and administer contracts. The Planning Council and its **Comprehensive Planning Committee (CPC)** examined epidemiological data, service utilization data, spending data, the range of non-Ryan White Part A funding sources for services utilized by PLWHA, findings and recommendations from the Council's 2018 Needs Assessment Update, 2017 Update, and the 2016 Needs Assessment, the newly developed **2017-2021 Integrated HIV Prevention and Care Plan**, and Statewide Coordinated Statement of Need (SCSN), and input from the Planning Council's three standing committees and consumers in planning for the continuum of HIV care in the Newark EMA.

DIRECTION FOR HIV SERVICES IN FY 2019

The "Core Services Model" of care was introduced in the *2004-2006 Comprehensive Health Plan* and adopted by the Planning Council. The Model has been updated for **FY 2019** and is depicted on the following page. The eight "core" services are:

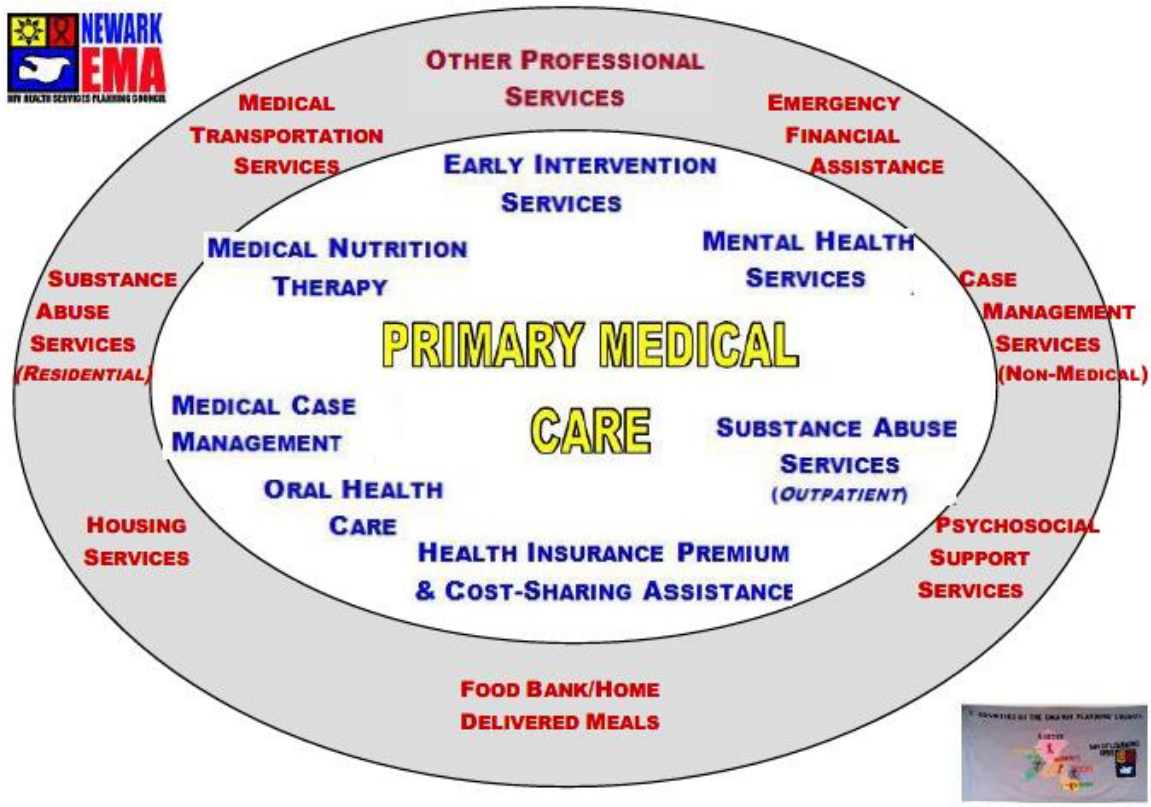
1. Early Intervention Services
2. Primary Medical Care
3. Oral Health Care
4. Mental Health Services
5. Medical Nutrition Therapy
6. Medical Case Management
7. Substance Abuse Services (Outpatient)
8. Health Insurance Premium and Cost-Sharing Assistance

