Newark Eligible Metropolitan Area (EMA)
HIV Health Services Planning Council

PRIORITY SETTING AND RESOURCE ALLOCATION (PSRA) REPORT

FY 2022

(March 1, 2022 - February 29, 2023)

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Table of Contents

Introduction 3

Direction for HIV Services in FY2022 5

Impact of HIV on Racial/Ethnic Minorities in the EMA 6

Early Identification of Individuals with HIV AIDS (EIIHA) 6

Unmet Need 6

Minority AIDS Initiative (Minority HIV/AIDS Fund) 6

Resource Allocations – Geographical Needs and Parity 7

Allocation of Funds 8

Direct Care, Treatment and Support Services: Definitions 8

Core Medical Services (8) 9

Support Services (8) 12

FY 2022 Part A and MAI Ranking 15

Allocation Guidance 16

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 provide optimal HIV care and treatment for people with HIV who are low-income, uninsured, and underserved, to improve their medical outcomes.[1]

On July 13, 2010, the White House Office of National AIDS Policy, released the original National HIV/AIDS Strategy to re-focus the response to the HIV epidemic in the United States. The Strategy articulated a clear vision and detailed a set of priorities and strategic action steps tied to measurable outcomes, providing a roadmap for moving the Nation forward in addressing the domestic HIV epidemic. Then, in July 2015, the National HIV/AIDS Strategy for the United States. This Strategy reflected the work accomplished and the new scientific developments since 2010 and charted a course for collective action across the Federal government and all sectors of society to move us close to the Strategy's vision. [2] Then again in 2020, the National Strategic Plan: A Roadmap to End the Epidemic for the United States | 2021–2025 was released serving as a new roadmap for ending the HIV epidemic in the United States by 2030. The HIV Plan is the nation's third consecutive five-year national HIV strategy and covers 2021-2025, with a 10-year goal of reducing new HIV infections by 90% by 2030.

The Newark EMA developed an Integrated HIV Prevention and Care Plan to address goals set forth in the updated National HIV/AIDS Strategy 2020. The purpose of this plan was 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 created six goals that have been included in its Integrated HIV Prevention and Care Plan: 1) reduce new infections 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 87% EMA wide, 5) increase prescription of ARV to 98% EMA wide, and 6) coordinate NEMA located care and treatment and prevention services annually. All goals are to be accomplished by 2021.

The Newark EMA is now prepared to update and revise these goals once the HRSA's HIV/AIDS Bureau and the Centers for Disease Control and Prevention's (CDC) Division of HIV/AIDS Prevention (DHAP) release guidance regarding the updated Integrated HIV Prevention and Care Plan for the calendar years 2022 – 2027.[3] The HIV National Strategic Plan (2021-2025) focuses on four goals: 1) Prevent new HIV infections, 2) Improve HIV-related health outcomes of people with HIV, 3) Reduce HIV-related disparities and health inequities, and 4) Achieve integrated and coordinated efforts that address the HIV epidemic among all partners and stakeholders. We expect some updates during the planned release date of June 2021, with submissions targeted for December of 2022.[4] The NHAS serves as a guide for local efforts addressing the HIV epidemic. Furthermore, NHAS requires the Federal government and State, as well as 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 goals of the National HIV/AIDS Strategic Plan.
The Ryan White HIV/AIDS Program is the largest Federal program focused exclusively on HIV/AIDS care. The program serves individuals living with HIV/AIDS who have no public or private health insurance, have insufficient

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[1] HRSA HAB. FY 2022 Ryan White HIV/AIDS Program Part A Notice of Funding Opportunity
[2] U.S. Department of Health & Human Services, www.hiv.gov
[3] U.S. Department of Health and Human Services. 2021. HIV National Strategic Plan for the United States: A Roadmap to End the Epidemic 2021–2025. Washington, DC.
[4] DCL Integrated HIV Prevention and Care Plan Guidance - February 2021

health care coverage, or lack financial resources to get the care needed to manage HIV. 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 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 for PLWHA, findings and recommendations from the Council's 2021 Needs Assessment Update, the **2017-2021 Integrated HIV Prevention and Care Plan**, and the Statewide Coordinated Statement of Need (SCSN), as well as, the input from the Planning Council's three standing committees and consumers in planning for the continuum of HIV care in the Newark EMA.

