

Philadelphia HIV Integrated Planning Council Allocation Materials

July, 2024



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Outpatient/Ambulatory Health Services

HRSA Service Definition

Outpatient/Ambulatory Health Services

Description:

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

Program Guidance:

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.

*As part of Outpatient and Ambulatory Medical Care, provision of **laboratory tests** integral to the treatment of HIV infection and related complications*

Number of Clients Served, Units Provided, Expenditures*, Allocation* and Over/Under-spending

Year	2017	2018	2019	2020	2021	2022	2023
Medical Care Clients	11,176	11,056	11,617	10,848	11,078	10,911	10,627
Medical Care Units (Dr. visit)	35,662	36,606	35,511	32,003	31,838	30,205	33,509
Medical Care Dollars	7,104,406	7,362,705	7,328,009	6,786,955	\$6,874,190	\$6,847,595	\$6,830,731
Allocated Dollars	7,162,288	7,055,207	6,952,646	6,915,452	\$6,900,099	\$6,965,625	\$6,956,483
Over/Under-spending	\$57,882	\$307,498	\$375,363	\$128,497	\$25,909	\$118,030	\$125,752

Funding by Part, and info on any other payers

	Total Part A Funds (Formula + Supp.)	MAI	Total Part B Funds (Formula + Supp. NJ)*	Total Part B Funds (Formula + Supp. PA)	Total Part C EIS Funds	Total Part D Funds (State & Local)	Total Part F Funds SPNS
Last Year Allocation	\$6,606,720	\$349,763	\$45,000	\$812,384	\$4,474,217		
Current Allocation	\$6,531,644	\$343,831					

*Laboratory & Diagnostic tests

Consumer survey info 2017 n=392

	n	Used in the last 12 months	Needed but did not get (last 12 months)
Ambulatory Health Services	242	93.8%	6.2%

Community Survey 2022 Service Responses n=236

	I never personally needed this service	I needed this service and received it	I needed but did not get this service	I never heard of this service
Ambulatory Health Services	15.25%	53.81%	2.12%	2.12%

Unmet need

For the purposes of this document, need is based on the response of a consumer when asked if there was a service they needed. MMP interviews patients in care and asks consumers if they need a service and if they receive it. Client services unit data identifies needs at the time of initial intake.

	2020-2022 MMP Percent with a Need (weighted)	2023 Client Services Unit Need at Intake
Ambulatory Health Services	32.16%	16.88%

Recipient Service Considerations

TBD

6	Service Descriptions
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Medical Case Management, including Treatment Adherence

HRSA Service Definition

Medical Case Management, including Treatment Adherence Services

Description:

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).

Program Guidance:

Medical Case Management services have as their objective **improving health care outcomes** whereas Non-Medical Case Management Services have as their objective providing guidance and assistance in improving access to needed services. Visits to ensure readiness for, and adherence to, complex HIV treatments shall be considered Medical Case Management or Outpatient/Ambulatory Health Services. Treatment Adherence Services provided during a Medical Case Management visit should be reported in the Medical Case Management service category whereas Treatment Adherence services provided during an Outpatient/Ambulatory Health Service visit should be reported under the Outpatient/Ambulatory Health Services category.

Number of Clients Served, Units Provided, Expenditures*, Allocation and Over/Under-spending

Year	2017	2018	2019	2020	2021	2022	2023
Case Management Clients	5,886	5,920	5,718	5,133	5,477	5,285	4,198
Case Management Units (15 min)	542,174	481,842	434,006	389,348	399,158	392,514	318,815
Case Management Dollars	7,047,089	6,956,416	6,963,980	\$6,714,635	\$6,965,074	\$6,750,960	\$6,783,374
Allocated Dollars	7,104,482	7,003,445	6,940,315	\$6,930,062	\$6,872,427	\$7,011,706	\$7,033,486
Over/Under-spending	\$57,393	\$47,029	\$23,665	\$215,427	\$92,647	\$260,746	\$250,112

Funding by Part, and info on any other payers

	Total Part A Funds (Formula + Supp.)	MAI	Total Part B Funds (Formula + Supp. NJ)	Total Part B Funds (Formula + Supp. PA)	Total Part C EIS Funds	Total Part D Funds	Total Part F Funds
Last Year Allocation	\$5,707,130	\$1,326,356	\$511,000	\$2,683,918			
Current Allocation	\$5,642,277	\$1,303,859					

Consumer survey info 2017 n=392

	N	Used in the last 12 months	Needed but did not get (last 12 months)
Medical Case Management	210	89.0%	11.0%

Community Survey 2022 Service Responses n=236

	I never personally needed this service	I needed this service and received it	I needed but did not get this service	I never heard of this service
Medical Case Management	20.76%	46.61%	5.93%	0.85%

Unmet need

For the purposes of this document, need is based on the response of a consumer when asked if there was a service they needed. MMP interviews patients in care and asks consumers if they need a service and if they receive it. Client services unit data identifies needs at the time of initial intake.

	2020-22 MMP Percent with a Need (weighted)	2023 Client Services Unit Need at Intake
Medical Case Management	10.18%	100%

Treatment Adherence under CSU was 30.21%

Recipient Service Considerations

TBD

Oral Health Care (Dental)

HRSA Service Definition

Oral Health Care

Description:

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.

Program Guidance:

None at this time.

Number of Clients Served, Units Provided, Expenditures, Allocation and Over/Under-spending

Year	2017	2018	2019	2020	2021	2022	2023
Oral Health Clients	1,584	1,721	1,735	1,154	1,349	1,505	1,476
Oral Health Units (visit)	6,580	7,371	7,431	4,502	6,436	6,729	6,961
Oral Health Dollars	807,818	806,350	786,390	755,919	\$755,727	\$777,733	\$813,998
Allocated Dollars	782,166	770,275	763,594	758,455	\$758,393	\$774,188	\$792,156
Over/Under-spending	\$25,652	\$36,075	\$22,796	\$2,536	\$2,666	\$3,545	\$21,842

Funding by Part, and info on any other payers

	Total Part A Funds (Formula + Supp.)	MAI	Total Part B Funds (Formula + Supp. NJ)	Total Part B Funds (Formula + Supp. PA)	Total Part C EIS Funds	Total Part D Funds	Total Part F Funds
Last Year Allocation	\$792,156		\$341,000	\$110,620			\$131,565
Current Allocation	\$783,154						

Consumer survey info 2017 n=392

	N	Used in the last 12 months	Needed but did not get (last 12 months)
Oral Health Care	247	84.9%	15.1%

Community Survey 2022 Service Responses n=236

	I never personally needed this service	I needed this service and received it	I needed but did not get this service	I never heard of this service
Oral Health Care	14.83%	50.00%	7.63%	1.27%

Unmet need

For the purposes of this document, need is based on the response of a consumer when asked if there was a service they needed. MMP interviews patients in care and asks consumers if they need a service and if they receive it. Client services unit data identifies needs at the time of initial intake.

	2020-22 MMP Percent with a Need (weighted)	2023 Client Services Unit Need at Intake
Oral Health Care	24.41%	21.34%

Recipient Service Considerations

TBD

Local AIDS Pharmaceutical Assistance Program

HRSA Service Definition

Local AIDS Pharmaceutical Assistance

Description:

AIDS Pharmaceutical Assistance services fall into two categories, based on RWHAP Part funding.

1. Local Pharmaceutical Assistance Program (LPAP) is operated by a RWHAP Part A or B recipient or sub-recipient as a supplemental means of providing medication assistance when an ADAP has a restricted formulary, waiting list and/or restricted financial eligibility criteria.

RWHAP Part A or B recipients using the LPAP service category must establish the following:

- Uniform benefits for all enrolled clients throughout the service area
- A recordkeeping system for distributed medications
- An LPAP advisory board
- A drug formulary approved by the local advisory committee/board
- A drug distribution system
- A client enrollment and eligibility determination process that includes screening for ADAP and LPAP eligibility with rescreening at minimum of every six months
- Coordination with the state's RWHAP Part B ADAP
 - A statement of need should specify restrictions of the state ADAP and the need for the LPAP
- Implementation in accordance with requirements of the 340B Drug Pricing Program and the Prime Vendor Program

2. Community Pharmaceutical Assistance Program is provided by a RWHAP Part C or D recipient for the provision of long-term medication assistance to eligible clients in the absence of any other resources. The medication assistance must be greater than 90 days.

RWHAP Part C or D recipients using this service category must establish the following:

- A financial eligibility criteria and determination process for this specific service category
- A drug formulary consisting of HIV primary care medications not otherwise available to the client
- Implementation in accordance with the requirements of the 340B Drug Pricing Program and the Prime Vendor Program

Program Guidance:

For LPAPs: Only RWHAP Part A grant award funds or Part B Base award funds may be used to support an LPAP. ADAP funds may not be used for LPAP support. LPAP funds are not to be used for Emergency Financial Assistance. Emergency Financial Assistance may assist with medications not covered by the LPAP.