IMPACT OF HIV ON RACIAL/ETHNIC MINORITIES IN THE EMA

The 2018* Newark EMA Epidemiological Profile showed the **high prevalence of HIV among Black/African American PLWHA, and also Hispanic/Latino PLWHA, in all geographic areas in the EMA** compared to the State of New Jersey (which is also disproportionately impacted). In addition to overall Part A funding, the Planning Council recommends that funding from the **FY 2019 Minority AIDS Initiative (MAI)** to service agencies should reflect these prevalence rates and help target the needs of these populations throughout the EMA.

* The EMA updates the Epidemiological Profile annually using HIV data from the previous calendar year published by the N.J. Department of Health on its website. As of August 10, 2018, the date of the Comprehensive Planning Committee (CPC) meeting scheduled to recommend service priorities and resource allocations, the most recent data published was for Calendar Year (CY) 2016 as presented in the Newark EMA 2017 Epidemiological Profile. This 2017 Profile was used to confirm the impact of HIV on racial/ethnic minorities in the EMA. A 2018 Epidemiological Profile will be prepared as soon as CY 2017 HIV data are published by NJDOH.

FY 2019 CORE SERVICES MODEL



EARLY IDENTIFICATION OF INDIVIDUALS WITH HIV/AIDS (EIIHA)

Early Identification of Individuals with HIV/AIDS (EIIHA) is the identifying, counseling, testing, informing, and referring of diagnosed and undiagnosed individuals to appropriate services, as well as linking newly diagnosed HIV positive individuals to medical care.

The goals of this initiative are to: 1) increase the number of individuals who are aware of their HIV status, 2) increase the number of HIV positive individuals who are in medical care, and 3) increase the number of HIV negative individuals referred to services that contribute to keeping them HIV negative.

UNMET NEED

Unmet Need for Health Services, also referred to as unmet need, is the need for HIV related Health Services by individuals with HIV who are aware of their HIV status, but are not receiving regular primary health care.

MINORITY AIDS INITIATIVE (MAI)

For FY 2019, the Planning Council has prioritized core medical and support services to ensure that health issues of minority PLWHA are adequately addressed in addition to Part A funding. The Council **ranked the 16 prioritized service categories for MAI funding** and recommends that these be funded in priority order based on available funds, with the understanding that new needs or funding gaps may warrant funding outside of order of these priorities.

MAI Service Priorities- FY 2019	
MAI Priority Ranking	**Service Categories**
1	**Medical Case Management**
2	**Primary Medical Care**
3	**Housing Services**
4	**Medical Transportation Services**
5	**Early Intervention Services**
6	**Case Management Services (Non-Medical)**
7	**Emergency Financial Assistance**
8	**Mental Health Services**
9	**Substance Abuse Services (Residential)**
10	**Substance Abuse Services (Outpatient)**
11	**Health Insurance Premium and Cost-Sharing Assistance**
12	**Oral Health Care**
13	**Food Bank/Home-Delivered Meals**
14	**Other Professional Services**
15	**Medical Nutrition Therapy**
16	**Psycho Social Support Services**

The funds must target the minority community including African-American and Hispanic women, infants, children and youth.

