PATERSON-PASSAIC COUNTY-BERGEN COUNTY
HIV HEALTH SERVICES PLANNING COUNCIL

BERGEN-PASSIAC TRANSITIONAL GRANT AREA

2025/26 Priority Setting & Resource Allocation Report

Table of Contents

1. Executive Summary

1.1 - Purpose of the Report

The report is intended to provide an overview of the annual convening and activities of the Planning Council for the Bergen-Passaic Transitional Grant Area (TGA). The council is comprised of a diverse group of members representing multiple organizations and community members. These organizations include those funded by significant public health initiatives such as the Ryan White HIV/AIDS Program (RWHAP), Centers for Disease Control and Prevention (CDC), Substance Abuse and Mental Health Services Administration (SAMHSA), and state-funded HIV/STI Prevention and Care organizations. The purpose is to document the council's efforts in guiding the development of priorities and the allocation of resources for HIV/AIDS services under the Ryan White Part A program in Bergen and Passaic Counties of New Jersey.

1.2 - Key Objectives

Priority Setting and Resource Allocation (PSRA): To conduct a data-driven PSRA process that is divided into four key components:

- Care for people living with HIV (PLWH) currently in the RW Part A/MAI care system.
- Integration of newly diagnosed PLWH into the RW Part A/MAI program using epidemiological data from the TGA.
- Re-engagement of out-of-care individuals into the care system, focusing on underserved populations within the TGA.
- Identification, testing, and linkage to care for individuals unaware of their HIV status through the EIS/EIIHA Plan, in collaboration with community partners and funded programs.

Community Representation and Involvement: To ensure the council reflects the community's diversity and that all decisions are made with comprehensive community input and data-driven insights.

Collaboration and Partnerships: To strengthen partnerships with local and federal agencies and organizations to enhance the effectiveness and reach of HIV/AIDS prevention and care programs across the TGA.

1.3 - Outcome Summary

- **Structured PSRA Model**: Developed an efficient and structured model for the 2025/26 Priority Setting and Resource Allocation process.
- **Resource Optimization:** Enhanced strategic allocation of resources to effectively address the needs of people living with HIV (PLWH) in Bergen and Passaic counties.
- **Improved Care Continuum:** Improved management of the care continuum for PLWH, ensuring better health outcomes and continuity of care.
- **Reduction in HIV Transmission:** Reduced HIV transmission rates through targeted prevention and care initiatives.
- **Collaborative Efforts:** Ensured collaboration with a variety of stakeholders, including federal and local agencies, to maximize the effectiveness of the initiatives.
- **Cultural Sensitivity and Alignment:** Programs developed are culturally sensitive and aligned with the latest public health strategies and data.

2. Introduction

2.1 - Scope and Purpose of the Priority Setting and Resource Allocations Process:

The Bergen-Passaic Transitional Grant Area (TGA), located in northeastern New Jersey, is a densely populated region with approximately 1.4 million residents, accounting for 16% of the state's population. This area faces significant socio-economic challenges, with a notable proportion of its population, particularly in Passaic County, living at or below 300% of the federal poverty level. The demographic complexity of the TGA is highlighted by its diverse population where 30% are foreign-born and over fifty languages are spoken at home. Additionally, Paterson, a major city within the TGA, is recognized as a key epicenter for HIV incidence, being one of the ten IMPACT cities in New Jersey with a high concentration of HIV infections.

The Priority Setting and Resource Allocation (PSRA) process in the Bergen-Passaic TGA is meticulously designed to address these unique regional challenges. Managed by the Planning Council, the PSRA process focuses on four main components: optimizing care for current PLWH within the RW Part A/MAI care system, integrating newly diagnosed individuals, re-engaging out-of-care individuals from underserved populations, and identifying and linking to care those unaware of their HIV status. This strategy leverages epidemiological data and collaborates closely with community partners and funded programs, ensuring a targeted and effective response to the local HIV epidemic.

The purpose of this robust PSRA process is to ensure strategic and equitable allocation of resources under the Ryan White HIV/AIDS Program (RWHAP) Part A, tailored to the demographic and specific needs of the Bergen-Passaic TGA. The Planning Council, comprising a diverse group of stakeholders, employs a participatory approach to incorporate extensive community input through various forums and assessments. This inclusive process, supported by comprehensive data analysis, guides the council's decisions on HIV-related services and resource allocation, aligning with the goals and strategies of the Integrated HIV Prevention and Care Plan. This plan acts as a dynamic roadmap to effectively manage the HIV care continuum in the region, aiming to reduce health disparities and improve outcomes across the TGA.

3. Process Overview

3.1 - Stakeholder Engagement:

a. **Planning Council (PC) Commissioners:** The Planning Council is a group of diverse community representatives responsible for making final decisions on priority setting and resource allocation. Members include individuals living with HIV, healthcare providers, community-based organizations, and representatives from government agencies. PC members analyze data, engage in discussions, and vote on priorities and resource allocations. Their decisions are essential to ensuring that funds are allocated effectively to meet the needs of the community.

b. **Ryan White HIV/AIDS Program Part A Recipient:** The RWHAP Part A Recipient, often a government entity or health department, is responsible for managing and administering the funds allocated through the PSRA process. The recipient provides data, technical assistance, and support to the Planning Council. They also ensure that the allocations align with federal guidelines and are implemented as intended.

c. **People with HIV (PWH):** Individuals who are directly affected by HIV and are receiving or in need of services. They represent the voice of the community and are crucial in identifying the needs and priorities for the PSRA process. PWH participate in the Planning Council or its committees, provide input on service needs, and help ensure that the decisions made are responsive to the community's actual needs.

d. **Community-Based Organizations (CBOs):** Nonprofit organizations that provide a range of HIV-related services, including medical care, support services, and advocacy. These organizations often work directly with PLWH. CBOs provide insight into service gaps, trends in service delivery, and emerging needs in the community. They may also participate in the Planning Council or committees and collaborate in the implementation of prioritized services.

e. **Healthcare Providers:** Medical professionals and institutions that deliver HIV care and treatment, including hospitals, clinics, and private practices. Healthcare providers contribute medical data and expertise on the effectiveness of different services and interventions. They help the Planning Council understand the clinical implications of funding decisions and ensure that services are medically appropriate.

f. **Government Agencies:** Local and state health departments, social services, and other governmental entities involved in public health and HIV care. Government agencies provide epidemiological data, funding, and policy guidance. They ensure that the PSRA process aligns with broader public health strategies and regulations.

g. **Public and Community Members:** Individuals from the public who may be affected by or have an interest in the outcomes of the PSRA process. Public input is often solicited through meetings, forums, or surveys to gather broader community perspectives and ensure transparency in decision-making.