For Community Pharmaceutical Assistance: This service category should be used when RWHAP Part C or D funding is expended to routinely refill medications. RWHAP Part C or D recipients should use the Outpatient Ambulatory Health Services or Emergency Financial Assistance service for non-routine, short-term medication assistance.

See: Ryan White HIV/AIDS Program Part A and B National Monitoring Standards

<http://hab.hrsa.gov/manageyourgrant/files/fiscalmonitoringparta.pdf>

See also: LPAP Policy Clarification Memo <http://hab.hrsa.gov/manageyourgrant/files/lpapletter.pdf>

See also: AIDS Drug Assistance Program Treatments and Emergency Financial Assistance

Number of Clients Served, Units Provided, Expenditures, Allocation and Over/Under-spending

Year	2017	2018	2019	2020	2021	2022	2023
Drug Reimbursement Clients	325		264	285	222	203	242
Drug Reimbursement Units (30-day prescription) 14 day 2018	2,361		1,828	1,863	1,216	809	997
Drug Reimbursement Dollars	505,196	\$357,810	486,328	273,094	\$422,390	\$342,089	\$478,083
Allocated Dollars	505,503	\$497,810	486,328	483,762	\$483,762	\$480,992	\$468,501
Over/Under-spending	\$307	\$140,000	\$0	\$210,668	\$61,372	\$138,903	\$9,582

Funding by Part, and info on any other payers

	Total Part A Funds (Formula + Supp.)	MAI	Total Part B Funds (NJ)	Total Part B Funds (PA)	Total Part C EIS Funds	Total Part D Funds	Total Part F Funds
Last Year Allocation	\$468,501						
Current Allocation	\$463,177						

Consumer survey info 2017 n=392

	N	Used in the last 12 months	Needed but did not get (last 12 months)
Local AIDS Pharmaceutical Assistance	139	89.2%	10.8%

Community Survey 2022 Service Responses n=236

	I never personally needed this service	I needed this service and received it	I needed but did not get this service	I never heard of this service
Local AIDS Pharma Assistance	40.25%	29.66%	3.39%	5.08%

Unmet need

For the purposes of this document, need is based on the response of a consumer when asked if there was a service they needed. MMP interviews patients in care and asks consumers if they need a service and if they receive it. Client services unit data identifies needs at the time of initial intake.

	2020-22 MMP Percent with a Need (weighted)	2023 Client Services Unit Need at Intake
Local AIDS Pharmaceutical Assistance	2.84%	18.94%

Recipient Service Considerations

TBD

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Mental Health Services

HRSA Service Definition

Mental Health Services

Description:

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.

Program Guidance:

Mental Health Services are allowable only for HIV-infected clients.

See Psychosocial Support Services

Number of Clients Served, Units Provided, Expenditures, Allocation and Over/Under-spending

Year	2017	2018	2019	2020	2021	2022	2023
Mental Health Clients	2,287	1,862	2,068	1,443	1,593	1,642	1,958
Mental Health Units (session)	9,996	9,046	8,848	8,339	8,120	13,341	17,679
Mental Health Dollars	512,180	521,363	528,089	536,187	\$553,214	\$589,373	\$637,494
Allocated Dollars	550,353	541,986	544,685	540,414	\$540,395	\$572,149	\$579,124
Over/Under-spending	\$38,173	\$20,623	\$16,596	\$4,227	\$12,819	\$17,224	\$58,370

Funding by Part, and info on any other payers

	Total Part A Funds (Formula + Supp.)	MAI	Total Part B Funds (Formula + Supp. NJ)	Total Part B Funds (Formula + Supp. PA)	Total Part C EIS Funds	Total Part D Funds	Total Part F Funds
Last Year Allocation	\$579,124		\$224,379	\$63,704			
Current Allocation	\$572,543						

Consumer survey info 2017 n=392

	N	Used in the last 12 months	Needed but did not get (last 12 months)
Mental Health Services	166	75.3%	24.7%

Community Survey 2022 Service Responses n=236

	I never personally needed this service	I needed this service and received it	I needed but did not get this service	I never heard of this service
Mental Health Services	25.00%	37.71%	5.93%	2.12%

Unmet need

For the purposes of this document, need is based on the response of a consumer when asked if there was a service they needed. MMP interviews patients in care and asks consumers if they need a service and if they receive it. Client services unit data identifies needs at the time of initial intake.

	2020-22 MMP Percent with a Need (weighted)	2023 Client Services Unit Need at Intake
Mental Health Services	12.29%	29.45%

Recipient Service Considerations

TBD

Medical Nutrition Therapy

HRSA Service Definition

Medical Nutrition Therapy

Description:

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.

Program Guidance:

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 dietitian should be considered Psychosocial Support Services under the RWHAP.

See Food-Bank/Home Delivered Meals

Number of Clients Served, Units Provided, Expenditures, Allocation and Over/Under-spending

Year	2017	2018	2019	2020	2021	2022	2023
Medical Nutrition Clients	382	416	347	362	367	368	350
Medical Nutrition Units (15 minutes)	733	868	683	687	957	2,415	2,557
Medical Nutrition Dollars	58,806	59,609	59,612	56,913	\$59,588	\$66,027	\$77,999
Allocated Dollars	60,531	59,611	59,612	59,612	\$59,588	\$66,027	\$75,718
Over/Under-spending	\$1,725	\$2	\$0	\$2,699	\$0	\$0	\$2,281

Funding by Part, and info on any other payers

	Total Part A Funds (Formula + Supp.)	MAI	Total Part B Funds (Formula + Supp. NJ)	Total Part B Funds (Formula + Supp. PA)	Total Part C EIS Funds	Total Part D Funds	Total Part F Funds
Last Year Allocation	\$75,718		\$39,568				
Current Allocation	\$74,857						

Consumer survey info 2017 n=392

	N	Used in the last 12 months	Needed but did not get (last 12 months)
Medical Nutrition Therapy	157	75.2%	24.8%

Community Survey 2022 Service Responses n=236

	I never personally needed this service	I needed this service and received it	I needed but did not get this service	I never heard of this service
Medical Nutrition Therapy	29.66%	30.51%	6.78%	4.66%

Unmet need

For the purposes of this document, need is based on the response of a consumer when asked if there was a service they needed. MMP interviews patients in care and asks consumers if they need a service and if they receive it. Client services unit data identifies needs at the time of initial intake.

	2020-22 MMP Percent with a Need (weighted)	2023 Client Services Unit Need at Intake
Medical Nutrition Therapy	-	1.36%

Recipient Service Considerations

TBD

Substance Abuse Outpatient Care

HRSA Service Definition

Substance Abuse Outpatient Care

Description:

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

Program Guidance:

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.

See Substance Abuse Services (residential)

Number of Clients Served, Units Provided, Expenditures, Allocation and Over/Under-spending

Year	2017	2018	2019	2020	2021	2022	2023
Substance Abuse Clients	270	253	272	258	611	310	420
Substance Abuse Units (Out Pt. session)	12,821	18,011	16,747	11,205	12,103	10,763	9,657
Substance Abuse Dollars	359,604	346,487	599,590	610,577	\$595,315	\$536,808	\$613,764
Allocated Dollars	359,748	354,603	697,464	694,664	\$694,595	\$709,561	\$722,996
Over/Under-spending	\$144	\$8,116	\$97,874	\$84,087	\$99,280	\$172,753	\$109,232

Funding by Part, and info on any other payers

	Total Part A Funds (Formula + Supp.)	MAI	Total Part B Funds (Formula + Supp. NJ)	Total Part B Funds (Formula + Supp. PA)	Total Part C EIS Funds	Total Part D Funds	Total Part F Funds
Last Year Allocation	\$722,996			\$51,064			
Current Allocation	\$714,780						

Consumer survey info 2017 n=392

Within the consumers survey respondents were asked about Substance use treatment. No distinction was given between residential and outpatient.			
	N	Used in the last 12 months	Needed but did not get (last 12 months)
Substance Use Outpatient Care	85	60.0%	40.0%

Community Survey 2022 Service Responses n=236

	I never personally needed this service	I needed this service and received it	I needed but did not get this service	I never heard of this service
Substance Use Outpatient Care	42.37%	20.76%	2.97%	4.24%

Unmet need

For the purposes of this document, need is based on the response of a consumer when asked if there was a service they needed. MMP interviews patients in care and asks consumers if they need a service and if they receive it. Client services unit data identifies needs at the time of initial intake.

	2020-22 MMP Percent with a Need (weighted)	2023 Client Services Unit Need at Intake
Substance Use Outpatient Care	3.61%	7.35%

Recipient Service Considerations

TBD

Early Intervention Services

HRSA Service Definition

Early Intervention Services (EIS)

Description:

The RWHAP legislation defines EIS for Parts A, B, and C. See § 2651(e) of the Public Health Service Act.

