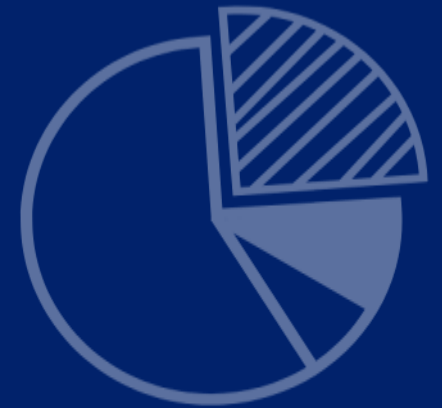
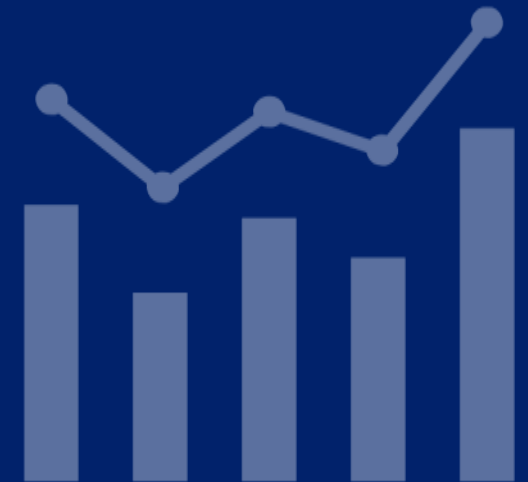




Funded Service Definitions & Data Review

FY2027-2028 Allocations Process - July 2026



AMBULATORY OUTPATIENT CARE

Outpatient/Ambulatory Health Services provide diagnostic and therapeutic-related activities directly to a client by a licensed healthcare provider in an outpatient medical setting.

Allowable activities include:

- Medical history taking
- Physical examination
- Diagnostic testing (including HIV confirmatory and viral load testing), as well as laboratory testing
- Treatment and management of physical and behavioral health conditions
- Behavioral risk assessment, subsequent counseling, and referral
- Preventive care and screening
- Pediatric developmental assessment
- Prescription and management of medication therapy

2022 Consumer Survey Data

- 12% of respondents had trouble accessing HIV medical care in the previous 12 months (it was also the most accessed service at 53.81%)
- Nearly 40% of respondents reported at least one comorbidity
- Incarceration since HIV diagnosis (19.4%)
- About 1 in 4 respondents did not always feel comfortable talking to their medical provider about personal / sensitive issues

WORTH NOTING

- **Program Guidance:** Emergency room visits are not allowable costs under this category
- According to 2024 EMA Care Continuum, 60.5% of PWH were virally suppressed
- January 2027, [thousands are predicted to lose Medicaid coverage](#) due to eligibility and work requirement changes
- As determined in August 2023, all RW outpatient/ambulatory sites provide telehealth options

MEDICAL CASE MANAGEMENT

Medical Case Management (MCM) is the provision of a range of client-centered activities focused on improving health outcomes in support of the HIV care continuum.

Key activities include:

- Assessment of service needs
- Development and re-evaluation (every 6 months) of an individualized care plan
- Client monitoring and advocacy
- Treatment adherence counseling to ensure readiness to adhere to complex HIV treatments

2022 Consumer Survey Data

- Most respondents (84.6%) had a MCM, and 82.1% were satisfied with their MCM
- MCM was the third most accessed service at 46.61%

WORTH NOTING

- **Program Guidance:** MCM goal is to improve health care outcomes with a focus on ensuring readiness and adherence to HIV treatment
- 1,841 intakes completed through CSU in 2025 – Emergencies and other priority populations immediately referred to MCM providers
- Consumer Feedback groups meet quarterly to improve MCM services as part of QIPs

MENTAL HEALTH SERVICES

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

2022 Consumer Survey Data

- Depression: 43.64%
- Anxiety: 43.64%
- PTSD: 13.14%
- 37.71% reported using mental health services
- 5.93% reported needing but not receiving this service

WORTH NOTING

- [PWH are twice as likely to experience mental health conditions](#)
- [Viral suppression is lower in those with bipolar disorder and mental health multimorbidity](#)
- Our EMA's residents are reporting more mentally unhealthy days than both state averages
- Between 15.1-19.3% of PWH suffer from depression and/or anxiety (MMP 2018-2022)
- MMP: suggests need

MEDICAL NUTRITION THERAPY

Key activities include:

- Nutrition assessment and screening
- Dietary/nutritional evaluation
- Food and/or nutritional supplements per medical provider's recommendation
- Nutrition education and/or counseling

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

2022 Consumer Survey Data

- 6.78% reported needing **but NOT receiving** this service
- 39.4% respondents reported high blood pressure
- 30% respondents reported high cholesterol
- 13.5% respondents reported diabetes

WORTH NOTING:

- **Program Guidance:** All activities under service must be pursuant to a medical provider's referral. Activities not provided by a registered/licensed dietician should be consider *Psychosocial Support Services*
- Over half (57.2%) of PWH within the EMA are 50+ as of 2024
- Nutritional Services were the least requested funded service for 2025 CSU Need at Intake (1.4%)

ORAL HEALTH CARE (DENTAL)

Oral Health Care activities include outpatient diagnosis, prevention, and therapy provided by dental health care professionals, including general dental practitioners, dental specialists, dental hygienists, and licensed dental assistants.