RESOURCE ALLOCATIONS – GEOGRAPHICAL NEEDS AND PARITY

An important goal of the Ryan White HIV/AIDS Program funding allocations among service priorities is to ensure access to services throughout the EMA. Allocations for the EMA reflect needs of PLWHA and historically underserved populations within the EMA's geographical areas – counties and regions. The counties/regions work collaboratively to develop resource allocations for the EMA as a whole with special consideration for their respective areas. These allocations are then weighted according to the percentage of PLWHA in each region based on HIV surveillance data from the New Jersey Department of Health (NJDOH) to determine the EMA's final resource allocations. For FY 2019, weighted allocations are based on HIV surveillance data reported through 12/31/16 as outlined in the December 31, 2016 NJ HIV/AIDS report. This is the most recent data available on the NJDOH website as of **August 14**, 2018. http://www.nj.gov/health/hivstdtb/hiv-aids/statmap.shtml

Region	# PLWHA		% PLWHA
Essex County		**9,578**	**70.1%**
Union County		**2,872**	**21.0%**
Morris, Sussex, Warren Counties	Morris: 862	**1,222**	**8.9%**
	Sussex: 172		
	Warren: 188		
Total		**13,672**	**100%**

ALLOCATION OF FUNDS

The allocation of the FY 2019 Ryan White Part A dollars (formula and supplemental dollars) received by the Newark EMA will be made according to the following distribution.

Category	Percentage
Recipient Administration	10.0%
Quality Management[2]	5.0%
Direct Care, Treatment and Support Services	85.0%
Total	100.0%

Recipient Administration will include Planning Council functions, CHAMP and Program Support which are NEMA-wide services; that is, they serve all five of the counties in the Newark EMA and are funded directly from the original grant before dollars are distributed regionally.

The dollars for Direct Care, Treatment and Support Services; 85.0% of the entire Ryan White Part A will be distributed as follows, with the allocation for Morris, Sussex and Warren region not less than **8.9%** of the EMA total.

Regions	% of all care, treatment and support dollars
Essex County + Morris, Sussex, Warren Counties (not less than 8.9% of the EMA total) + Union County (not less than 21.0% of the EMA total)	100%
Total	**100%**

DIRECT CARE, TREATMENT AND SUPPORT SERVICES: DEFINITIONS

The following is a listing of the HRSA HIV/AIDS Bureau (HAB) Part A service category definitions which have been prioritized by the Newark EMA HIV Health Services Planning Council. These definitions must be used by the Recipient (City of Newark's Ryan White Unit) in applying for funding and in making decisions about the disbursement of funds and by sub-recipients (agencies) in providing services to PLWHA. These definitions allow for the flexibility required to accommodate the wide range of foreseeable and unforeseeable care, treatment and support services that may be proposed. There is no intention to force innovative programs to artificially fit into a service category or categories. Program management and Recipient reimbursement/monitoring should ensure the design and implementation of programs that are high quality, appropriate, accessible and meet consumers need despite crossing a number of service categories.

[2] Section 2604(h)(5) of the Ryan White HIV/AIDS Program legislation requires that the chief elected official (CEO) of a Part A eligible metropolitan area/transitional grant area (EMA/TGA): "shall provide for the establishment of a clinical quality management program to assess the extent to which HIV health services provided to patients under the grant are consistent with the most recent Public Health Service (PHS) guidelines for the treatment of HIV/AIDS and related opportunistic infection and, as applicable, to develop strategies for ensuring that such services are consistent with the guidelines for improvement in the access to and quality of HIV health services." Section 2604(h) (5) also provides for funding of clinical quality management activities. It states that, in addition to the 5 percent of funding allocated for administrative costs, the EMA/TGA may use for clinical quality management activities not more than the lesser of "5 percent of amounts received under the grant; or $3,000,000.

SERVICE CATEGORY DEFINITIONS

CORE MEDICAL SERVICES (8)

PRIMARY MEDICAL CARE (OUTPATIENT/AMBULATORY HEALTH SERVICES)

Outpatient/Ambulatory Health Services are diagnostic and therapeutic services provided directly to a client by a licensed healthcare provider in an outpatient medical setting. Outpatient medical settings include clinics, medical offices, and mobile vans where clients do not stay overnight. Emergency room or urgent care services are not considered outpatient settings. Allowable activities include: Medical history taking, physical examination, diagnostic testing, including laboratory testing, treatment and management of physical and behavioral health conditions, behavioral risk assessment, subsequent counseling, and referral preventive care and screening, pediatric developmental assessment, prescription, and management of medication therapy, treatment adherence, education and counseling on health and prevention issues, referral to and provision of specialty care related to HIV diagnosis.