Program Guidance:

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

- **RWHAP Part C EIS services must include the following four components:**
 - Counseling individuals with respect to HIV
 - High risk targeted HIV testing (confirmation and diagnosis of the extent of immune deficiency)
 - Recipients must coordinate these testing services under Part C EIS with other HIV prevention and testing programs to avoid duplication of efforts
 - The HIV testing services supported by Part C EIS funds cannot supplant testing efforts covered by other sources
 - Referral and linkage to care of HIV-infected clients to Outpatient/Ambulatory Health Services, Medical Case Management, Substance Abuse Care, and other services as part of a comprehensive care system including a system for tracking and monitoring referrals
 - Other clinical and diagnostic services related to HIV diagnosis

Number of Clients Served, Units Provided, Expenditures, Allocation and Over/Under-spending

Year

Early Intervention Clients						
Early Intervention Units (encounters**)						
Early Intervention Dollars						
Over/Under-spending						

Funding by Part, and info on any other payers

	Total Part A Funds (Formula + Supp.)	MAI	Total Part B Funds (Formula + Supp. NJ)	Total Part B Funds (Formula + Supp. PA)	Total Part C EIS Funds	Total Part D Funds	Total Part F Funds
Last Year Allocation					\$4,372,092		
Current Allocation							

Consumer survey info 2017 n=392

	N	Used in the last 12 months	Needed but did not get (last 12 months)
Early Intervention Services	-	-	-

Unmet need

For the purposes of this document, need is based on the response of a consumer when asked if there was a service they needed. MMP interviews patients in care and asks consumers if they need a service and if they receive it. Client services unit data identifies needs at the time of initial intake.

	2020-22 MMP Percent with a Need (weighted)	2023 Client Services Unit Need at Intake
Early Intervention Services	-	-

Recipient Service Considerations

Early Intervention Services

Home Health Care

HRSA Service Definition

Home Health Care

Description:

Home Health Care is the provision of services in the home that are appropriate to a client’s needs and are performed by licensed professionals. Services must relate to the client’s HIV disease and may include:

- Administration of prescribed therapeutics (e.g. intravenous and aerosolized treatment, and parenteral feeding)
- Preventive and specialty care
- Wound care
- Routine diagnostics testing administered in the home
- Other medical therapies

Program Guidance:

The provision of Home Health Care is limited to clients that are homebound. Home settings do not include nursing facilities or inpatient mental health/substance abuse treatment facilities.

Number of Clients Served, Units Provided, Expenditures, Allocation and Over/Under-spending

Year

Funding by Part, and info on any other payers

	Total Part A Funds (Formula + Supp.)	MAI	Total Part B Funds (Formula + Supp. NJ)	Total Part B Funds (Formula + Supp.t PA)	Total Part C EIS Funds	Total Part D Funds	Total Part F Funds
Last Year Allocation							
Current Allocation							

Consumer survey info 2017 n=392

	N	Used in the last 12 months	Needed but did not get (last 12 months)
Home Health Care	89	50.6%	49.4%

Community Survey 2022 Service Responses n=236

	I never personally needed this service	I needed this service and received it	I needed but did not get this service	I never heard of this service
Home Health Care	47.88%	16.10%	5.08%	4.24%

Unmet need

For the purposes of this document, need is based on the response of a consumer when asked if there was a service they needed. MMP interviews patients in care and asks consumers if they need a service and if they receive it. Client services unit data identifies needs at the time of initial intake.

	2020-22 MMP Percent with a Need (weighted)	2023 Client Services Unit Need at Intake
Home Health Care	-	3.54%

Recipient Service Considerations

Home Health Care

Home and Community Based Health Care

HRSA Service Definition

Home and Community-Based Health Services

Description:

Home and Community-Based Health Services are provided to a client living with HIV in an integrated setting appropriate to a client’s needs, based on a written plan of care established by a medical care team under the direction of a licensed clinical provider.

Services include:

- Appropriate mental health, developmental, and rehabilitation services
- Day treatment or other partial hospitalization services
- Durable medical equipment
- Home health aide services and personal care services in the home

Program Guidance:

Inpatient hospitals, nursing homes, and other long-term care facilities are not considered an integrated setting for the purposes of providing home and community-based health services.

Number of Clients Served, Units Provided, Expenditures, Allocation and Over/Under-spending

Year

Funding by Part, and info on any other payers

Total Part A Funds (Formula + Supp.)	MAI	Total Part B Funds (Formula + Supp. NJ)	Total Part B Funds (Formula + Supp. PA)	Total Part C EIS Funds	Total Part D Funds	Total Part F Funds

Consumer survey info 2017 n=392

	N	Used in the last 12 months	Needed but did not get (last 12 months)
Home and Community-Based Health Services	90	48.9%	51.1%

Community Survey 2022 Service Responses n=236

	I never personally needed this service	I needed this service and received it	I needed but did not get this service	I never heard of this service
Home and Community-Based Health Services	51.27%	11.86%	5.51%	4.24%

Unmet need

For the purposes of this document, need is based on the response of a consumer when asked if there was a service they needed. MMP interviews patients in care and asks consumers if they need a service and if they receive it. Client services unit data identifies needs at the time of initial intake.

	2020-22MMP Percent with a Need (weighted)	2023 Client Services Unit Need at Intake
Home and Community-Based Health Services	-	-

Recipient Service Considerations

Home and Community- based Health Services

Hospice Services

HRSA Service Definition

Hospice Services

Description:

Hospice Services are end-of-life care services provided to clients in the terminal stage of an HIV-related illness. Allowable services are:

- Mental health counseling
- Nursing care
- Palliative therapeutics
- Physician services
- Room and board

Program Guidance:

Services may be provided in a home or other residential setting, including a non- acute care section of a hospital that has been designated and staffed to provide hospice services. This service category does not extend to skilled nursing facilities or nursing homes.

To meet the need for hospice services, a physician must certify that a patient is terminally ill and has a defined life expectancy as established by the recipient. Counseling services provided in the context of hospice care must be consistent with the definition of mental health counseling. Palliative therapies must be consistent with those covered under respective state Medicaid programs.

Number of Clients Served, Units Provided, Expenditures, Allocation and Over/Under-spending

Year

Funding by Part, and info on any other payers

	Total Part A Funds (Formula + Supp.)	MAI	Total Part B Funds (Formula + Supp. NJ)	Total Part B Funds (Formula + Supp. PA)	Total Part C EIS Funds	Total Part D Funds	Total Part F Funds
Last Year Allocation							
Current Allocation							

Consumer survey info 2017 n=392

	n	Used in the last 12 months	Needed but did not get (last 12 months)
Hospice Services	62	29.0%	71.0%

Community Survey 2022 Service Responses n=236

	I never personally needed this service	I needed this service and received it	I needed but did not get this service	I never heard of this service
Hospice Services	57.63%	6.36%	2.97%	4.66%

Unmet need

For the purposes of this document, need is based on the response of a consumer when asked if there was a service they needed. MMP interviews patients in care and asks consumers if they need a service and if they receive it. Client services unit data identifies needs at the time of initial intake.

	2020-22 MMP Percent with a Need (weighted)	2023 Client Services Unit Need at Intake
Hospice Services	-	-

Recipient Service Considerations

Hospice Care

Emergency Financial Assistance

HRSA Service Definition

Emergency Financial Assistance

Description:

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.

Program Guidance:

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.

See AIDS Drug Assistance Program Treatments, AIDS Pharmaceutical Assistance, and other corresponding categories

Number of Clients Served, Units Provided, Expenditures, Allocation and Over/Under-spending

Year	2017*	2018	2019**	2020***	2021***	2022***	2023
EFA Clients (voucher)	103	393					
EFA Units (voucher)	103	887					
EFA Dollars (voucher)	74,162	85,122					
Allocated Dollars	70,486	69,415					
Over/Under-spending	\$3,676	\$15,707					
EFA Clients (medication)	366		213				
EFA Units (meds)	665		319				
EFA (meds) Dollars	1,156,211	598,150	518,002				
Allocated Dollars	1,102,934	1,086,158	765,979				
Over/Under-spending	\$53,277	\$488,088	\$247,977				
EFA clients			237	248	416	476	554

EFA Units			363	321	518	654	703
EFA Dollars		385,585	301,118	501,109	\$956,743	\$1,132,623	\$1,876,017
EFA Allocation Dollars		385,663	288,663	780,120	\$1,068,469	\$1,084,807	\$1,016,692
Over/Under-spending		\$78	\$12,455	279,011	\$112,000	\$47,816	\$859,325

*Approximately 2/3rds of the services previously funded under Local AIDS Pharmaceutical Assistance was funded under emergency financial assistance in 2016, in accordance with the guidance. **Housing and Utilities were combined in the reporting submitted ***All EFA services are combined

Funding by Part, and info on any other payers

	Total Part A Funds (Formula + Supp.)	MAI	Total Part B Funds (Formula + Supp. NJ)	Total Part B Funds (Formula + Supp. PA)	Total Part C EIS Funds	Total Part D Funds	Total Part F Funds
Last Year Allocation	\$73,586 \$342,939 \$600,167		\$85,000	\$488,331			
Current Allocation	\$72,750 \$399,042 \$593,347						

Consumer survey info 2017 n=392

	N	Used in the last 12 months	Needed but did not get (last 12 months)
EFA	114	39.5%	60.5%

Community Survey 2022 Service Responses n=236

	I never personally needed this service	I needed this service and received it	I needed but did not get this service	I never heard of this service
EFA	31.78%	24.15%	9.75%	10.59%

Unmet need

For the purposes of this document, need is based on the response of a consumer when asked if there was a service they needed. MMP interviews patients in care and asks consumers if they need a service and if they receive it. Client services unit data identifies needs at the time of initial intake.