Ending the HIV Epidemic: A Plan for America

In February 2019, the Administration announced a new initiative, Ending the HIV Epidemic: A Plan for America. This 10-year initiative beginning FY 2020 seeks to achieve the important goal of reducing new HIV infections in the United States to less than 3,000 per year by 2030. Across the United States, the initiative will promote and implement four Pillars to substantially reduce HIV transmissions – Diagnose, Treat, Protect, and Respond. To achieve maximum impact, the Ending the HIV Epidemic initiative focuses its Phase I efforts in 48 counties, Washington, DC, and San Juan, Puerto Rico, where >50% of HIV diagnoses occurred in 2016 and 2017, and an additional seven states with a substantial number of HIV diagnoses in rural areas, bringing the total number of Phase I jurisdictions to 57.

In New Jersey, the Essex and Hudson Counties were identified as priority jurisdictions. As such, both jurisdictions created the New Jersey's Strategic Plan: Essex and Hudson Counties 2020-2030, a plan that concentrates specifically on the needs of Essex and Hudson County. To end the HIV epidemic in Essex and Hudson Counties, the plan established seven overarching goals:

1. Increase organizational capacity and collaboration for EHE (Planning and Development)
2. Develop comprehensive data sharing and data-to-care system and infrastructure (Planning and Development)
3. Promote access to testing so that 100% of persons living with HIV/AIDS know their status (Pillar One: Diagnose)
4. Increase linkage to care and VLS to 90% (Pillar 2: Treat)
5. Reduce the number of new HIV infections by 75% (Pillar 3: Prevent)
6. Respond to Cluster Detection Activities (Pillar 4: Respond)
7. Evaluate Performance on EHE (Evaluation)" - Essex and Hudson Counties Ending the HIV Epidemic Plan

The RWHAP promotes robust advances and innovations in HIV health care using national goals to end the epidemic as its framework. Therefore, activities funded by RWHAP focus on addressing these four goals:

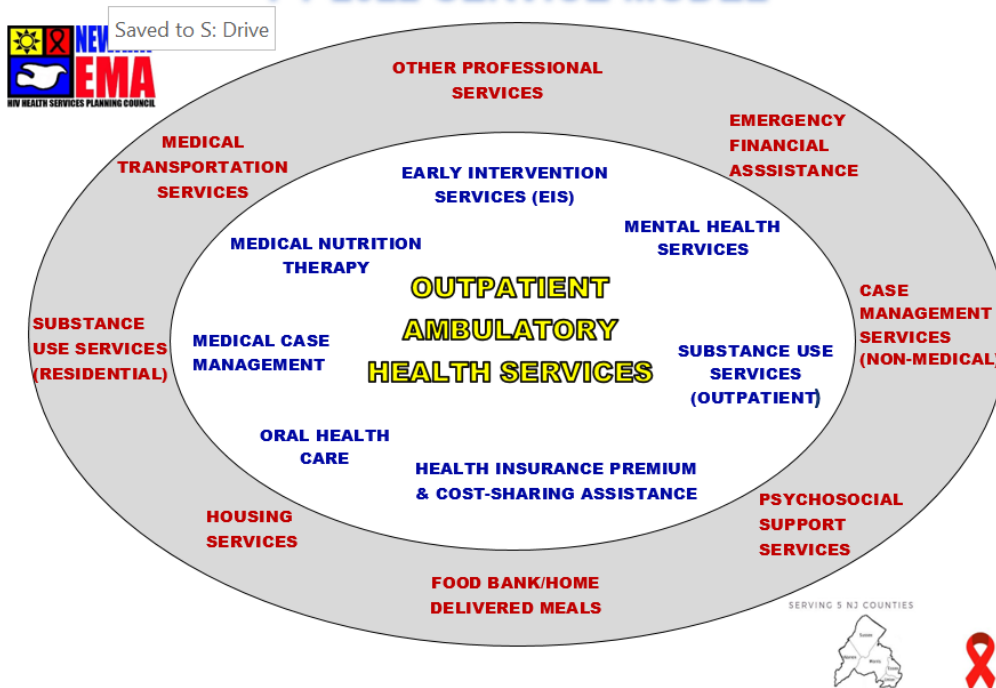
1) Reduce new HIV infections;
2) Increase access to care and improve health outcomes for PLWH;
3) Reduce HIV-related health disparities and health inequities; and
4) Achieve a more coordinated national response.