3.2 - Methods of Engagement

a. **Planning Council (PC) Commissioners:** The Bergen-Passaic TGA Planning Council includes diverse stakeholders to comply with HRSA's mandates on representativeness, which specifies required categories for representation. The PC actively engages in discussions, decision-making, and voting on priority setting and resource allocation, ensuring a broad spectrum of perspectives is considered.
b. **Public Meetings and Forums:** The council organizes several committee meetings annually, along with community forums to engage consumers.
c. **Subcommittees and Workgroups:** The council regularly discusses the formation of ad hoc committees or workgroups to undertake specific tasks, which may include setting service standards, analyzing data, or enhancing community engagement.
d. **Community Involvement:** The annual Day of Capacity in the Bergen-Passaic TGA focuses on team building and recruitment, bringing together healthcare providers, community organizations, and residents to enhance HIV prevention and care efforts. This event strengthens community engagement, provides training, and opens avenues for new participants to join the fight against HIV/AIDS.
e. **Community Needs Assessments and Surveys:** The Planning Council regularly conducts surveys to assess the needs of both the council and the community. Comprehensive needs assessments are also performed to collect insights from people living with HIV, service providers, and the wider community. These surveys help identify service needs, gaps, and barriers to care, incorporating stakeholder input to prioritize needs.
f. **Data Sharing and Transparency:** The PC consistently shares relevant and updated data from the recipient's office and other sources. This information, including reports and findings, is disseminated among all stakeholders to ensure transparency and informed participation. The council reviews and interprets this data to make evidence-based recommendations and decisions, fostering a collaborative relationship with the recipient and stakeholders and ensuring informed processes, including the completion of the legislatively required PSRA process.
g. **Collaborative Partnerships:** The PC fosters partnerships with community-based organizations, healthcare providers, and advocacy groups to promote ongoing dialogue and collaboration throughout the PSRA process. These partnerships facilitate continuous input, shared resources, and joint efforts to address identified priorities and service gaps.
h. **Training and Capacity Building:** The PC conducts regular training sessions focused on capacity building, understanding the functions of the PC, and the importance of processes and legislative mandates, including the PSRA.
i. **Regular Updates and Communication:** The PC maintains open communication with stakeholders through emails and regular updates on the progress and outcomes of the PSRA process. Continuous communication keeps stakeholders informed and engaged, fostering ongoing participation and responsiveness to emerging needs. Stakeholders are provided opportunities for regular updates and presentations.
j. **Evaluation and Continuous Improvement:** The committee conducts post-process evaluations to assess community involvement and the effectiveness of the PSRA process, using this feedback to enhance future cycles. Stakeholders participate in evaluating the process, providing insights on what worked well and identifying areas for improvement.

3.3 - Data Collection and Analysis

3.3.1 - Needs Assessment: The Planning Council (PC) conducted a thorough review of Needs Assessment data spanning back to 2019, focusing on understanding the evolving needs of various demographic groups within the HIV community in their area. They analyzed data across five specific categories: clients aged 55 and over, uninsured individuals, Hispanic/Latinx populations, Black/African American communities, and an overall aggregate of the data. This detailed breakdown helped the PC to pinpoint which services are crucial for maintaining viral suppression and which services effectively facilitate linkage to care for these distinct groups.

Additionally, the PC recognizes the significant impact that the COVID-19 pandemic has had on public health and service delivery. They understand that the pandemic altered the needs and access to care for people living with HIV. Consequently, there is a pressing need for updated and current Needs Assessment data to accurately reflect these changes and to ensure that resource allocation and service provision are responsive to the current realities faced by the community. This understanding underscores the importance of continuous data evaluation and the adaptation of strategies to meet emergent needs effectively.

3.3.2 - Epidemiological Data Review: The Planning Council (PC) conducted a thorough review of epidemiological data from 2020 to 2022, focusing on key changes in demographic and exposure categories that could impact decision-making. The data covered various aspects including age at diagnosis, race/ethnicity distribution, gender breakdown, and exposure categories. Key observations included a slight increase in HIV incidence, particularly in the 20-44 age group, higher prevalence and incidence rates among Hispanic/Latino and African American populations, a notable increase in HIV incidence among males, and an upward trend in HIV incidence among men who have sex with men (MSM).

The PC utilized this epidemiological data in their decision-making process by identifying trends and shifts in affected populations, recognizing emerging or growing at-risk groups, aligning service priorities with the demographic profile of those most affected by HIV/AIDS in the region, informing strategies for outreach and prevention efforts, and considering the aging population living with HIV/AIDS when planning for long-term care needs. This data-driven approach ensures that the PC's decisions on service priorities and resource allocation are responsive to the current epidemiological landscape of the Bergen-Passaic TGA, enabling more effective and targeted HIV/AIDS prevention and care services.

3.3.3 - Service Utilization and Gaps Analysis: The Planning Council (PC) conducted a comprehensive review of service utilization data for a wide range of HIV/AIDS services in the Bergen-Passaic TGA from 2020 to 2023. This analysis covered crucial services including Outpatient Ambulatory Health Services (OAHS), Oral Health Services, Early Intervention Services (EIS), Health Insurance Premium and Cost Sharing Assistance (HIPCSA), Mental Health Services, Medical Case Management (MCM), Substance Abuse Services, Non-Medical Case Management, Food Bank/Home Delivered Meals, and several others. The data provided insights into the number of clients served, cost per client, and total expenditure for each service category, allowing the PC to identify trends and shifts in service utilization over time.

Of particular significance was the data on Medical Case Management (MCM), which revealed notable changes in utilization patterns. The analysis showed a 13.4% decrease in the number of clients served (from 402 to 348) between 2019 and 2023, coupled with a 7.7% increase in cost per client (from $710.18 to $764.85). Despite the reduced client numbers, the overall expenditure for MCM decreased by only 6.8% (from $285,494.14 to $266,169.00). These shifts suggest a changing landscape of client needs, indicating improved health outcomes, changes in service delivery models, or a need for more intensive case management for those remaining in care.

The PC utilized this information to inform critical decisions for the upcoming grant year. This includes reassessing the priority level of MCM in relation to other services, considering adjustments to resource allocations to reflect changing utilization patterns, and exploring the reasons behind the decreased client numbers and increased per-client costs. The data also prompts an evaluation of the efficiency and effectiveness of current MCM services given these changing patterns. By adopting this data-driven approach, the PC can make informed decisions about resource allocation and service prioritization, ensuring that the evolving needs of the HIV/AIDS community in the Bergen-Passaic TGA are effectively addressed in future grant years, while also maintaining the flexibility to respond to emerging trends in service utilization across all categories.

4. Priority Setting

4.1 - Criteria for Prioritization

The committee reviewed different data sets, noting that HRSA has identified 28 service categories that are allowable to fund. The categories are divided into two categories, core, and support services.