	2020-22MMP Percent with a Need (weighted)	2023 Client Services Unit Need at Intake
EFA (Benefits Assistance)	-	25.15%

Recipient Service Considerations

TBD

Medical Transportation Services

HRSA Service Definition

Medical Transportation

Description:

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.

Program Guidance:

- 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 <http://www.gsa.gov/portal/content/102886>)
- 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

Number of Clients Served, Units Provided, Expenditures, Allocation and Over/Under-spending

Year	2017	2018	2019	2020	2021	2022	2023
Transportation Clients	2,651	2,483	2,545	1,373	1,930	1,667	1,332
Transportation Units (one-way trip)	34,702	28,891	36,972	12,185	23,001	13,487	13,034
Transportation Dollars	534,622	561,430	580,520	498,372	\$779,795	\$678,901	\$652,204
Allocated Dollars	451,205	444,351	493,312	493,248	\$493,118	\$528,958	\$663,767
Over/Under-spending	\$83,417	\$117,079	\$87,208	\$5,124	\$286,667	\$145,943	\$11,563

Funding by Part, and info on any other payers

	Total Part A Funds (Formula + Supp.)	MAI	Total Part B Funds (Formula + Supp. NJ)	Total Part B Funds (Formula + Supp. t PA)	Total Part C EIS Funds	Total Part D Funds	Total Part F Funds
Last Year Allocation	\$663,767		\$214,000	\$115,168			
Current Allocation	\$656,225						

Consumer survey info 2017 n=392

	N	Used in the last 12 months	Needed but did not get (last 12 months)
Medical Transportation Services	145	69.7%	30.3%

Community Survey 2022 Service Responses n=236

	I never personally needed this service	I needed this service and received it	I needed but did not get this service	I never heard of this service
Medical Transportation Services	30.93%	36.44%	5.93%	2.12%

Unmet need

For the purposes of this document, need is based on the response of a consumer when asked if there was a service they needed. MMP interviews patients in care and asks consumers if they need a service and if they receive it. Client services unit data identifies needs at the time of initial intake.

	2020-22 MMP Percent with a Need (weighted)	2023 Client Services Unit Need at Intake
Medical Transportation Services	10.60%	59.12%

Recipient Service Considerations

TBD

Housing Services

HRSA Service Definition

Housing

Description:

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.

Program Guidance:

RWHAP Part recipients must have mechanisms in place to allow newly identified clients access to housing services. Upon request, RWHAP recipients must provide HAB with an individualized written housing plan, consistent with RWHAP Housing Policy 11-01, covering each client receiving short term, transitional and emergency housing services. RWHAP recipients and local decision-making planning bodies, (i.e., Part A and Part B) are strongly encouraged to institute duration limits to provide transitional and emergency housing services. The US Department of Housing and Urban Development (HUD) defines transitional housing as up to 24 months and HRSA/HAB recommends that recipients consider using HUD's definition as their standard.

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

Number of Clients Served, Units Provided, Expenditures, Allocation and Over/Under-spending

Year	2017	2018	2019	2020	2021	2022	2023
Housing Assistance Clients	886	848	542	578	402	587	558
Housing Assistance Units (clients)	22,187	25,982	18,999	12,469	9,123	9,636	8,816
Housing Assistance Dollars	539,294	278,368	589,877	469,430	\$623,413	\$858,948	\$795,591
Allocated Dollars	573,534	179,145	566,322	563,477	\$563,466	\$590,084	\$584,534
Over/Under-spending	\$34,240	\$99,223	\$23,555	\$94,047	\$59,947	\$268,864	\$211,057

Funding by Part, and info on any other payers

	Total Part A Funds (Formula + Supp.)	MAI	Total Part B Funds (Formula + Supp. NJ)	Total Part B Funds (Formula + Supp. t PA)	Total Part C EIS Funds	Total Part D Funds	Total Part F Funds
Last Year Allocation	\$584,534		\$65,000				
Current Allocation	\$577,892						

Consumer survey info 2017 n=392

	N	Used in the last 12 months	Needed but did not get (last 12 months)
Housing Assistance	160	63.1%	36.9%

Community Survey 2022 Service Responses n=236

	I never personally needed this service	I needed this service and received it	I needed but did not get this service	I never heard of this service
Housing Assistance	36.02%	23.73%	11.44%	2.54%

Unmet need

For the purposes of this document, need is based on the response of a consumer when asked if there was a service they needed. MMP interviews patients in care and asks consumers if they need a service and if they receive it. Client services unit data identifies needs at the time of initial intake.

	2020-22 MMP Percent with a Need (weighted)	2023 Client Services Unit Need at Intake
Housing Assistance	15.78%	57.70%

Recipient Service Considerations

TBD

Food Bank/Home-Delivered Meals

HRSA Service Definition

Food Bank/Home Delivered Meals

Description:

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

Program Guidance:

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

See Medical Nutrition Therapy. Nutritional services and nutritional supplements provided by a registered dietitian are considered a core medical service under the RWHAP.

Number of Clients Served, Units Provided, Expenditures*, Allocation and Over/Under-spending

Year	2017	2018	2019	2020	2021	2022	2023
Food/Meals Clients	2,713	2,152	2,677	2,213	2,181	2,168	2,318
Food/Meals Units (meals)	69,407	31,328	78,410	33,089	35,452	87,312	97,716
Food/Meals Dollars	610,731	538,026	836,044	685,475	\$514,127	\$710,093	\$944,849
Allocated Dollars	332,308	334,355	328,051	326,466	\$326,110	\$332,512	\$338,953
Over/Under-spending	\$288,423	\$203,671	\$507,997	\$359,009	\$188,017	\$377,581	\$60589,6

Funding by Part, and info on any other payers

	Total Part A Funds (Formula + Supp.)	MAI	Total Part B Funds (Formula + Supp. NJ)	Total Part B Funds (Formula + Supp.t PA)	Total Part C EIS Funds	Total Part D Funds	Total Part F Funds
Last Year Allocation	\$393,923		\$22,000	\$397,165			
Current Allocation	\$335,102						

Part B PA also includes food vouchers

Consumer survey info 2017 n=392

	N	Used in the last 12 months	Needed but did not get (last 12 months)
Food Bank/Home-delivered Meals	158	75.3%	23.5%

Community Survey 2022 Service Responses n=236

	I never personally needed this service	I needed this service and received it	I needed but did not get this service	I never heard of this service
Food Bank/Home-delivered Meals	32.63%	32.63%	6.36%	4.66%

Unmet need

For the purposes of this document, need is based on the response of a consumer when asked if there was a service they needed. MMP interviews patients in care and asks consumers if they need a service and if they receive it. Client services unit data identifies needs at the time of initial intake.

	2020-22 MMP Percent with a Need (weighted)	2023 Client Services Unit Need at Intake
Food Bank	16.07%	61.89%

Home-delivered Meals under CSU was 2.83%

Recipient Service Considerations

TBD

Legal Services/Other Professional Services

HRSA Service Definition

Legal/Other Professional Services

Description:

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

Program Guidance:

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

See 45 CFR § 75.459 (<http://webapps.dol.gov/federalregister/PdfDisplay.aspx?DocId=27995>)

Number of Clients Served, Units Provided, Expenditures, Allocation and Over/Under-spending

Year	2017	2018	2019	2020	2021	2022	2023
Legal Clients	1,119	1,258	1,103	783	756	765	889
Legal Units (legal ser. 1/4 hr)	24,939	21,444	36,972	19,812	17,561	18,476	15,777
Legal Dollars	410,779	432,393	580,520	401,480	\$424,949	\$413,577	\$434,109
Allocated Dollars	408,608	402,393	404,342	401,479	\$401,473	\$402,431	\$399,270
Over/Under-spending	\$2,171	\$30,000	\$176,178	\$1	\$23,476	\$11,146	\$34,839

Funding by Part, and info on any other payers

	Total Part A Funds (Formula + Supp.)	MAI	Total Part B Funds (Formula + Supp. NJ)	Total Part B Funds (Formula + Supp. PA)	Total Part C EIS Funds	Total Part D Funds	Total Part F Funds
Last Year Allocation	\$399,270			\$122,868			
Current Allocation	\$394,734						

Consumer survey info 2017 n=392

	N	Used in the last 12 months	Needed but did not get (last 12 months)
Legal/Other Professional Services	118	58.5%	41.5%

Community Survey 2022 Service Responses n=236

	I never personally needed this service	I needed this service and received it	I needed but did not get this service	I never heard of this service
Legal/Other Professional Services	36.86%	24.58%	11.44%	2.54%

Unmet need

For the purposes of this document, need is based on the response of a consumer when asked if there was a service they needed. MMP interviews patients in care and asks consumers if they need a service and if they receive it. Client services unit data identifies needs at the time of initial intake.