Treatment Adherence services provided during an Outpatient/Ambulatory Health Service visit should be reported under the Outpatient/Ambulatory Health Services category whereas Treatment Adherence services provided during a Medical Case Management visit should be reported in the Medical Case Management service category.

EARLY INTERVENTION SERVICES (EIS)

The elements of EIS often overlap with other service category descriptions; however, EIS is the combination of such services rather than a stand-alone service. RWHAP Part recipients should be aware of programmatic expectations that stipulate the allocation of funds into specific service categories. RWHAP Parts A and B EIS services must include the following four components: Targeted HIV testing to help the unaware learn of their HIV status and receive referral to HIV care and treatment services if found to be HIV- infected, recipients must coordinate these testing services with other HIV prevention and testing programs to avoid duplication of efforts, HIV testing paid for by EIS cannot supplant testing efforts paid for by other sources, referral services to improve HIV care and treatment services at key points of entry, access and linkage to HIV care and treatment services such as HIV Outpatient/Ambulatory Health Services, Medical Case Management, and Substance Abuse Care, Outreach Services and Health Education/Risk Reduction related to HIV diagnosis.

ORAL HEALTH CARE

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

MENTAL HEALTH SERVICES

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

MEDICAL NUTRITION THERAPY

Medical Nutrition Therapy includes: Nutrition assessment and screening, dietary/nutritional evaluation, food and/or nutritional supplements per medical provider's recommendation, nutrition education and/or counseling. These services can be provided in individual and/or group settings and outside of HIV Outpatient/Ambulatory Health Services.

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

MEDICAL CASE MANAGEMENT (INCLUDING TREATMENT ADHERENCE)

Medical Case Management is the provision of a range of client-centered activities focused on improving health outcomes in support of the HIV care continuum. Activities may be prescribed by an interdisciplinary team that includes other specialty care providers. Medical Case Management includes all types of case management encounters (e.g., face-to-face, phone contact, and any other forms of communication). Key activities include: Initial assessment of service needs, development of a comprehensive, individualized care plan, timely and coordinated access to medically appropriate levels of health and support services and continuity of care, continuous client monitoring to assess the efficacy of the care plan, re-evaluation of the care plan at least every 6 months with adaptations as necessary, ongoing assessment of the client's and other key family members' needs and personal support systems, treatment adherence counseling to ensure readiness for and adherence to complex HIV treatments, client-specific advocacy and/or review of utilization of services.

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

SUBSTANCE ABUSE SERVICES (OUTPATIENT)

Substance Abuse Outpatient Care is the provision of outpatient services for the treatment of drug or alcohol use disorders. Services include: Screening, assessment, diagnosis, and/or treatment of substance use disorder, including: Pretreatment/recovery readiness programs, harm reduction, behavioral health counseling associated with substance use disorder, outpatient drug-free treatment and counseling, medication assisted therapy, neuro-psychiatric pharmaceuticals, relapse prevention.