- After discussion weights were determined based on the following criteria:
  - 1 - Highest importance
  - 3 - Moderate importance
  - 5 - Not important

4.2 - Process for Setting Priorities

In the priority setting process, the Planning Council (PC) meticulously reviews all available datasets for relevancy and currency, ensuring that decisions are based on the most valuable and up-to-date information. This comprehensive review includes examining epidemiological trends, service utilization patterns, and client demographics. The committee pays particular attention to service utilization data across all categories, considering previously ranked priorities, total clients served, and utilization trends for each grant year. A notable finding from their recent analysis of services used by total unduplicated clients from 2020-2024 was the shift of non-medical case management to the #1 position in 2023. This change underscores the dynamic nature of client needs and highlights the importance of the PC's ongoing data review process in capturing and responding to these shifts. By maintaining this data-driven approach, the PC ensures that their priority setting remains responsive to the evolving needs of the HIV/AIDS community in the Bergen-Passaic TGA.

The committee met on August 6, 2024, for its PSRA workshop during this workshop the PC:

- Reviewed the Ryan White HIV/AIDS program glossary of terms
- Reviewed PCN 16-02: Policy Clarification Notice (PCN) #16-02 - Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds
- Reviewed the Notice of Award for the City of Paterson
- Reviewed the legislative roles and responsibilities of the Planning Council
- Reviewed epidemiological data
- Reviewed service utilization data

4.3 - Final Prioritization Decisions

Bergen-Passaic TGA - Ryan White Part A

2025/26 Prioritized Service Categories

Approved by the Bergen-Passaic Planning Council on 8/13/2024

Service Category	2025 Ranking	2024 Ranking	2023 Ranking	2022 Ranking	2021 Ranking	2020 Ranking	2019 Ranking
Non-Medical Case Management Services	**1**	1	3	5	1	3	1
Outpatient/Ambulatory Health Services	**2**	2	1	1	6	4	4
Medical Case Management	**3**	3	6	22	20	21	25
Health Education / Risk Reduction	**4**	4	9	4	2	2	6
Food Bank / Home Delivered Meals	**5**	7	4	9	10	17	12
Oral Health Care	**6**	6	2	2	4	1	3
Mental Health Services	**7**	9	5	7	8	5	7
Outreach Services	**8**	5	17	16	18	14	14
Medical Transportation	**9**	8	7	11	13	16	23
Substance Abuse Services-Outpatient	**10**	11	12	15	14	9	11
Early Intervention Services	**11**	10	13	6	5	19	16
Psychosocial Support Services	**12**	14	16	17	11	13	18
Other Professional Services: Legal Services & Permanency Planning	**13**	12	15	12	17	8	13
Health Insurance Premium & Cost Sharing Assistance	**14**	13	14	10	22	11	15
Housing Services	**15**	15	8	24	27	25	24
Medical Nutrition Therapy	**16**	17	10	19	9	6	8
Emergency Financial Assistance	**17**	16	11	13	12	12	20
Child Care Services	**18**	18	19	21	21	23	22
AIDS Drug Assistance Program	**19**	19	18	3	3	7	2
AIDS Pharmaceutical Assistance - Local	**20**	20	28	18	16	18	10
Home and Community-Based Health Services	**21**	21	22	14	19	10	9
Home Health Care	**22**	22	20	23	24	24	26
Hospice Services	**23**	23	23	20	15	20	17
Linguistic Services	**24**	24	21	8	7	15	5
Referral for Health Care and Supportive Services	**25**	25	24	25	23	26	19
Rehabilitation Services	**26**	26	25	26	25	27	27
Respite Care	**27**	27	26	27	28	28	28
Substance Abuse Servcies - Residential	**28**	28	27	28	26	22	21

5. Resource Allocations

5.1 - Allocation Framework

The committee looked at the recommended allocations for 2025. It was noted that non-medical case management will no longer be funded.

Two new categories will be funded:

1. Health Education Risk Reduction will be funded at 1%.
2. Referral for Healthcare and Support Services will be funded at 7%.

It was noted that part of these changes was a result of the case management redesign.

The committee reviewed potential allocation options based on the % of service dollars from previous years, options included:

- Low – Lowest % of awarded service dollars
- High – Highest % of awarded service dollars
- Average – The average of the previous years
- Recommended – The recommended amount via the recipient's input
- Other – Other recommendations of the Planning Council

5.2 - Budget Considerations

There were discussions related to medical transportation and how it relates to consumers being able to make it to their appointments. There were concerns regarding the current transportation policy.

5.3 - Decision-Making Process:

The decision-making process undertaken by the Planning Council (PC) during their day 2 workshop on August 13, 2024, followed a structured and comprehensive approach:

1. **Review of Data Sets:** The workshop began with the PC members reviewing various data sets pertinent to HIV/AIDS services. This included the latest data on epidemiological trends, service utilization, and other relevant metrics. The goal was to ensure that all decisions were informed by the most current and relevant data available.

2. **Service Utilization Review by Category:** Following the data review, the committee proceeded to examine service utilization for each specific category. This involved looking at the number of clients served, the types of services most utilized, and any recent changes in service demand. This step was crucial for identifying which services were most critical to the community.

3. **Historical Spending Review:** The PC then reviewed historical spending data to assess how funds had been allocated across different services in previous years. This review helped to identify spending trends, efficiencies, or areas of under-utilization where adjustments could be warranted.

4. **Setting and Approving Service Utilization:** With a clear understanding of both current service utilization and historical spending, the PC set forth to define the expected service utilization for the upcoming period. This involved making projections based on current needs and anticipated changes in the community's demographic or health trends.

5. **Setting and Approving Priorities:** Finally, the committee set and approved the priorities for service funding and initiatives based on the comprehensive data review and discussions. This step involved prioritizing services that address the most pressing needs, align with funding availability, and support the overall health outcomes of the community.

This rigorous process ensures that all decisions made by the PC are data-driven, reflect the current needs of the HIV/AIDS community, and are aligned with strategic objectives to maximize the impact of the resources available.