	2020-22 MMP Percent with a Need (weighted)	2023 Client Services Unit Need at Intake
Legal/Other Professional Services		6.8%

Benefits assistance under CSU was 16.88%

Recipient Service Considerations

TBD

(Care) Outreach Services

HRSA Service Definition

Outreach Services

Description:

Outreach Services include the provision of the following three activities:

- Identification of people who do not know their HIV status and linkage into Outpatient/Ambulatory Health Services
- Provision of additional information and education on health care coverage options
- Reengagement of people who know their status into Outpatient/Ambulatory Health Services

Program Guidance:

Outreach programs must be:

- *Conducted at times and in places where there is a high probability that individuals with HIV infection and/or exhibiting high-risk behavior*
- *Designed to provide quantified program reporting of activities and outcomes to accommodate local evaluation of effectiveness*
- *Planned and delivered in coordination with local and state HIV prevention outreach programs to avoid duplication of effort*
- *Targeted to populations known, through local epidemiologic data or review of service utilization data or strategic planning processes, to be at disproportionate risk for HIV infection*

Funds may not be used to pay for HIV counseling or testing under this service category.

Number of Clients Served, Units Provided, Expenditures, Allocation and Over/Under-spending

Year

Care Outreach Clients							
Care Outreach Units (encounters*)							
Care Outreach Dollars							
Client Cost Care Outreach							

Funding by Part, and info on any other payers

	Total Part A Funds (Formula + Supp.)	MAI	Total Part B Funds (Formula + Supp. NJ)	Total Part B Funds (Formula + Supp.t PA)	Total Part C EIS Funds	Total Part D Funds	Total Part F Funds
Last Year Allocation			\$238,334				
Current Allocation							

Consumer survey info 2017 n=392

	N	Used in the last 12 months	Needed but did not get (last 12 months)
Outreach Services	79	60.8%	39.2%

Community Survey 2022 Service Responses n=236

	I never personally needed this service	I needed this service and received it	I needed but did not get this service	I never heard of this service
Outreach Services	44.92%	21.19%	2.54%	3.81%

Unmet need

For the purposes of this document, need is based on the response of a consumer when asked if there was a service they needed. MMP interviews patients in care and asks consumers if they need a service and if they receive it. Client services unit data identifies needs at the time of initial intake.

	2020-22 MMP Percent with a Need (weighted)	2023 Client Services Unit Need at Intake
Outreach Services	-	-

Recipient Service Considerations

Outreach Services

41	Service Descriptions
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Respite Care

HRSA Service Definition

Respite Care

Description:

Respite Care is the provision of periodic respite care in community or home-based settings that includes non-medical assistance designed to provide care for an HIV-infected client to relieve the primary caregiver responsible for the day-to-day care of an adult or minor living with HIV.

Program Guidance:

Recreational and social activities are allowable program activities as part of a respite care service provided in a licensed or certified provider setting including drop-in centers within HIV Outpatient/Ambulatory Health Services or satellite facilities.

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

Funds may be used to support informal, home-based Respite Care, but liability issues should be included in the consideration of this expenditure. Direct cash payments to clients are not permitted.

See Psychosocial Support Services

Number of Clients Served, Units Provided, Expenditures, Allocation and Over/Under-spending

Year

Funding by Part, and info on any other payers

	Total Part A Funds (Formula + Supp.)	MAI	Total Part B Funds (Formula + Supp. NJ)	Total Part B Funds (Formula + Supp.t PA)	Total Part C EIS Funds	Total Part D Funds	Total Part F Funds
Last Year Allocation							
Current Allocation							

Consumer survey info 2017 n=392

	N	Used in the last 12 months	Needed but did not get (last 12 months)
Respite Care	56	19.6%	80.4%

Community Survey 2022 Service Responses n=236

	I never personally needed this service	I needed this service and received it	I needed but did not get this service	I never heard of this service
Respite Care	55.51%	8.05%	2.54%	6.36%

Unmet need

For the purposes of this document, need is based on the response of a consumer when asked if there was a service they needed. MMP interviews patients in care and asks consumers if they need a service and if they receive it. Client services unit data identifies needs at the time of initial intake.

	2020-22 MMP Percent with a Need (weighted)	2023 Client Services Unit Need at Intake
Respite Care	-	-

Recipient Service Considerations

Respite Care

Psychosocial Support Services

HRSA Service Definition

Psychosocial Support Services

Description:

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

Program Guidance:

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.

For RWHAP Part D recipients, outpatient mental health services provided to affected clients (people not identified with HIV) should be reported as Psychosocial Support Services; this is generally only a permissible expense under RWHAP Part D.

See Respite Care Services

Number of Clients Served, Units Provided, Expenditures, Allocation and Over/Under-spending

Year

Funding by Part, and info on any other payers

	Total Part A Funds (Formula + Supp.)	MAI	Total Part B Funds (Formula + Supp. NJ)	Total Part B Funds (Formula + Supp.t PA)	Total Part C EIS Funds	Total Part D Funds	Total Part F Funds
Last Year Allocation			\$244,073	\$47,732			
Current Allocation							

Consumer survey info 2017 n=392

	N	Used in the last 12 months	Needed but did not get (last 12 months)
Psychosocial Support Services	153	75.8%	24.2%

Community Survey 2022 Service Responses n=236

	I never personally needed this service	I needed this service and received it	I needed but did not get this service	I never heard of this service
Psychosocial Support Services	41.95%	19.49%	8.05%	3.39%

Unmet need

For the purposes of this document, need is based on the response of a consumer when asked if there was a service they needed. MMP interviews patients in care and asks consumers if they need a service and if they receive it. Client services unit data identifies needs at the time of initial intake.

	2020-22 MMP Percent with a Need (weighted)	2023 Client Services Unit Need at Intake
Psychosocial Support Services	19.30%	3.32%

Recipient Service Considerations

Psychosocial Support Services (Support Groups)

45	Service Descriptions
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Health Education/Risk Reduction

HRSA Service Definition

Health Education/Risk Reduction

Description:

Health Education/Risk Reduction is the provision of education to clients living with HIV about HIV transmission and how to reduce the risk of HIV transmission. It includes sharing information about medical and psychosocial support services and counseling with clients to improve their health status. Topics covered may include:

- Education on risk reduction strategies to reduce transmission such as pre-exposure prophylaxis (PrEP) for clients' partners and treatment as prevention
- Education on health care coverage options (e.g., qualified health plans through the Marketplace, Medicaid coverage, Medicare coverage)
- Health literacy
- Treatment adherence education

Program Guidance:

Health Education/Risk Reduction services cannot be delivered anonymously.

See Early Intervention Services

Number of Clients Served, Units Provided, Expenditures, Allocation and Over/Under-spending

Year

Funding by Part, and info on any other payers

	Total Part A Funds (Formula + Supp.)	MAI	Total Part B Funds (Formula + Supp. NJ)	Total Part B Funds (Formula + Supp. PA)	Total Part C EIS Funds	Total Part D Funds	Total Part F Funds
Last Year Allocation				\$555,492			
Current Allocation							

Consumer survey info 2017 n=392

	N	Used in the last 12 months	Needed but did not get (last 12 months)
Health Education/Risk Reduction	139	89.2%	10.8%

Unmet need

For the purposes of this document, need is based on the response of a consumer when asked if there was a service they needed. MMP interviews patients in care and asks consumers if they need a service and if they receive it. Client services unit data identifies needs at the time of initial intake.

	2020-22 MMP Percent with a Need (weighted)	2023 Client Services Unit Need at Intake
Health Education/Risk Reduction	-	3.32%

Recipient Service Considerations

Health Education/Risk Reduction

AIDS Drug Assistance Program Treatments (ADAP/SPBP)

HRSA Service Definition

AIDS Drug Assistance Program Treatments

Description:

The AIDS Drug Assistance Program (ADAP) is a state-administered program authorized under Part B of the RWHAP to provide FDA-approved medications to low-income clients with HIV disease who have no coverage or limited health care coverage. ADAPs may also use program funds to purchase health insurance for eligible clients and for services that enhance access to, adherence to, and monitoring of antiretroviral therapy. RWHAP ADAP recipients must conduct a cost effectiveness analysis to ensure that purchasing health insurance is cost effective compared to the cost of medications in the aggregate.

Eligible ADAP clients must be living with HIV and meet income and other eligibility criteria as established by the state.