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

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

HEALTH INSURANCE PREMIUM AND COST-SHARING ASSISTANCE

Health Insurance Premium and Cost Sharing Assistance provides financial assistance for eligible clients living with HIV to maintain continuity of health insurance or to receive medical and pharmacy benefits under a health care coverage program. To use RWHAP funds for health insurance premium and cost- sharing assistance, a RWHAP Part recipient must implement a methodology that incorporates the following requirements: RWHAP Part recipients must ensure that clients are buying health coverage that, at a minimum, includes at least one drug in each class of core antiretroviral therapeutics from the Department of Health and Human Services (HHS) treatment guidelines along

with appropriate HIV outpatient/ambulatory health services RWHAP Part recipients must assess and compare the aggregate cost of paying for the health coverage option versus paying for the aggregate full cost for medications and other appropriate HIV outpatient/ambulatory health services, and allocate funding to Health Insurance Premium and Cost Sharing Assistance only when determined to be cost effective The service provision consists of either or both of the following: Paying health insurance premiums to provide comprehensive HIV Outpatient/Ambulatory Health Services and pharmacy benefits that provide a full range of HIV medications for eligible clients, paying cost-sharing on behalf of the client.

SERVICE CATEGORY DEFINITIONS

SUPPORT SERVICES (7)

CASE MANAGEMENT SERVICES (NON-MEDICAL)

Non-Medical Case Management Services (NMCM) provide guidance and assistance in accessing medical, social, community, legal, financial, and other needed services. Non-Medical Case management services may also include assisting eligible clients to obtain access to other public and private programs for which they may be eligible, such as Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, other state or local health care and supportive services, or health insurance Marketplace plans. This service category includes several methods of communication including face-to-face, phone contact, and any other forms of communication deemed appropriate by the RWHAP Part recipient. Key activities include: Initial assessment of service needs, Development of a comprehensive, individualized care plan, Continuous client monitoring to assess the efficacy of the care plan, Re-evaluation of the care plan at least every 6 months with adaptations as necessary, Ongoing assessment of the client's and other key family members' needs and personal support systems.

EMERGENCY FINANCIAL ASSISTANCE (EFA)

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

Direct cash payments to clients are not permitted.

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

FOOD BANK/HOME-DELIVERED MEALS

Food Bank/Home Delivered Meals refers to the provision of actual food items, hot meals, or a voucher program to purchase food. This also includes the provision of essential non-food items that are limited to the following: Personal hygiene products, household cleaning supplies, water filtration/purification systems in communities where issues of water safety exist.

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

HOUSING SERVICES

Housing services provide limited short-term assistance to support emergency, temporary, or transitional housing to enable a client or family to gain or maintain outpatient/ambulatory health services. Housing-related referral services include assessment, search, placement, advocacy, and the fees associated with these services. Housing services are transitional in nature and for the purposes of moving or maintaining a client or family in a long-term, stable living situation. Therefore, such assistance cannot be provided on a permanent basis and must be accompanied by a strategy to identify, relocate, and/or ensure the client or family is moved to, or capable of maintaining, a long-term, stable living situation.

Eligible housing can include housing that provides some type of medical or supportive services (such as residential substance use disorder services or mental health services, residential foster care, or assisted living residential services) and housing that does not provide direct medical or supportive services, but is essential for a client or family to gain or maintain access to and compliance with HIV-related outpatient/ambulatory health services and treatment.

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

MEDICAL TRANSPORTATION SERVICES

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. Medical transportation may be provided through: Contracts with providers of transportation services. Mileage reimbursement (through a non-cash system) that enables clients to travel to needed medical or other support services, but should not in any case exceed the established rates for federal Programs (Federal Joint Travel Regulations provide further guidance on this subject) Purchase or lease of organizational vehicles for client transportation programs, provided the recipient receives prior approval for the purchase of a vehicle Organization and use of volunteer drivers (through programs with insurance and other liability issues specifically addressed) Voucher or token systems

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

SUBSTANCE ABUSE SERVICES (RESIDENTIAL)

Substance Abuse Services (residential) is the provision of services for the treatment of drug or alcohol use disorders in a residential setting to include screening, assessment, diagnosis, and treatment of substance use disorder. This service includes: Pretreatment/recovery readiness programs, harm reduction, behavioral health counseling associated with substance use disorder, medication assisted therapy, neuro-psychiatric pharmaceuticals, relapse prevention, detoxification, if offered in a separate licensed residential setting (including a separately-licensed detoxification facility within the walls of an inpatient medical or psychiatric hospital).