5.4 - Final Allocation Decisions:

Bergen-Passaic TGA Ryan White Part A

2025/26 Resource Allocation by Service Category

Approved by the Bergen-Passaic Planning Council on 08/13/2024

Service Category		2025/26	2025/26 % Request
Medical Case Management	$	539,699	16.5000%
Outpatient/Ambulatory Health Services	$	1,177,525	36.0000%
Oral Health Care	$	327,090	10.0000%
Early Intervention Services	$	147,191	4.5000%
Health Insurance Premium/CSA	$	65,418	2.0000%
Mental Health Services	$	171,722	5.2500%
Substance Abuse Services (Outpatient)	$	163,545	5.0000%
Case Management Non-Medical	$	-	NF
Food Bank/Home Delivered Meals	$	163,545	5.0000%
Other Professional Service: Legal Services	$	40,886	1.2500%
Medical Transportation	$	163,545	5.0000%
Psychosocial Support Services	$	49,064	1.5000%
Health Education Risk Reduction	$	32,709	1.0000%
Referral for Health Care and Support Services	$	228,963	7.0000%
Total Request for Services Formula/Supplemental	$	3,270,902	100.0000%
15% Grantee Administration	$	577,218	
TOTAL REQUEST FOR FORMULA/SUPPLEMENTAL	$	3,848,120	

MAI Service Category		2025/26	2025/26 % Request
Substance Abuse Services (Outpatient)	$	118,524	40.00%
Medical Case Management (2025)	$	118,524	40.00%
Early Intervention Services	$	29,631	10.00%
Health Education/Risk Reduction	$	29,631	10.00%
Total Request for Services MAI	$	296,310	100.0000%
15% Grantee Administration	$	52,290	
TOTAL REQUEST FOR MAI	$	348,600	

Total Grant Request for Services including MAI	$	3,567,212
15% Grantee Administration	$	629,508
TOTAL GRANT REQUEST	$	4,196,720

80.14%	Core Services	$	2,858,868.84
18.94%	Support Services	$	675,634.15

6. Challenges and Solutions

6.1 - Challenges Faced During the Process & Lessons Learned

It was asked that people representing their interest for their organizations to take a backseat and focus on the importance of the entire service delivery area and not selfishly grandstand for themselves.

6.2 - Mitigation Strategies

To mitigate issues of conflicts of interest and ensure that decisions are made for the benefit of the entire service delivery area rather than individual organizational interests, the Planning Council (PC) has implemented an initiative-taking approach at the start of every meeting. This approach involves a clear process for identifying and addressing potential conflicts of interest among its members.

At the beginning of each meeting, members are asked to declare any personal or organizational interests that might influence their decision-making. This is a vital step that helps to maintain transparency and integrity in the council's operations. By requiring members to openly express any conflicts, the PC fosters an environment of accountability where decisions are scrutinized not just for their impact but also for the impartiality with which they are made.

Furthermore, whenever a conflict of interest is declared, the committee carefully reviews it. The member with the conflict may be asked to abstain from voting on related matters or, in some cases, to recuse themselves from certain discussions. This ensures that decisions are made without undue influence and reflect the best interests of the community, rather than specific organizations. This practice not only helps in maintaining the focus on the collective needs of the service delivery area but also builds trust and credibility within the community and among the council members themselves.

6.3 - Key lessons learned throughout the process that can inform future efforts

Based on the information provided about the Priority Setting and Resource Allocation (PSRA) process, several key lessons can be learned that are applicable to similar planning and decision-making initiatives:

1. **Importance of Inclusivity and Stakeholder Engagement**: One of the most vital lessons is the importance of involving a diverse range of stakeholders in the decision-making process. Consumers play a critical role as they provide firsthand insights into the effectiveness and gaps in service delivery. Their active participation ensures that the decisions made truly reflect the needs of those most affected by HIV/AIDS services.
2. **Collaborative Approach Enhances Understanding**: The involvement of the recipient's office and subrecipients brought additional layers of knowledge and perspectives to the table. This collaborative approach allowed for a more comprehensive understanding of the challenges and opportunities within the HIV/AIDS care continuum. Engaging different stakeholders not only broadens the perspective but also fosters a sense of shared responsibility and commitment to the outcomes.
3. **Data-Driven Decision Making is Crucial**: The emphasis on utilizing up-to-date, robust data to inform decisions was a key strength of the PSRA process. Data-driven decision making helps to ensure that resources are allocated based on objective evidence of what is most effective and necessary. This approach minimizes subjective biases and focuses on measurable outcomes, making the process more transparent and accountable.
4. **Knowledgeable Facilitation and Support Staff**: The effectiveness of the process was significantly enhanced by the presence of knowledgeable support staff who were well-prepared to present relevant data and guide discussions. Their expertise ensured that the discussions were focused and productive, allowing for a thorough consideration of all opinions and perspectives.
5. **Benefits of In-Person Meetings**: The feedback on the in-person meeting format highlighted the value of direct, personal engagement in complex decision-making processes. In-person interactions tend to facilitate clearer communication and a deeper understanding of the issues at hand, which can be crucial when discussing nuanced topics like resource allocation for health services.

6.4 - Summary of PSRA process feedback

Based on the survey data from the Bergen TGA Priority Setting & Resource Allocation (PSRA) Workshop held on August 13, 2024, participants had an incredibly positive experience. All respondents rated the overall quality of the hybrid workshop, the data presented, the data packets, and the presenters as "Excellent." The PSRA process itself was unanimously rated as "Very successful." Participants particularly appreciated the data-driven approach and the knowledgeable staff presenting the information. One respondent noted, "This was by far the best Priority Setting session I have ever seen," highlighting the effectiveness of the data presentation and the inclusive discussion. The in-person aspect of the meeting was highly valued, with a participant stating, "Much better in person than on zoom," emphasizing the benefits of face-to-face interaction for understanding complex processes. However, there was a suggestion for improvement, with one respondent recommending that representatives of organizations should focus more on the entire service delivery area rather than their individual interests. Overall, the survey indicates that the PSRA workshop was well-executed, informative, and successful in engaging participants in a meaningful priority-setting process.

7. Conclusion

7.1 - Summary of Findings

7.1.1 - Recap outcomes of Priority Setting.

The Planning Council prioritized service categories for the Bergen-Passaic Transitional Grant Area (TGA) Ryan White Part A program for the fiscal year 2025/26, as approved on August 13, 2024. They ranked 28 different HIV/AIDS-related service categories, comparing their priorities from 2019 to 2025. The rankings reflect the changing needs and priorities of the HIV/AIDS community in the Bergen-Passaic area over time, with some services consistently ranking high (such as Non-Medical Case Management Services and Outpatient/Ambulatory Health Services) and others fluctuating in priority across the years.

7.1.2 - Recap outcomes of Resource Allocation.

The Planning Council set the 2025/26 Resource Allocation by Service Category for the Bergen-Passaic TGA Ryan White Part A program, as approved by on August 13, 2024. The Planning Council reviewed the allocation of funds across various HIV/AIDS-related services, with the largest portions going to Outpatient/Ambulatory Health Services (36%), Medical Case Management (16.5%), and Oral Health Care (10%). The total request for Formula/Supplemental funding is $3,848,120, which includes a 15% grantee administration fee. Additionally, it shows the allocation for Minority AIDS Initiative (MAI) services, totaling $348,600. The combined total grant request, including both regular services and MAI, amounts to $4,196,720, with 80.14% allocated to core services and 18.94% to support services.