To achieve these shared goals, recipients should align their organization's efforts, within the parameters of the RWHAP statute and program guidance, to ensure that PLWH are linked to and retained in care, and have timely access to HIV treatment and the supports needed (e.g., mental health and substance use disorder services) to achieve HIV viral suppression.

Direction for HIV Services in FY2022

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 reviewed for **FY 2022** and is depicted on the following page. The eight "core" services are[5]:

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



[5] Service categories reflect changes outlined on HRSA's Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds Policy Clarification Notice (PCN) #16-02 (Revised 10/22/18)

Impact of HIV on Racial/Ethnic Minorities in the EMA

As in previous years, the 2019 Newark EMA Epidemiological Profile, showed the **high prevalence of HIV among Black/African American PLWHA, and 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 2022 Minority AIDS Initiative (MAI)** to service agencies should reflect these prevalence rates and help target the needs of these populations throughout the EMA. [6]

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. as announced by HRSA, the Council acknowledges that in the years since the original Unmet Need methodology was put in place, the treatment of HIV disease has changed significantly due to the effectiveness of antiretroviral treatment (ART). In addition, the availability and quality of data used to estimate unmet need have improved. Therefore, with guidance from HRSA/HAB the Council will follow the updated Unmet Need Framework beginning in FY 2022. This framework will consider population-level estimates and analyses based on HIV surveillance data, including the following:

- The number of people with late diagnosed HIV;
- The estimated number of people living with diagnosed HIV infection in the jurisdiction who arenot in care (have unmet need);
- The estimated number of people living with diagnosed HIV infection in the jurisdiction who are in care, not virally suppressed; and
- The estimated number of people from three priority populations (selected by the jurisdiction) newly diagnosed, with late diagnosed HIV, unmet need, and in care not virally suppressed.[7]

Minority AIDS Initiative (Minority HIV/AIDS Fund)

For FY 2022, 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. These funds must target minority communities including African American and Hispanic women, as well as infants, children and youth.

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[6] 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. The NJ HIV State report was not yet published on its website so the EMA requested the data ahead of time. This 2019 Profile was used to confirm the impact of HIV on racial/ethnic minorities in the EMA.

[7] Methodology for Estimating Unmet Need Instruction Manual - https://targethiv.org/library/methodology-estimating-unmet-need-instruction-manual

MAI Service Priorities - FY 2022	
MAI Priority Ranking	**Service Categories**
1	Medical Case Management, Including Treatment Adherence Services
2	Outpatient/Ambulatory Health Services
3	Housing
4	Medical Transportation
5	Early Intervention Services (EIS)
6	Non-Medical Case Management Services
7	Emergency Financial Assistance (EFA)
8	Mental Health Services
9	Substance Abuse Services (Residential)
10	Substance Abuse Outpatient Care
11	Health Insurance Premium and Cost-Sharing Assistance for Low-Income Individuals
12	Oral Health Care
13	Food Bank/Home-Delivered Meals
14	Other Professional Services
15	Medical Nutrition Therapy
16	Psychosocial Support Services

Resource Allocations – Geographical Needs and Parity

An important goal of the Ryan White Part A 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. The counties/regions work collaboratively to develop resource allocations for the EMA 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 2022, weighted allocations are based on the latest HIV surveillance data available reported through 12/31/19 as outlined in the December 31, 2019 NJ HIV/AIDS report[8] for the EMA as a whole. Final allocations further reflect HIV surveillance data from each of the regions within the Newark EMA.

Region	# PLWHA		% PLWHA
Essex County		**9,658**	**69.9%**
Union County		**2,910**	**21.0%**
Morris, Sussex, Warren Counties	Morris: 873	**1,258**	**9.1%**
	Sussex: 183		
	Warren: 202		
Total		**13,826**	**100%**

[8] The 2019 Epidemiological Profile data was used to confirm the impact of HIV on racial/ethnic minorities in the EMA. This is the most recent data received from NJDOH staff, not yet available on the NJDOH website. http://www.nj.gov/health/hivstdtb/hiv-aids/statmap.shtml

Allocation of Funds

The allocation of the FY 2022 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[9]	5.0%
Direct Care, Treatment and Support Services	85.0%
Total	100.0%

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

The dollars for Direct Care, Treatment and Support Services, which is about **85.0%** of Ryan White Part A funds, will be distributed as follows: with allocations for the Morris, Sussex, and Warren regions of not less than **9.1%** of the total EMA funding.