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

PSYCHOSOCIAL SUPPORT SERVICES

Psychosocial Support Services provide group or individual support and counseling services to assist eligible people living with HIV to address behavioral and physical health concerns. These services may include: bereavement counseling, caregiver/respite support (RWHAP Part D), child abuse and neglect counseling, HIV support groups, nutrition counseling provided by a non-registered dietitian (see Medical Nutrition Therapy Services), pastoral care/counseling services.

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

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

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

OTHER PROFESSIONAL SERVICES

Other Professional Services allow for the provision of professional and consultant services rendered by members of particular professions licensed and/or qualified to offer such services by local governing authorities. Such services may include: Legal services provided to and/or on behalf of the individual living with HIV and involving legal matters related to or arising from their HIV disease, including: Assistance with public benefits such as Social Security Disability Insurance (SSDI), interventions necessary to ensure access to eligible benefits, including discrimination or breach of confidentiality litigation as it relates to services eligible for funding under the RWHAP Preparation of: Healthcare power of attorney, durable powers of attorney, living wills.

Permanency planning to help clients/families make decisions about the placement and care of minor children after their parents/caregivers are deceased or are no longer able to care for them, including: Social service counseling or legal counsel regarding the drafting of wills or delegating powers of attorney, preparation for custody options for legal dependents including standby guardianship, joint custody, or adoption, income tax preparation services to assist clients in filing Federal tax returns that are required by the Affordable Care Act for all individuals receiving premium tax credits.

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

FY 2019 PART A & MAI RANKING

Priority Setting Ranking	Service Categories	FY 2019 Allocation NEMA-Wide	FY 2018 Final Allocation NEMA-Wide	Change From FY 2018	comparison FY 2018 Allocation NEMA-Wide	FY 2017 Final Allocation NEMA-Wide	Change From FY 2017
1	Medical Case Management	33.15%	32.90%	0.25%	32.90%	31.20%	1.70%
2	Primary Medical Care	16.00%	16.00%	0.00%	16.00%	16.00%	0.00%
3	Housing Services	7.50%	8.00%	-0.50%	8.00%	9.00%	-1.00%
4	Medical Transportation Services	2.55%	2.55%	0.00%	2.55%	2.55%	0.00%
5	Early Intervention Services	0.50%	0.50%	0.00%	0.50%	0.50%	0.00%
6	Case Management Services (Non-	7.10%	6.60%	0.50%	6.60%	6.50%	0.10%
7	Emergency Financial Assistance	1.75%	1.75%	0.00%	1.75%	0.75%	1.00%
8	Mental Health Services	10.15%	9.90%	0.25%	9.90%	9.90%	0.00%
9	Substance Abuse Services (Residential)	1.35%	1.35%	0.00%	1.35%	1.35%	0.00%
10	Substance Abuse Services (Outpatient)	6.00%	7.00%	-1.00%	7.00%	7.70%	-0.70%
11	Health Insurance Premium and Cost-Sharing Assistance	1.00%	0.50%	0.50%	0.50%	1.50%	-1.00%
12	Oral Health Care	7.00%	7.00%	0.00%	7.00%	7.00%	0.00%
13	Food Bank/Home-Delivered Meals	1.50%	1.50%	0.00%	1.50%	1.60%	-0.10%
14	Other Professional Services	2.95%	2.95%	0.00%	2.95%	2.95%	0.00%
15	Medical Nutrition Therapy	1.20%	1.20%	0.00%	1.20%	1.20%	0.00%
16	Psycho Social Support Services	0.30%	0.30%	0.00%	0.30%	0.30%	0.00%
	TOTAL	100.00%	100.00%	0.00%	100.00%	100.00%	0.00%
	Core Medical	75.00%	75.00%		75.00%	75.00%	
	Support	25.00%	25.00%		25.00%	25.00%	