8. Final Thoughts

- The Priority Setting and Resource Allocation (PSRA) process was highly informative and inclusive, incorporating extensive feedback from multiple stakeholders. Consumers played a crucial role, actively expressing their concerns and sharing insights about the current situation in the community. This direct input from those most affected by HIV/AIDS services ensured that real-world needs were at the forefront of decision-making.
- The process also benefited from the involvement of the recipient's office and subrecipients, who provided valuable perspectives on service delivery, challenges, and opportunities for improvement. This collaborative approach fostered a comprehensive understanding of the HIV/AIDS care continuum within the Bergen-Passaic TGA.
- A key strength of the PSRA process was its data-driven nature. Decisions were grounded in robust, up-to-date information, including epidemiological data, service utilization statistics, and outcome measures. This emphasis on data ensured that resource allocations were based on objective evidence of community needs and program effectiveness.
- By combining consumer voices, provider expertise, and accurate data, the PSRA process created a well-rounded, informed approach to prioritizing services and allocating resources. This comprehensive methodology helps ensure that the Ryan White HIV/AIDS Program funds are distributed in a way that best serves the diverse needs of the HIV/AIDS community in Bergen and Passaic Counties.
- It was very data driven and the support staff presenting the data was truly knowledgeable. He guided a great discussion that was considerate of everyone’s opinion.
- It was noted that the in-person meeting offered more personal engagement, and it was easier to get a better understanding of the process.

9. Appendices

Appendix A: GY24 PSRA Day 1 Packet

Appendix B: GY24 PSRA Day 2 Packet

Appendix C: Final 2025/26 Approved Prioritized Service Categories

Appendix D: Final 2025/26 Approved Resource Allocations

Appendix E: PSRA Meeting Feedback

PATERSON-PASSAIC COUNTY-BERGEN COUNTY
HIV HEALTH SERVICES PLANNING COUNCIL

GY2025/26

Priority Setting & Resource Allocations Packet

VIRTUAL ONLY – JOIN VIA ZOOM

PSRA Workshop – Day 1
Tuesday, August 6, 2024
10:00 a.m. – 3:00 p.m.

https://us02web.zoom.us/j/81605126971?pwd=RGNrZzdodC9ZU3RPL1RuOFMzMVJXdz09

Documents Included:

1. Agenda
2. Ryan White Glossary of Terms
3. Policy Clarification Notice (PCN) 16-02
4. 2024 Notice of Award (NOA)
5. PSRA Data Training Workshop

PATERSON-PASSAIC COUNTY-BERGEN COUNTY
HIV HEALTH SERVICES PLANNING COUNCIL

Ric Miles- Chair & Andriana Herrera - Vice Chair

www.bergenpassaictga.org

2025/26 Priority Setting and Resource Allocations
VIRTUAL ONLY – JOIN VIA ZOOM
PSRA Workshop – Day 1
Tuesday, August 6, 2024
10:00 a.m. – 3:00 p.m.

Join Zoom Meeting
https://us02web.zoom.us/j/81605126971?pwd=RGNrZzdodC9ZU3RPL1RuOFMzMVJXdz09
Meeting ID: 816 0512 6971
Passcode: 826372

AGENDA

1. **Moment of Silence**
   The chair will call the meeting to order and recognize a moment of silence.

2. **Welcome by the Chair**
   The chair will welcome everyone to the meeting and proceed to read the Mission Statement and Open Public Meeting Statements.

   Reading of Mission Statement
   We strive to identify all individuals living with HIV/AIDS or at risk of HIV infection in Bergen and Passaic Counties and provide access to prevention, continuous care, and support services
   Reading of Open Public Meeting Statement
   Open Public Meeting Act Statement– In compliance with the Open Public Meetings Act of the State of New Jersey, notification of this meeting has been sent to The Record and the Herald News and notices have been posted on the Planning Council webpage at www.bergenpassaictga.org. Meeting notices are also posted on the bulletin board at the City of Paterson Grants Management Division- Ryan White/HOPWA Office.

3. **Roll Call**
   The chair will call the meeting to order and establish a quorum through support staff announcing each participant in the teleconference participants list.

4. **Public Comments and Emerging Trends** *(Discussion, all matters in this item are information only)*
   This is a period devoted to comments and discussion by the public about items listed on this agenda. No action may be taken on a matter raised under this item of the agenda until the matter itself has been included specifically on the agenda as an item upon which action will be taken. Comments will be limited to three minutes per person.

5. **Priority Setting and Resource Allocations (PSRA) Training and Data Review**

6. **Q&A: Data Training Wrap Up**

7. **Public Comments and Emerging Trends** *(Discussion, all matters in this item are informational only)*
   This is a moment for members of the public to make public comments or discuss emerging trends in the TGA.

8. **Next Meeting – Planning Council, Tuesday, August 13, 2024**
   9:00am – 10:00pm - Steering Committee
   10:00am – 4:00pm – Mandatory in person PSRA

9. **Adjournment**
   The Chair will entertain a motion and a second to approve the adjournment of this meeting.

RYAN WHITE HIV/AIDS PROGRAM GLOSSARY OF TERMS

Below are terms used most frequently in HRSA's Ryan White HIV/AIDS Program (RWHAP).

Administrative or Fiscal Agent
Entity that functions to assist the Ryan White HIV/AIDS Program recipient or planning body in carrying out administrative activities (e.g., disbursing program funds, developing reimbursement and accounting systems, developing funding announcements, monitoring contracts).

Affordable Care Act (ACA)
Federal law comprised of expanded health insurance coverage and health care delivery innovations designed to achieve better health outcomes by increasing the number of insured Americans, reducing care costs, and improving the overall American health care system. Enacted in 2010 as the Patient Protection and Affordable Care Act.

Agency for Healthcare Research and Quality (AHRQ) (link is external)
Federal agency within HHS that supports research designed to improve the outcomes and quality of health care, reduce its costs, address patient safety and medical errors, and broaden access to effective services.

AIDS Drug Assistance Program (ADAP) (link is external)
Administered by States and authorized under Part B of the Ryan White HIV/AIDS Treatment Extension Act. Provides FDA-approved medications to low-income individuals with HIV disease who have limited or no coverage from private insurance or Medicaid. ADAP funds may also be used to purchase insurance for uninsured Ryan White HIV/AIDS Program clients as long as the insurance costs do not exceed the cost of drugs through ADAP and the drugs available through the insurance program at least match those offered through ADAP.

ADAP Data Report (ADR)
Reporting requirement for ADAPs to provide client-level data on individuals served, services being delivered, and costs associated with these services.

AIDS
Acquired Immune Deficiency Syndrome. A disease caused by the human immunodeficiency virus (HIV).