Program Guidance:

See [PCN 07-03: The Use of Ryan White HIV/AIDS Program, Part B \(formerly Title II\), AIDS Drug Assistance Program \(ADAP\) Funds for Access, Adherence, and Monitoring Services](#);

[PCN 13-05: Clarifications Regarding Use of Ryan White HIV/AIDS Program Funds for Premium and Cost-Sharing Assistance for Private Health Insurance](#); and

[PCN 13-06: Clarifications Regarding Use of Ryan White HIV/AIDS Program Funds for Premium and Cost-Sharing Assistance for Medicaid](#)

See also AIDS Pharmaceutical Assistance and Emergency Financial Assistance

Child Care Services

HRSA Service Definition

Child Care Services

Description:

The RWHAP supports intermittent child care services for the children living in the household of HIV-infected clients for the purpose of enabling clients to attend medical visits, related appointments, and/or RWHAP-related meetings, groups, or training sessions.

Allowable use of funds include:

- A licensed or registered child care provider to deliver intermittent care
- Informal child care provided by a neighbor, family member, or other person (with the understanding that existing federal restrictions prohibit giving cash to clients or primary caregivers to pay for these services)

Program Guidance:

The use of funds under this service category should be limited and carefully monitored. Direct cash payments to clients are not permitted.

Such arrangements may also raise liability issues for the funding source which should be carefully weighed in the decision process.

Consumer survey info 2017 n=392

	N	Used in the last 12 months	Needed but did not get (last 12 months)
Child Care Services	139	89.2%	10.8%

Community Survey 2022 Service Responses n=236

	I never personally needed this service	I needed this service and received it	I needed but did not get this service	I never heard of this service
Child Care Services	56.36%	7.20%	4.24%	5.08%

Unmet need

For the purposes of this document, need is based on the response of a consumer when asked if there was a service they needed. MMP interviews patients in care and asks consumers if they need a service and if they receive it. Client services unit data identifies needs at the time of initial intake.

	2020-22 MMP Percent with a Need (weighted) (uninsured)	2023 Client Services Unit Need at Intake
Child Care Services	-	-

Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals

HRSA Service Definition

Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals

Description:

According to RWHAP statute, funds awarded under RWHAP Parts A, B, and C may be used to support the HRSA RWHAP core medical service “Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals,” regardless of the kind of health care coverage (public or private), in accordance with Section 2615 of the Public Health Service Act (Continuum of Health Insurance Coverage) and HRSA HAB PCN 16-02 Ryan White HIV/AIDS Program Services: Eligible Individuals and Allowable Uses of Funds.”

According to statute, funds awarded under RWHAP ADAP may be used to cover costs associated with health care coverage, including co-payments, deductibles, and premiums, in accordance with Section 2616 of the Public Health Service Act (Provision of Treatments) and HRSA HAB PCN 16-02, regardless of the kind of health care coverage (public or private). RWHAP Part D recipients may use funds to support the HRSA RWHAP core medical service “Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals,” in accordance with HRSA HAB PCN 16-02.

All RWHAP recipients must determine how to operationalize their health care coverage premium and cost sharing assistance programs and demonstrate that:

1. 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,³ as well as appropriate HIV outpatient/ambulatory health services; and
2. 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 (RWHAP Part A, RWHAP Part B, RWHAP Part C, and RWHAP Part D). RWHAP ADAP must determine the cost of paying for the health care coverage is cost-effective in the aggregate versus paying for the full cost for medications.

RWHAP Parts A, B, C, and D recipients may consider providing their health insurance premiums and cost sharing resource allocation to their state RWHAP ADAP, particularly where the ADAP has the infrastructure to verify health care coverage status and process payments for public or private health care coverage premiums and cost sharing.

RWHAP recipients must be able, upon request, to demonstrate the methodologies applied for determining compliance with these two requirements. As with other allowable costs, recipients are responsible for accounting and reporting on funds used for this purpose.

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

Program Guidance:

Traditionally, RWHAP Parts A and B funding support health insurance premiums and cost-sharing assistance. If a RWHAP Part C or D recipient has the resources to provide this service, an equitable enrollment policy must be in place and it must be cost-effective and sustainable.

See PCN 07-05: [Program Part B ADAP Funds to Purchase Health Insurance](#);

PCN 13-05: [Clarifications Regarding Use of Ryan White HIV/AIDS Program Funds for Premium and Cost-Sharing Assistance for Private Health Insurance](#);

PCN 13-06: [Clarifications Regarding Use of Ryan White HIV/AIDS Program Funds for Premium and Cost-Sharing Assistance for Medicaid](#); and

PCN 14-01: [Revised 4/3/2015: Clarifications Regarding the Ryan White HIV/AIDS Program and Reconciliation of Premium Tax Credits under the Affordable Care Act](#)

PCN 16-02: https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN_16-02Final.pdf

PCN 18-01: <https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/18-01-use-of-rwhap-funds-for-premium-and-cost-sharing-assistance.pdf>

Consumer survey info 2017 n=392

	N	Used in the last 12 months	Needed but did not get (last 12 months)
Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals	139	89.2%	10.8%

Community Survey 2022 Service Responses n=236

	I never personally needed this service	I needed this service and received it	I needed but did not get this service	I never heard of this service
Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals	33.05%	29.24%	7.20%	4.66%

Unmet need

For the purposes of this document, need is based on the response of a consumer when asked if there was a service they needed. MMP interviews patients in care and asks consumers if they need a service and if they receive it. Client services unit data identifies needs at the time of initial intake.

	2020-22 MMP Percent with a Need (weighted) (uninsured)	2023 Client Services Unit Need at Intake
Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals	-	17.86%

Linguistic Services

HRSA Service Definition

Linguistic Services

Description:

Linguistic Services provide interpretation and translation services, both oral and written, to eligible clients. These services must be provided by qualified linguistic services providers as a component of HIV service delivery between the healthcare provider and the client. These services are to be provided when such services are necessary to facilitate communication between the provider and client and/or support delivery of RWHP-eligible services.

Program Guidance:

Services provided must comply with the National Standards for Culturally and Linguistically Appropriate Services (CLAS).

Consumer survey info 2017 n=392

	N	Used in the last 12 months	Needed but did not get (last 12 months)
Linguistic Services	139	89.2%	10.8%

Community Survey 2022 Service Responses n=236

	I never personally needed this service	I needed this service and received it	I needed but did not get this service	I never heard of this service
Linguistic Services	57.20%	8.47%	2.54%	3.81%

Unmet need

For the purposes of this document, need is based on the response of a consumer when asked if there was a service they needed. MMP interviews patients in care and asks consumers if they need a service and if they receive it. Client services unit data identifies needs at the time of initial intake.

	2020-22 MMP Percent with a Need (weighted) (uninsured)	2023 Client Services Unit Need at Intake
Linguistic Services	-	5.66%

Pennsylvania Part B funded - \$35,936 for 2022

Non-medical Case Management Services

HRSA Service Definition

Non-Medical Case Management Services

Description:

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

Program Guidance:

Non-Medical Case Management Services have as their objective providing guidance and assistance in improving access to needed services whereas Medical Case Management services have as their objective improving health care outcomes.

Consumer survey info 2017 n=392

	N	Used in the last 12 months	Needed but did not get (last 12 months)
Non-Medical Case Management Services	139	89.2%	10.8%

Community Survey 2022 Service Responses n=236

	I never personally needed this service	I needed this service and received it	I needed but did not get this service	I never heard of this service
Non-Medical Case Management/Care outreach	44.92%	21.19%	2.54%	3.81%

Unmet need

For the purposes of this document, need is based on the response of a consumer when asked if there was a service they needed. MMP interviews patients in care and asks consumers if they need a service and if they receive it. Client services unit data identifies needs at the time of initial intake.

	2020-22 MMP Percent with a Need (weighted) (uninsured)	2023 Client Services Unit Need at Intake
Non-Medical Case Management Services (patient navigation)	4.1%	-

NJ Part B funded service \$482,325 in 2018, \$542,768 in 2020

Permanency Planning

HRSA Service Definition

Permanency Planning

See Other Professional Services

Rehabilitation Services

HRSA Service Definition

Rehabilitation Services

Description:

Rehabilitation Services are provided by a licensed or authorized professional in accordance with an individualized plan of care intended to improve or maintain a client's quality of life and optimal capacity for self-care.

Program Guidance:

Examples of allowable services under this category are physical and occupational therapy.

Consumer survey info 2017 n=392

	N	Used in the last 12 months	Needed but did not get (last 12 months)
Rehabilitation Services	139	89.2%	10.8%

Community Survey 2022 Service Responses n=236

	I never personally needed this service	I needed this service and received it	I needed but did not get this service	I never heard of this service
Rehabilitation Services	46.61%	20.34%	2.97%	4.24%

Unmet need

For the purposes of this document, need is based on the response of a consumer when asked if there was a service they needed. MMP interviews patients in care and asks consumers if they need a service and if they receive it. Client services unit data identifies needs at the time of initial intake.

	2020-22 MMP Percent with a Need (weighted) (uninsured)	2023 Client Services Unit Need at Intake
Rehabilitation Services	-	-

Substance Abuse Services (residential)

HRSA Service Definition

Substance Abuse Services (residential)

Description:

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)

Program Guidance:

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.

Substance Abuse Services (residential) are not allowable services under RWHAP Parts C and D.

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

RWHAP funds may not be used for inpatient detoxification in a hospital setting, unless the detoxification facility has a separate license.