2022 Consumer Survey Data

- 7.63% reported needing but not receiving dental services
- Dental Care was the second most accessed service at 50% in the last 12 months

WORTH NOTING

- From FY2023 to FY2025, there was a 2.85% increase in oral health clients (42 more)
- January 2027, [thousands are predicted to lose Medicaid](#) coverage due to eligibility and work requirement changes

SUBSTANCE ABUSE TREATMENT (OUTPATIENT)

Key activities 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*

2022 Consumer Survey Data

- 2.9% needed **but did NOT get** the treatment
- 20.76% used this service in the last 12 months
- 9.75% reported ever being diagnosed with substance use disorder

WORTH NOTING

- **Program Guidance:** Acupuncture therapy may be allowable under this service category if included in a documented plan
- **Program Guidance:** Syringe access services are allowable, though not syringes themselves
- PWID were second highest rate of new diagnoses in Philadelphia (2024)
- PWID experience lowest percentages across continuum of care (2024) – only 52.1% of individuals were virally suppressed

EMERGENCY FINANCIAL ASSISTANCE (EFA)

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

2022 Consumer Survey Data

- 24.15% reported using the service in the last 12 months
- 10.6% reported never having heard of this service

WORTH NOTING

- **Program Guidance:** EFA funds are used to pay for otherwise allowable HRSA RWHAP services and must be accounted for under the EFA category. Direct cash payments are NOT permitted.
- **EFA** now covers security deposit
- On average, more than 2 in 5 renter households in the EMA (2024) spend 35% or more of their income on rent
- In 2024, 21.4% of Philadelphians lived at or below the poverty level (10% EMA-wide)
- For the 2024 NHBS cycle for PWID
 - 74% of respondents reported recent housing instability
 - 64.3% of respondents had a < \$10,000 household income

FOOD BANK/HOME DELIVERED MEALS

Food Bank/Home Delivered Meals refers to the provision of actual food items, hot meals, or a voucher program to purchase food. This also includes the provision of essential non-food items that are limited to the following:

- Personal hygiene products
- Household cleaning supplies
- Water filtration/purification systems in communities where issues of water safety exist

2021 Consumer Survey Data

- 32.6% used this service in the past year

WORTH NOTING:

- **Program Guidance:** Unallowable costs include household appliances, pet foods, and other non-essential products
- 2025 CSU data – 56.9% (most requested)*
- 2023 Food Insecurity Rates [1](#):
 - Philadelphia: 17.6% (71% above SNAP threshold)
 - Salem County: 13.2% (62% above threshold)
 - Camden County: 12.7% (60% above threshold)
 - Delaware County: 11.5% (50% above threshold)
- Prices for five of the six major food at home groups increased from 2024 to 2025 (3.1% increase as a whole)
- MMP Data suggests need

**specifically for food vouchers*

HOUSING ASSISTANCE

2022 Consumer Survey Data

Housing Assistance provides transitional, short-term, or emergency housing assistance to enable a client or family to gain or maintain outpatient/ambulatory health services and treatment, including temporary assistance necessary to prevent homelessness and to gain or maintain access to medical care.

Must provide clients with medical/supportive services OR enable access to services.

Cannot be used for mortgage payments.

- 11% of respondents reported needing but not receiving this service (#1 for unmet need)
- 64.8% rent or own a home
- 2.6% were in transitional housing
- 1.7% lived in a shelter
- 0.8% were staying with family/friends

WORTH NOTING

- Waiting list for HOPWA and Philadelphia Choice voucher program are both 7 to 8 years for people not currently homeless
- The linkage between medication nonadherence and unstable housing/homelessness is well documented [1](#) [2](#) [3](#)
- 2024 CSU data – 55.2% (3rd most requested)
- On average, more than 2 in 5 renter households in the EMA (2024) spend 35% or more of their income on rent
- 2018-2022 MMP: 22.5% reported unstable housing or homelessness in past 12 months
- During the 2025/26 Town Halls, the service most often cited throughout the EMA was housing, with half (50%) of respondents choosing housing as their top priority service

REFERRAL FOR HEALTH CARE AND SUPPORTIVE SERVICES

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.

WORTH NOTING:

- Currently funds the CSU Health Information line

LEGAL/OTHER PROFESSIONAL SERVICES

Legal/Other Professional Services involves professional/licensed help with legal matters related to or arising from HIV, including:

- Benefits assistance
- Discrimination because of HIV status
- Power of attorney
- Living wills
- Permanence planning—counseling for custody and placement of minors after a parent/caregiver is either deceased or can no longer care for them
- Tax preparation

2022 Consumer Survey Data

- 8% of respondents reported needing but not receiving this service (#3 for unmet need)

WORTH NOTING:

- **Program Guidance:** Legal assistance is not available for criminal cases
- 2025 CSU data need at intake: 6%, but benefits assistance requests was 16.88%
- Potential for more difficult access with SNAP and Medicaid work requirements/eligibility changes

MEDICAL TRANSPORTATION

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

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.

Limitations/Considerations:

- All trips classified as one-way
- Payer of last resort (must use ModivCare first)

2022 Consumer Survey Data

- 29.7% of respondents reported transportation problems as the reason they missed an HIV medical appointment in the previous 12 months
- 36.44% reported using the service in the last 12 months
- 5.93% not needing this service

WORTH NOTING

- **Program Guidance:** Can be provided through: Provider contracts; Mileage reimbursements; Purchase/lease of organizational vehicles; Volunteer drivers; Vouchers and tokens
- Second highest reported need at intake for CSU at 56.3% (2025)
- In 2024, those earning less than \$35,000 are less likely to drive (alone) than others and more likely to use ride-sharing services, motorcycle, bicycle, walking, or other means as a mode of transportation