AIDS Education and Training Center (AETC) (link is external)
Regional centers providing education and training for primary care professionals and other AIDS-related personnel. AETCs are authorized under Part F of the Ryan White HIV/AIDS Program.

AIDS Service Organization (ASO)
An organization that provides primary medical care and/or support services to populations infected with and affected by HIV disease.

Annual Gross Income
A measure of income. There are several ways to measure an individual’s Annual Gross Income. For example, these forms of income could be used by the provider for the purposes of imposition of charges:

- Gross Income: the total amount of income earned from all sources during the calendar year before taxes.
- Adjusted Gross Income: gross income less deductions.

Antiretroviral Therapy
An aggressive anti-HIV treatment including a combination of three or more drugs with activity against HIV that is designed to reduce viral load to undetectable levels.

Applicable Services
Any RWHAP service with a distinct fee typically charged in the local market. In the broader healthcare community this distinct fee is often referred to as a usual, customary, and reasonable (UCR) fee.

Cap on Charges
The limitation on aggregate charges imposed during the calendar year based on patient's annual gross income. All fees must be waived once a RWHAP patient reaches their cap for that calendar year.

Capacity
Core competencies that substantially contribute to an organization's ability to deliver effective HIV/AIDS primary medical care and health-related support services. Capacity development activities should increase access to the HIV/AIDS service system and reduce disparities in care among underserved people living with HIV (PLWH) in the EMA.

CARE Act (Ryan White Comprehensive AIDS Resources Emergency Act)
Now referred to as the Ryan White HIV/AIDS Program, this was the name of the original federal legislation (link is external) created to address the unmet health care and service needs of people living with HIV Disease (PLWH) disease and their families. The legislation was enacted in 1990 and reauthorized in 1996 and 2000. The legislation was subsequently reauthorized as the Ryan White HIV/AIDS Treatment Modernization Act of 2006 and later as the Ryan White HIV/AIDS Treatment Extension Act of 2009.

CDC/HRSA Advisory Committee on HIV, Viral Hepatitis and STD Prevention and Treatment
This advisory committee, often referred to as the CHAC, advises the Secretary, HHS; the Director, CDC; and the Administrator, HRSA, regarding objectives, strategies, policies, and priorities for HIV, Viral Hepatitis, and STD prevention and treatment efforts.

Centers for Disease Control and Prevention (CDC) (link is external)
Federal agency within HHS that administers disease prevention programs including HIV/AIDS prevention.

Centers for Medicare and Medicaid Services (CMS) (link is external)
Federal agency within HHS that administers the Medicaid, Medicare, the Children's Health Insurance Program (CHIP) and the Health Insurance Marketplace.

Chief Elected Official (CEO)
The official recipient of Part A or Part B Ryan White HIV/AIDS Program funds. For Part A, this is usually a city mayor, county executive, or chair of the county board of supervisors. For Part B, this is usually the governor. The CEO is ultimately responsible for administering all aspects of their Part's RWHAP Act funds and ensuring that all legal requirements are met.

Client Level Data (CLD)
Information collected on each client eligible for and receiving RWHAP core medical services or support services. The data elements reported per client are determined by the specific RWHAP services that the agency is funded to provide.

Community-based Organization (CBO)
An organization that provides services to locally defined populations, which may or may not include populations infected with or affected by HIV disease.

Community Based Dental Partnership Program (CBDPP)
A program under the Ryan White HIV/AIDS Program (Part F) that delivers HIV/AIDS dental care while simultaneously training dental professionals in these areas in order to expand community capacity to deliver HIV oral health care.

Community Forum or Public Meeting
A small-group method of collecting information from community members in which a community meeting is used to provide a directed but highly interactive discussion. Similar to but less formal than a focus group, it usually includes a larger group; participants are often self-selected (i.e., not randomly selected to attend).

Co-morbidity
A disease or condition, such as hepatitis, mental illness or substance abuse, co-existing with HIV disease.

Comprehensive Planning
The process of determining the organization and delivery of HIV services. This strategy is used by planning bodies to improve decision-making about services and maintain a continuum of care for PLWH.

Community Health Centers
See Health Centers.

Consortium/HIV Care Consortium
A regional or statewide planning entity established by many State recipient under Part B of the Ryan White HIV/AIDS Program to plan and sometimes administer Part B services. An association of health care and support service agencies serving PLWHA under Part B.

Continuous Quality Improvement
An ongoing process that involves organization members in monitoring and evaluating programs to continuously improve service delivery. CQI seeks to prevent problems and to maximize the quality of care by identifying opportunities for improvement.

Continuum of Care (link is external)
The extent to which a person living with HIV disease is engaged in HIV/AIDS care and is realizing the full advantages of care and treatment—from initial diagnosis and engagement in care to full viral suppression. Generally referred to as the HIV Care Continuum.

Core Medical Services
Essential, direct, health care services for HIV/AIDS care specified in the Ryan White legislation. Recipient/subrecipient expenditures are limited to core medical services, support services, and administrative expenses.

Cultural Competence
The knowledge, understanding, and skills to work effectively with individuals from differing cultural backgrounds.

Data Terms
For definitions of terms, see data dictionaries for the Ryan White Services Report (RSR) (link is external) and the ADAP Data Report (ADR) (link is external).

Documentation
Papers and documents required from clients, as defined by the recipient, in order to assure all RWHAP statutory requirements are met.

Early Intervention Services (EIS)
Activities designed to identify individuals who are HIV-positive and get them into care as quickly as possible. As funded through Parts A and B of the Ryan White HIV/AIDS Program, includes outreach, counseling and testing, information and referral services. Under Part C Ryan White HIV/AIDS Program, also includes comprehensive primary medical care for individuals living with HIV/AIDS.

Eligible Metropolitan Area (EMA)
Geographic areas highly-impacted by HIV/AIDS that are eligible to receive Ryan White HIV/AIDS Program Part A funds To be an eligible EMA, an area must have reported more than 2,000 AIDS cases in the most recent 5 years and have a population of at least 50,000. See also Transitional Grant Area, TGA.

Eligible Scope
A method of data collection based on a client's ability to receive federally funded RWHAP services using established recipient criteria.

Epidemiologic Profile
A description of the current status, distribution, and impact of an infectious disease or other health-related condition in a specified geographic area. Specific to HIV planning, a description of the burden of HIV in the population of an area in terms of socio-demographic, geographic, behavioral, and clinical characteristics of persons newly diagnosed with HIV, PLWH, and persons at higher risk for infection.

Epidemiology
The branch of medical science that studies the incidence, distribution, and control of disease in a population.

Ending the HIV Epidemic (EHE)
Ending the HIV Epidemic in the U.S. (EHE) is a bold plan announced in 2019 that aims to end the HIV epidemic in the United States by 2030.