Regions	% of all care, treatment and support dollars
Essex County (not less than 69.9% of the EMA total)+ Morris, Sussex, Warren Counties (not less than 9.1% 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.

[9] 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)

OUTPATIENT/AMBULATORY HEALTH SERVICES

Outpatient/Ambulatory Health Services provide diagnostic and therapeutic-related activities directly to a client by a licensed healthcare provider in an outpatient medical setting. Outpatient medical settings may include: clinics, medical offices, mobile vans, using telehealth technology, and urgent care facilities for HIV-related visits.

Allowable activities include:
- Medical history taking
- Physical examination
- Diagnostic testing (including HIV confirmatory and viral load testing), as well as laboratory testing
- Treatment and management of physical and behavioral health conditions
- Behavioral risk assessment, subsequent counseling, and 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, including audiology and ophthalmology

EARLY INTERVENTION SERVICES (EIS)

RWHAP Parts A EIS services may include any of 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*
  - *Sub-recipients must coordinate these testing services with their C&T partner.*
  - *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 activities include outpatient diagnosis, prevention, and therapy provided 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, (*Modified for the Newark EMA, based on PCN 16-02*)

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 related to metabolic syndrome/lifestyle

These activities can be provided in individual and/or group settings and outside of HIV Outpatient/Ambulatory Health Services.

MEDICAL CASE MANAGEMENT (INCLUDING TREATMENT ADHERENCE SERVICES)

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 provided under this service category may be provided 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 activities 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 USE OUTPATIENT CARE

Substance Use Outpatient Care is the provision of outpatient services for the treatment of drug or alcohol use disorders. Activities under Substance Use Outpatient Care service category 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

HEALTH INSURANCE PREMIUM AND COST-SHARING ASSISTANCE FOR LOW-INCOME INDIVIDUALS

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. For purposes of this service category, health insurance also includes standalone dental insurance. The service provision consists 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; and/or
- Paying standalone dental insurance premiums to provide comprehensive oral health care services for eligible clients; and/or
- Paying cost sharing on behalf of the client.

To use HRSA RWHAP funds for health insurance premium assistance (not standalone dental insurance assistance), a HRSA RWHAP Part recipient must implement a methodology that incorporates the following requirements:

- Clients obtain health care coverage that at a minimum, includes at least one U.S. Food and Drug Administration (FDA) approved medicine in each drug class of core antiretroviral medicines outlined in the U.S. Department of Health and Human Services' Clinical Guidelines for the Treatment of HIV, as well as appropriate HIV outpatient/ambulatory health services; and
- The cost of paying for the health care coverage (including all other sources of premium and cost sharing assistance) is cost-effective in the aggregate versus paying for the full cost for medications and other appropriate HIV outpatient/ambulatory health services (HRSA RWHAP Part A, HRSA RWHAP Part B, HRSA RWHAP Part C, and HRSA RWHAP Part D).

To use HRSA RWHAP funds for standalone dental insurance premium assistance, an HRSA RWHAP Part recipient must implement a methodology that incorporates the following requirement:

- HRSA RWHAP Part recipients must assess and compare the aggregate cost of paying for the standalone dental insurance option versus paying for the full cost of HIV oral health care services to ensure that purchasing standalone dental insurance is cost effective in the aggregate, and allocate funding to Health Insurance Premium and Cost Sharing Assistance only when determined to be cost effective.

SERVICE CATEGORY DEFINITIONS

Support Services (8)

NON-MEDICAL CASE MANAGEMENT SERVICES

Non-Medical Case Management Services (NMCM) is the provision of a range of client-centered activities focused on improving access to and retention in needed core medical and support services. NMCM provides coordination, guidance, and assistance in accessing medical, social, community, legal, financial, employment, vocational, and/or other needed services. NMCM 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, Children's Health Insurance Program, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, Department of Labor or Education-funded services, other state or local health care and supportive services, or private health care coverage plans. NMCM Services includes all types of case management encounters (e.g., face-to-face, telehealth, phone contact, and any other forms of communication).

EMERGENCY FINANCIAL ASSISTANCE (EFA)

Emergency Financial Assistance provides limited one-time or short-term payments to assist an HRSA RWHAP client with an urgent need for essential items or services necessary to improve health outcomes, including: utilities, housing, food (including groceries and food vouchers), transportation, medication not covered by an AIDS Drug Assistance Program or AIDS Pharmaceutical Assistance, or another HRSA RWHAP-allowable cost needed to improve health outcomes. Emergency Financial Assistance must occur as a direct payment to an agency or through a voucher program.