Consumer survey info 2017 n=392

	n	Used in the last 12 months	Needed but did not get (last 12 months)
Substance Abuse Services (residential)	139	89.2%	10.8%

Unmet need

For the purposes of this document, need is based on the response of a consumer when asked if there was a service they needed. MMP interviews patients in care and asks consumers if they need a service and if they receive it. Client services unit data identifies needs at the time of initial intake.

	2020-22 MMP Percent with a Need (weighted) (uninsured)	2023 Client Services Unit Need at Intake
Substance Abuse Services (residential)	-	-

Referral for Health Care and Support Services (System-wide)

HRSA Service Definition

Referral for Health Care and Support Services

Description:

Referral for Health Care and Support Services directs a client to needed core medical or support services in person or through telephone, written, or other type of communication. This service may include referrals to assist eligible clients to obtain 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, and other state or local health care and supportive services, or health insurance Marketplace plans).

Program Guidance:

Referrals for Health Care and Support Services provided by outpatient/ambulatory health care providers should be reported under the Outpatient/Ambulatory Health Services category.

Referrals for health care and support services provided by case managers (medical and non-medical) should be reported in the appropriate case management service category (i.e., Medical Case Management or Non-Medical Case Management).

Number of Clients Served*, Units Provided, Expenditures, Allocation and Over/Under-spending

Year	2017	2018	2019	2020*	2021*	2022*	2023
Referral for Health Care Clients	2,208	2,207	2,074	1,236	1,238	1,373	1,828
Referral for Health Care Units (hotline call)	2,208	4,684	2,293	1,493	1,642	2,291	2,066
Referral for Health Care Dollars	492,713	437,238	499,149	547,240	\$508,905	\$505,335	\$532,215
Referral for Health Care Allocation	520,329	512,425	544,325	612,108	\$623,346	\$633,201	\$639,879
Over/Under-spending	\$27,616	\$75,187	\$45,520	\$64,868	\$114,441	\$127,866	\$107,664
Referral for Health Care Clients	382		73				
Referral for Health Care Units (digital ¼ hour*)	3,767		802				
Referral for Health Care Dollars	82,290	80,970	45,520				
Referral for Health Care Allocation	82,241	81,039	\$81,202				
Over/Under-spending	\$49	\$69	\$35,682				

*The client and service units were not broken out.

Funding by Part, and info on any other payers

	Total Part A Funds (Formula + Supp.)	MAI	Total Part B Funds (Formula + Supp. NJ)	Total Part B Funds (Formula + Supp.t PA)	Total Part C EIS Funds	Total Part D Funds	Total Part F Funds
Last Year Allocation	\$639,879						
Current Allocation	\$639,879						

Consumer survey info 2017 n=392

	n	Used in the last 12 months	Needed but did not get (last 12 months)
Referral for Health Care and Support Services	139	89.2%	10.8%

Unmet need

For the purposes of this document, need is based on the response of a consumer when asked if there was a service they needed. MMP interviews patients in care and asks consumers if they need a service and if they receive it. Client services unit data identifies needs at the time of initial intake.

	2020-22 MMP Percent with a Need (weighted) (uninsured)	2023 Client Services Unit Need at Intake
Referral for Health Care and Support Services	-	-

Recipient Service Considerations

TBD

Pennsylvania Medicaid Plans Description

<https://www.dhs.pa.gov/HealthChoices/Pages/HealthChoices-Plan-Selection.aspx>

<https://enrollnow.net/choose/compare-plans>

Geisinger Health Plan

1-855-227-1302

TTY: PA Relay 711

www.ghpfamily.com

Co-Pays*

Ambulance

Per trip \$0

Dental care \$0

Inpatient hospital

Per day \$3

Maximum with limits \$21

Medical centers

Ambulatory surgical center \$3

Federal Qualified Health Center/Regional Health Center \$0

Independent medical/surgical center \$3

Short procedure unit \$3

Medical equipment

Purchase \$2

Rental \$0

Medical visits

Certified nurse practitioner \$0

Chiropractor \$1

Doctor \$0

Optometrist \$0

Podiatrist \$0

Outpatient hospital

Per visit \$0

Prescriptions

Generic \$1

Brand name \$3

X-rays

Per service \$1

Service Definitions

Coordination of Care

Coordination of Care: We can help you schedule appointments, set up transportation, and connect you to community resources.

Care Management Programs

Care Management Programs: We provide education and assistance to help you manage your medical and behavioral health needs.

Member digital tools

Telemedicine: We cover care by video or phone so you can get care when you need it.

Member Portal: Access your benefits, ID cards, claims, wellness tools and other resources.

Pregnancy Benefits

Right from the Start: A team of nurses, peer support assistants, a dietitian and a lactation consultant help you get the right care you need.

Healthy Kids Programs

Healthy Kids Program: Hands-on, fun, interactive programs provided onsite and virtually.

Vision Benefits

Vision Benefits: Members age 21 and over can get prescription eyeglasses or contact lenses.

24 Hour Medical Help Line

Tel-A-Nurse: Talk with a nurse 24 hours a day, 7 days a week, about urgent health matters.

Urgent Care Benefits

Urgent Care Benefits: Urgent care centers are covered at no cost to you when you use a participating facility.

Healthy Living and Health Education

Wellness Programs: Build healthy habits through our fun activities, screenings, and tools.

Member Rewards Program: Receive incentives for attending and completing certain doctor visits.

Fresh Food Farmacy: Qualified members receive diabetes education and enough food weekly to prepare healthy meals.

Other Benefits

Neighborly: Find free or reduced-cost services in your community.

Enhanced Dental Benefits: Our team of dental hygienists can provide dental education via phone, help you find a dentist, and answer any questions you have about oral health.

GED Scholarship Program: Covers the cost of training materials, practice testing, the GED test and retests.

Behavioral Health: A specialized team helps members with serious mental illness, substance use disorders and/or serious psychosocial stressors.

Geisinger Transportation Program: Non-emergency transportation to medical appointments and pharmacies.

Health Partners Plans

1-800-553-0784

TTY: 1-877-454-8477

www.HPPLans.com

Co-Pays*

Ambulance

Per trip \$0

Dental care \$0

Inpatient hospital

Per day \$0

Maximum with limits \$0

Medical centers

Ambulatory surgical center \$0

Federal Qualified Health Center/Regional Health Center \$0

Independent medical/surgical center \$0

Short procedure unit \$0

Medical equipment

Purchase \$0

Rental \$0

Medical visits

Certified nurse practitioner \$0

Chiropractor \$0

Doctor \$0

Optometrist \$0

Podiatrist \$0

Outpatient hospital

Per visit \$0

Prescriptions

Generic \$0

Brand name \$0

X-rays

Per service \$0

Coordination of Care

No extra services.

Care Management Programs

T.R.I.P 1: FREE \$50 Uber card for HPP members assigned to an HPP case management team.

T.R.I.P 2: FREE \$40 Uber Card for HPP members ages 15-20.

Member digital tools

Mobile App and Member Portal: Secure 24/7 access to change doctors, get new ID cards and more.

Telehealth: Access some healthcare visits online from the convenience of your home.

Pregnancy Benefits

Baby Partners: A personal partner to help with **appointments, home visits and doula services** while being able to earn rewards.

Baby Bundle: Earn \$25 rewards for completing specific visits and screenings.

Healthy Kids Programs

Healthy Kids: Parents have a personal partner to schedule appointments and vaccines and help connect to resources.

Vision Benefits

Additional Adult Vision: Members age 21 and over can receive one pair of eyeglasses or contact lenses every year.

24 Hour Medical Help Line

Breastfeeding: New moms have 24/7 support for breastfeeding.

24/7 Access to Care: Access to doctors 24/7 at no cost.

Urgent Care Benefits

Urgent Care: Access to participating urgent care centers.

Healthy Living and Health Education

Healthy Living & Health Education: Offers wellness, yoga, and Zumba classes, cooking lessons, and more.

Gym Membership: Low-cost fitness memberships at YMCAs and independent gyms.

Healthy Eating: FREE meals provided to members with certain health conditions.

Other Benefits

Dental: Adults receive an additional \$250 allowance for medically necessary dental care.

Rewards: Earn rewards by completing specific health-related exams and screenings.

Personal Support: HPP helps find resources such as food, housing and utilities.

Development: HPP provides tools to prepare members for the workforce including GED classes, resume writing and more.

Keystone First

1-800-521-6860

TTY: 1-800-684-5505

www.keystonefirstpa.com

Co-Pays*

Ambulance

Per trip \$0

Dental care - \$0

Inpatient hospital

Per day \$3

Maximum with limits \$21

Medical centers

Ambulatory surgical center \$3

Federal Qualified Health Center / Regional Health Center \$0

Independent medical / surgical center \$3

Short procedure unit \$3

Medical equipment

Purchase \$0

Rental \$0

Medical visits

Certified nurse practitioner \$0

Chiropractor \$0

Doctor \$0

Optometrist \$0

Podiatrist \$0

Outpatient hospital

\$0

Prescriptions

Generic \$1

Brand name \$3

X-rays

\$1 per visit

Coordination of Care

Help Getting Care: We work to connect you to the care you need. We can help you set up appointments, set up transportation and give you community resources.