Family-Centered Care
A model in which systems of care under Ryan White Part D are designed to address the needs of PLWHA and affected family members as a unit, providing or arranging for a full range of services. Family structures may range from the traditional, biological family unit to non-traditional family units with partners, significant others, and unrelated caregivers.

Federal Poverty Level (FPL)
A measure of income issued every year by HHS. Federal poverty levels are commonly used to determine eligibility for certain programs and benefits such as Medicaid, Food Stamps, the Children's Health Insurance Program (CHIP), and RWHAP.

Fee-for-Service
The method of billing for health services whereby a physician or other health service provider charges the payer (whether it be the patient or his or her health insurance plan) separately for each patient encounter or service rendered.

Fee Schedule
A complete listing of billable services, those with UCR fees, and their associated fees based on locally prevailing rates or charges. A fee schedule is used by healthcare providers to identify which services they bill for and for how much. A fee schedule is not a schedule of charges. A fee schedule is not required by the RWHAP legislation, but it may be useful as the basis for a schedule of charges. Having one in place is considered a best practice and, for those multi-funded clinics, is a requirement for HRSA Bureau of Primary Health Care (BPHC) grant recipients.

Financial Status Report (FSR - Form 269)
A report that is required to be submitted within 90 days after the end of the budget period that serves as documentation of the financial status of grants according to the official accounting records of the recipient organization.

Food and Drug Administration (FDA) (link is external)
Federal agency within HHS responsible for ensuring the safety and effectiveness of drugs, biologics, vaccines, and medical devices used (among others) in the diagnosis, treatment, and prevention of HIV infection, AIDS, and AIDS-related opportunistic infections. The FDA also works with the blood banking industry to safeguard the nation's blood supply.

Grantee Contract Management System
An electronic data system that RWHAP recipients use to manage their subrecipient contracts.

Health Centers (link is external)

Community-based and patient-directed organizations funded by HRSA that serve populations with limited access to health care. These include low income populations, the uninsured, those with limited English proficiency, migrant and seasonal farmworkers, individuals and families experiencing homelessness, and those living in public housing.

Health Resources and Services Administration (HRSA) (link is external)
The agency of the U.S. Department of Health and Human Services that administers various primary care programs for the medically underserved, including the Ryan White HIV/AIDS Program.

HRSA HIV/AIDS Bureau (HAB) (link is external)
The bureau within HRSA of the U.S. Department of Health and Human Services (HHS) that is responsible for administering the Ryan White HIV/AIDS Program. See the HRSA HAB Program Administration fact sheet (link is external).

HIV Care Continuum
The stages of HIV care, from initial diagnosis to achieving the goal of viral suppression. The effectiveness of HIV testing and care in a given jurisdiction is typically depicted as the proportion of individuals living with HIV who are engaged at each stage.

HIV Disease
Any signs, symptoms, or other adverse health effects due to the human immunodeficiency virus.

HIV-related Charges
Those charges a RWHAP recipient imposes on the patient plus any other out of-pocket charges related to their HIV care (as determined by their provider) that a patient incurs and reports to their RWHAP recipient/provider. These charges can be from any provider as long as the service is a RWHAP allowable service.

Housing Opportunities for People With AIDS (HOPWA) (link is external)
A program administered by the U.S. Department of Housing and Urban Development (HUD) that provides funding to support housing for PLWHA and their families.

HUD (U.S. Department of Housing and Urban Development) (link is external)
The Federal agency responsible for administering community development, affordable housing, and other programs including Housing Opportunities for People with AIDS (HOPWA).

Imposition of Charges
All activities, policies, and procedures related to assessing RWHAP patient charges as outlined in legislation.

Incidence
The number of new cases of a disease that occur during a specified time period.

Incidence Rate
The number of new cases of a disease or condition that occur in a defined population during a specified time period, often expressed per 100,000 persons. AIDS incidence rates are often expressed this way.

Intergovernmental Agreement (IGA)
A written agreement between a governmental agency and an outside agency that provides services.

Lead Agency
The agency within a Part B consortium that is responsible for contract administration; also called a fiscal agent (an incorporated consortium sometimes serves as the lead agency).

Medicaid Spend-down
A process whereby an individual who meets the Medicaid medical eligibility criteria, but has income that exceeds the financial eligibility ceiling, may "spend down" to eligibility level. The individual accomplishes spend-down by deducting

accrued medically related expenses from countable income. Most State Medicaid programs offer an optional category of eligibility, the "medically needy" eligibility category, for these individuals.

Minority AIDS Initiative (MAI)
A national HHS initiative that provides special resources to reduce the spread of HIV/AIDS and improve health outcomes for people living with HIV/AIDS within communities of color. Enacted to address the disproportionate impact of the disease in such communities. Formerly referred to as the Congressional Black Caucus Initiative because of that body's leadership in its development.

Multiply Diagnosed
A person having multiple morbidities (e.g., hepatitis and HIV, substance abuse and HIV infection) (see co-morbidity).

Needs Assessment
A process of collecting information about the needs of PLWH (both those receiving care and those not in care), identifying current resources (Ryan White HIV/AIDS Program and other) available to meet those needs, and determining what gaps in care exist.

Nominal Charge
A fee greater than zero.

Notice of Funding Opportunity (NOFO)
An open and competitive process for selecting providers of services.

Office of Management and Budget (OMB)
The office within the executive branch of the Federal government that prepares the President's annual budget, develops the Federal government's fiscal program, oversees administration of the budget, and reviews government regulations.

Opportunistic Infection
An infection or cancer that occurs in people with weak immune systems due to HIV, cancer, or immunosuppressive drugs such as corticosteroids or chemotherapy. Kaposi’s sarcoma, Pneumocystis jiroveci pneumonia, toxoplasmosis, and cytomegalovirus are all examples of such infections.

Patient Assistance Programs (PAPs)
Programs operated by pharmaceutical companies and foundations that provide medicines at little or no cost to eligible patients.

Part A
The part of the Ryan White HIV/AIDS Program that provides emergency assistance to localities disproportionately affected by the HIV/AIDS epidemic.

Part B
The part of the Ryan White HIV/AIDS Program that provides funds to States and territories for primary health care (including HIV treatments through the AIDS Drug Assistance Program, ADAP) and support services that enhance access to care to PLWHA and their families.

Part C
The part of the Ryan White HIV/AIDS Program that supports outpatient primary medical care and early intervention services (EIS) to PLWH through grants to public and private non-profit organizations. Part C also funds planning grants to prepare programs to provide EIS services.

Part D

The part of the Ryan White HIV/AIDS Program that supports family-centered, comprehensive care to women, infants, children, and youth living with HIV.

Part F: AIDS Education and Training Centers (AETC)
National and regional centers providing education and training for primary care professionals and other AIDS-related personnel.