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

HOUSING

Housing provides transitional, short-term, or emergency housing assistance to enable a client or family to gain or maintain outpatient/ambulatory health services and treatment, including temporary assistance necessary to prevent homelessness and to gain or maintain access to medical care. Activities within the Housing category must also include the development of an individualized housing plan, updated annually, to guide the client's linkage to permanent housing.

Eligible housing can include:

- Core medical or support services (such as residential substance use disorder services or mental health services, residential foster care, or assisted living residential services).
  The necessity of housing services for the purposes of medical care must be documented.

Housing activities also include housing referral services, including assessment, search, placement, and housing advocacy services on behalf of the eligible client, as well as fees associated with these activities.

MEDICAL TRANSPORTATION

Medical Transportation is the provision of nonemergency transportation that enables an eligible client to access or be retained in core medical and support services.

SUBSTANCE USE SERVICES (RESIDENTIAL)

Substance Use Services (residential) activities are those provided for the treatment of drug or alcohol use disorders in a residential setting to include screening, assessment, diagnosis, and treatment of substance use disorder.
Activities provided under the Substance Use Services (residential) service category include:

- 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)

PSYCHOSOCIAL SUPPORT SERVICES, (*Modified for the Newark EMA, based on PCN 16-02*)
Psychosocial Support Services provide group or individual support and counseling services to assist HRSA RWHAP-eligible PLWH to address behavioral and physical health concerns. Activities provided under the Psychosocial Support Services may include:

- Bereavement counseling
- Caregiver/respite support (HRSA 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
- Support and counseling activities

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 HRSA RWHAP-eligible PLWH 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 HRSA 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.

For additional guidance and information see:
-HRSA PCN 16-02: https://hab.hrsa.gov/program-grants-management/policy-notices-and-program-letters
-Newark EMA Service Standards: https://www.nemaplanningcouncil.org/service-standards
-Newark EMA Recipient RFP: http://www.futurebridge.net/ryanwhite/

FY 2022 Part A and MAI Ranking

		COMPARISON		
Priority Setting Ranking	Service Categories	FY 2022 Recommended Percentage NEMA-wide (Non 75/25)	FY 2021 Final PC Allocation NEMA-wide (Non 75/25)	FY2020 Final PC Allocation NEMA-wide (Non 75/25)
1	Medical Case Management, including Treatment Adherence	**35.15%**	35.15%	35.15%
2	Outpatient Ambulatory Health Services	**12.75%**	13.15%	13.00%
3	Housing Services	8.50%	8.50%	8.60%
4	Medical Transportation Services	**2.60%**	2.50%	2.50%
5	Early Intervention Services	**0.20%**	0.25%	0.25%
6	Non-Medical Case Management Services	8.00%	8.00%	8.00%
7	Emergency Financial Assistance	**2.80%**	2.70%	3.00%
8	Mental Health Services	9.00%	9.00%	9.00%
9	Substance Abuse Services (Residential)	1.65%	1.65%	1.65%
10	Substance Abuse Outpatient Care	6.05%	6.05%	6.05%
11	Health Insurance Premium and Cost-Sharing Assistance	0.50%	0.50%	0.50%
12	Oral Health Care	**7.10%**	7.00%	7.00%
13	Food Bank/Home-Delivered Meals	**1.40%**	1.25%	1.00%
14	Other Professional Services	3.00%	3.00%	3.00%
15	Medical Nutrition Therapy	1.00%	1.00%	1.00%
16	Psychosocial Support Services	0.30%	0.30%	0.30%
	TOTAL	**100.00%**	**100.00%**	**100.00%**

Core Medical	71.75%	72.10%	71.95%
Support	28.25%	27.90%	28.05%
TOTAL	100.00%	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 allocation shall have flexibility to consider the ever-evolving needs of the community.

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:

- **Core Medical Service Waiver**: If the allocations are different from 75/25, then the recipient must submit a request for a core medical service waiver to respond to the needs of PLWH in the EMA.
- **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 or those needing greater allocation based on demonstrated need 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, 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 geographical allocations for Morris, Sussex, Warren, Union, and Essex County are reflective of the current epidemiological data and documented geographical need.
- **Allocation versus Re-allocation:** This Allocation Guidance is expected to be adhered to during the initial allocation of Part A dollars (March 1, 2022). 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.