DIRECT CARE, TREATMENT AND SUPPORT SERVICES
FY 2019 RESOURCE ALLOCATION FOR CONTRACTING

PRIORITY SETTING RANKING	SERVICE CATEGORIES	COMPARISON		
		FY 2019 ALLOCATION NEMA-WIDE	FY 2018 FINAL ALLOCATION NEMA-WIDE	CHANGE FROM FY 2018
1	Medical Case Management	33.15%	32.90%	+0.25%
2	Primary Medical Care	16.00%	16.00%	0%
3	Housing Services	7.50%	8.00%	-0.5%
4	Medical Transportation Services	2.55%	2.55%	0%
5	Early Intervention Services	0.50%	0.50%	0%
6	Case Management Services (Non-Medical)	7.10%	6.60%	+0.5%
7	Emergency Financial Assistance	1.75%	1.75%	0%
8	Mental Health Services	10.15%	9.90%	+0.25%
9	Substance Abuse Services (Residential)	1.35%	1.35%	0%
10	Substance Abuse Services (Outpatient)	6.00%	7.00%	-1.0%
11	Health Insurance Premium and Cost-Sharing Assistance	1.0%	0.50%	+0.5%
12	Oral Health Care	7.00%	7.00%	0%
13	Food Bank/Home-Delivered Meals	1.50%	1.50%	0%
14	Other Professional Services	2.95%	2.95%	0%
15	Medical Nutrition Therapy	1.20%	1.20%	0%
16	Psycho Social Support Services	0.30%	0.30%	0%
	TOTAL	100.00%	100.00%	

ALLOCATION GUIDANCE

An ongoing dialogue between the Recipient and Planning Council is always important; Sharing information is essential to enable the Recipient and Planning Council to work together to establish the ideal continuum of HIV care in the Newark EMA. The following is the guidance for the allocation of all Part A funds awarded to the Newark EMA (formula and supplemental funds) and Minority AIDS Initiative (MAI) funds:

- **Unexpended funds:** If money is under-expended in any service category, due to insufficient service capacity or a lack of service providers, the Recipient is instructed to fund higher priority services within the county first, a neighboring county secondly, and lastly EMA wide.

- **Range:** The Recipient is expected to fund all service categories under direct care, treatment and support services as closely to the aforementioned percentages as possible. The Planning Council must be notified in the event that the Recipient is unable to expend a specific service category within a range of **(+/-25%)** of the Planning Council's priority percentage. An agreement between the Planning Council's Executive Committee and the Recipient must be reached before any funds are used to purchase services beyond this range. The Executive Committee will meet within two business days of a request from the Recipient.

  The **(+/-25%)** is in respect to each and every line. For example, if "medical case management" is given a priority percentage of 15%, and that percentage equates to $360,000, the Recipient is expected to spend $360,000 but, under extraordinary conditions, may spend as little as 11.25% ($270,000) or as much as 18.75% ($450,000) of the direct care, treatment and support services dollars for "medical case management" without notifying the Planning Council.

- **NEMA-wide division of dollars:** In the initial allocation, the dollars for Direct Care, Treatment and Support Services (85% of the entire Ryan White Part A funding) will be distributed as follows:
  The Recipient is advised that the allocation for the Morris, Sussex and Warren region shall not equal less than 8.9% of the EMA total allocation, the allocation for Union shall not equal less than 21.0% of the EMA total allocation and the allocation for Essex shall not equal less than 70.1%. All allocations are expected to be on target.

- **Allocation versus Re-allocation:** This Allocation Guidance is expected to be adhered to during the initial allocation of Part A dollars (March 1, 2019). This report is also expected to provide the Recipient with guidance through the first nine months of the fiscal year. In allocating any unexpended funds during the final quarter, it is understood that the Recipient will follow this report to the best of its ability and consultation with the Planning Council will not be necessary.