Care Management Programs

Care Management Programs: We provide nurses, social workers, home health navigators and care connectors to help coordinate your care.

Member digital tools

Member Portal and Member Mobile Apps: Secure website where you can find a doctor, request an ID card and more.

Telemedicine: We cover telemedicine to help you get the care you need, how and where you need it. No Cost.

Pregnancy Benefits

Keys to Your Care®: Texting and rewards program for pregnant moms and babies up to 15 months old.

Community Baby Showers and Moms to Be programs: Offers extra support for pregnant moms.

Healthy Kids Programs

4YourKidsCare: Provides families' education and information about caring for children when they are sick.

Vision Benefits

Additional Adult Eye Care Benefit: Select diabetic members ages 21 and over can get prescription eyeglasses or contact lenses.

24 Hour Medical Help Line

24/7 Nurse Call Line: Nurses available 24 hours a day, 7 days a week by phone.

Urgent Care Benefits

Urgent Care Centers: Urgent medical care when your PCP's office is closed and it is not an emergency.

Healthy Living and Health Education

Member Rewards: Earn rewards when you get select health screenings and exams you need.

Community Health Programs: We partner with community-based organizations bringing workshops, screenings and education for members and community.

In-home Nutritional Counseling: In-home nutritional counseling available for all members.

Gym Memberships: Gym memberships for members at several YMCA and gym locations.

Other Benefits

Mission GED Program and Job Readiness: Tools and supports to assist members with education and employment opportunities.

Smartphone: We can connect you to resources to get smart phone at no cost.

Wellness Centers: Community hub offering exercise classes, health education and screenings.

United Health Care Community Plan

1-800-414-9025

TTY: PA Relay 711

www.uhccommunityplan.com

Co-Pays*

Ambulance

Per trip \$0

Dental care \$0

Inpatient hospital

Per day \$3

Maximum with limits \$21

Medical centers

Ambulatory surgical center \$3

Federal Qualified Health Center / Regional Health Center \$0

Independent medical / surgical center \$3

Short procedure unit \$3

Medical equipment

Purchase \$1 to \$3

Rental \$0

Medical visits

Certified nurse practitioner \$0 if PCP

Chiropractor \$1

Doctor \$0 if PCP

Optometrist \$0

Podiatrist \$1

Outpatient hospital

Per visit \$0 if PCP

Prescriptions

Generic \$1

Brand name \$3

X-rays

Per service \$1

Coordination of Care

Special Needs Unit: Helps with accessing care and connecting you to community resources.

Care Management Programs

Advocate4Me: Advocates are the single point of contact to make sure all of your needs are met.

Member digital tools

Member Website Portal and Mobile App: Find doctors, access your member ID card, change your doctor online and more.

UnitedHealthcare OnMyWay: Use this helpful app to design your resume and learn how to budget.

Pregnancy Benefits

UnitedHealthcare Healthy First Steps®: Get the help you need to have a healthy baby. Earn gift cards and get reminders for appointments. We help with doctor visits, transportation and referrals to community services.

Healthy Kids Programs

Sesame Street Healthy Habits for Life: Sesame Street friends teach you how to make healthy meals on a budget and get tips about asthma and lead prevention.

Vision Benefits

Eye Care Benefits: Members over 21 can receive one pair of glasses or contact lenses every year. Members under 21 can receive up to 2 pairs of glasses or one set of contact lenses every year.

24 Hour Medical Help Line

24/7 NurseLine: Speak directly with a nurse at any time to answer your health questions.

Urgent Care Benefits

Urgent Care: Urgent care centers are available to you at no cost when you can't see your doctor.

Healthy Living and Health Education

Tobacco Cessation: Get nicotine replacement products and counseling at no cost to you.

Member Rewards: Earn rewards for exams and health screenings.

Other Benefits

One Pass™: Fitness benefit providing members access to a large national network of gyms and fitness locations along with access to on-demand, on-line fitness classes.

Acupuncture: Pain management treatment is available to you if you're dealing with lower back pain or migraine symptoms.

GED Testing: We pay for the testing fee for eligible members to help further your education and achieve your goals.

Cell Phone: Get enrollment support in the Lifeline cell phone program.

UPMC for You - NE/SE

1-800-286-4242

TTY: 711

www.upmchealthplan.com/foryou

Co-Pays*

Ambulance

Per trip \$0

Dental care \$0

Inpatient hospital

Per day \$0

Maximum with limits \$0

Medical centers

Ambulatory surgical center \$0

Federal Qualified Health Center / Regional Health Center \$0

Independent medical / surgical center \$0

Short procedure unit \$0

Medical equipment

Purchase \$0

Rental \$0

Medical visits

Certified nurse practitioner \$0

Chiropractor \$0

Doctor \$0

Optometrist \$0

Podiatrist \$0

Outpatient hospital

Per visit \$0

Prescriptions

Generic \$0

Brand name \$0

X-rays

Per visit \$0

Coordination of Care

Care Management Support: Care Managers assist with medical and basic needs - housing, food, other social services - plan for appointments, manage conditions, focus on medication adherence, drug disease recommendations, and aid with care coordination.

Care Management Programs

Free Health / Wellness Coaching: By phone or chat - support which focuses on wellness and achieving wellness goals – weight loss, smoking cessation, diabetes prevention, etc.

Member digital tools

Digital Tools: Mobile and web - Access ID cards, select a PCP, find care, view claims and coverage, chat with a Health Care Concierge. RxWell App - Support from a dedicated health coach. Programs to manage weight, activity, nutrition, and well-being.

Pregnancy Benefits

Baby Steps Maternity Program: Telephone/in-person support from health coaches during and after pregnancy. Incentive gift for program participation.

Healthy Kids Programs

Pediatric Care Management: Specialty nurses/social workers provide ongoing support, guidance, education, and resources to parents of children from birth to 21.

Vision Benefits

Adult Vision Care: Members over 21 receive a yearly allowance towards a pair of glasses or contacts lenses/fittings.

24 Hour Medical Help Line

UPMC MyHealth 24/7 Nurse Line: Free health care advice from a registered nurse.

UPMC AnywhereCare: Live video visit with a UPMC provider from your digital device.

Urgent Care Benefits

\$0 Copay Urgent Care Center Services: Visit an urgent care center or walk-in clinic within network at no cost to you.

Healthy Living and Health Education

Prescription for Wellness: Your doctor writes the prescription - a health coach helps you manage conditions and improve family health.

Other Benefits

Free Transportation: Free fixed route public transportation for non-medical needs.

Free Smartphone: (Eligible members) Generous data, talk, and text benefits. Apply for the Affordable Connectivity Program for unlimited talk, text, and more.

Preventive Rewards Program: (Eligible members) Gift card rewards for completing certain preventive services.

New Jersey Health Plans (Medicaid)



Income Chart effective January 1, 2024

1-800-701-0710
 TTY: 711
www.njfamilycare.org

FAMILY SIZE *	Adult(s) (Age 19-64)	Plan First** (Family Planning)	NJSPCP** & Pregnant Women (Any Age)	Children (Under Age 19)					
	Federal Poverty Level % (FPL)								
	0 - 138%	> 138 - 205%	0 - 205%	0 - 147%	> 147 - 150%	> 150 - 200%	> 200 - 250%	> 250 - 300%	> 300 - 355%
	Maximum Monthly Income								
1	\$1,732	\$2,573	\$2,573	\$1,845	\$1,883	\$2,510	\$3,138	\$3,765	\$4,456
2	\$2,351	\$3,492	\$3,492	\$2,504	\$2,555	\$3,407	\$4,259	\$5,110	\$6,047
3	\$2,970	\$4,411	\$4,411	\$3,163	\$3,228	\$4,304	\$5,380	\$6,455	\$7,639
4	\$3,588	\$5,330	\$5,330	\$3,822	\$3,900	\$5,200	\$6,500	\$7,800	\$9,230
5	\$4,207	\$6,250	\$6,250	\$4,482	\$4,573	\$6,097	\$7,621	\$9,145	\$10,822
6	\$4,826	\$7,169	\$7,169	\$5,141	\$5,245	\$6,994	\$8,742	\$10,490	\$12,414
Each Additional	\$619	\$920	\$920	\$660	\$673	\$897	\$1,121	\$1,345	\$1,592
Monthly Premium	No premium	No premium	No premium	No premium	No premium	No premium	No premium	No premium	No premium
Copayments	No copay	No copay	No copay	No copay	No copay	\$5 - \$10	\$5 - \$35	\$5 - \$35	\$5 - \$35

* The size of your family may be determined by the **total number** of parent(s) or caretaker(s), and all blood-related children under the age of 21 **who are tax dependent, as well as any other tax dependent** residing in the home.

** Plan First and NJSPCP do not meet the minimum essential health care coverage requirement.