Part F: Dental Programs
The part of the Ryan White HIV/AIDS Program that provides additional funding for oral health care for people with HIV through the HIV/AIDS Dental Reimbursement Program and the Community-Based Dental Partnership Program.

Part F: SPNS: Special Projects of National Significance
The part of the Ryan White HIV/AIDS Program that funds demonstration and evaluation of innovative models of care delivery for hard-to-reach populations.

Part F: Minority AIDS Initiative
The Minority AIDS Initiative provides funding to evaluate and address the impact of HIV/AIDS on disproportionately affected minority populations.

People Living with HIV (PLWH)
Descriptive term for persons living with HIV disease.

Planning Council/Planning Body
There are various types of planning groups. For Part A of the RWHAP, a planning council is a body appointed or established by the Chief Elected Official with responsibility to assess needs, establish a plan for the delivery of HIV care in the area, and establish priorities for the use of Part A funds. Part B planning bodies conduct similar tasks but do not establish service dollar allocations. In addition, jurisdictions directly funded by CDC are responsible for convening planning bodies to address HIV prevention, care and treatment issues. Many jurisdictions facilitate collaboration through joint care/prevention planning bodies and/or shared planning tasks.

Planning Process
Steps taken and methods used to collect information, analyze and interpret it, set priorities, and prepare a plan for rational decision making.

PrEP
Pre-exposure prophylaxis is a prevention method for people at higher risk for HIV exposure and involves taking an antiretroviral pill every day to greatly reduce, if not eliminate, the risk of becoming infected with HIV if exposed to the virus.

Prevalence
The total number of persons in a defined population living with a specific disease or condition at a given time (compared to incidence, which is the number of new cases).

Prevalence Rate
The proportion of a population living at a given time with a condition or disease (compared to the incidence rate, which refers to new cases).

Primary Health Care Service
Any preventive, diagnostic, or therapeutic health service received on an outpatient basis by a client living with HIV. Examples include medical, subspecialty care, dental, nutrition, mental health, or substance use disorder treatment services; medical case management; pharmacy services; radiology, laboratory, and other tests used for diagnosis and treatment planning; and counseling and testing.

Priority Setting
The process used to establish priorities among service categories, to ensure consistency with locally identified needs, and to address how best to meet each priority.

Prophylaxis
Treatment to prevent the onset of a particular disease (primary prophylaxis) or recurrence of symptoms in an existing infection that has previously been brought under control (secondary prophylaxis).

Provider (or service provider)
The agency that provides direct services to clients (and their families) or the recipient. A provider may receive funds as a recipient (such as under RWHAP Parts C and D) or through a contractual relationship with a recipient funded directly by RWHAP. Also see subrecipient.

Quality
The degree to which a health or social service meets or exceeds established professional standards and user expectations.

Quality Assurance (QA)
The process of identifying problems in service delivery, designing activities to overcome these problems, and following up to ensure that no new problems have developed and that corrective actions have been effective. The emphasis is on meeting minimum standards of care.

Quality Improvement (QI)
Also called Continuous Quality Improvement (CQI). An ongoing process of monitoring and evaluating activities and outcomes in order to continuously improve service delivery. CQI seeks to prevent problems and to maximize the quality of care.

Recipient
An organization that receives RWHAP funds directly from. Recipients may provide direct services and/or may contract with Subrecipients for services. Replaces the term "Grantee." See also Recipient Subrecipient.

Recipient-provider
An organization that receives RWHAP funds directly from HRSA HAB and provides direct client services. Replaces the term “grantee-provider.”

Recipient of record (or recipient)
An organization receiving financial assistance directly from an HHS- awarding agency to carry out a project or program. A recipient also may be a recipient-provider if it provides direct services in addition to administering its grant. Replaces the term “grantee of record.”

Reflectiveness
The extent to which the demographics of the planning body's membership look like the demographics of the epidemic in the service area.

Representative
Term used to indicate that a sample is similar to the population from which it was drawn, and therefore can be used to make inferences about that population.

Resource Allocation
The Part A planning council responsibility to assign Ryan White HIV/AIDS Program amounts or percentages to established priorities across specific service categories, geographic areas, populations, or subpopulations.

Resource Inventory

An inventory of the financial resources available in a jurisdiction to meet the HIV prevention, care, and treatment needs of its population as well as resource gaps. The inventory also details the CDC-funded high impact prevention services and the HRSA-funded core medical and support services.

Ryan White HIV/AIDS Program Services Report (RSR)
Data collection and reporting system for reporting information on programs and clients served (Client Level Data).

Schedule of Charges
Fees imposed on the RWHAP patient for services based on the patient's annual gross income. A schedule of charges may take the form of a flat rate or a varying rate (e.g. sliding fee scale). The schedule of charges is how you know what amount of money to charge a patient. The schedule of charges applies to uninsured patients with incomes above 100% FPL, and may be applied to insured patients as determined by RWHAP recipients' policies and procedures. When applied to insured patients, recipients should consider how their policy will be applied uniformly to all insured patients, rather than on a case-by-case basis.

Section 340B Drug Discount Program
A program administered by the HRSA's Office of Pharmacy Affairs that was established by Section 340B of the Veteran's Health Care Act of 1992, which limits the cost of drugs to Federal purchasers and to certain recipients of federal agencies.

Seroprevalence
The number of persons in a defined population who test HIV-positive based on HIV testing of blood specimens. (Seroprevalence is often presented either as a percent of the total specimens tested or as a rate per 100,000 persons tested.)

Service Gaps
HIV prevention and care services for persons at risk for HIV and PLWH that do not exist in the jurisdiction.

Sexually Transmitted Disease (STD) Socio-

demographics
Demographic (e.g. race, age, gender identity, sex) and socioeconomic data (e.g. income, education, health insurance status) characteristics of individuals and communities. Also known as: SES, demographic data.

Special Projects of National Significance (SPNS)
The part of the Ryan White HIV/AIDS Program under Part F that funds demonstration and evaluation of innovative models of care delivery for hard-to-reach populations.

Statewide Coordinated Statement of Need (SCSN)
The process of identifying the needs of persons at risk for HIV infection and people living with HIV (those receiving care and those not receiving care); identifying current resources available to meet those needs, and determining what gaps in HIV prevention and care services exist. The SCSN is a culminating report which consists of information gathered through needs assessments conducted by three separate entities: RWHAP Part A Recipients, RWHAP Part B Recipients, and CDC funded recipients. Required component of the Integrated HIV Prevention and Care Plan.

Subrecipient
The legal entity that receives Ryan White HIV/AIDS Program funds from a recipient and is accountable to the recipient for the use of the funds provided. Subrecipients may provide direct client services or administrative services directly to a recipient. Subrecipient replaces the term "Provider (or service provider)."

Substance Abuse and Mental Health Services Administration (SAMHSA) (link is external)
Federal agency within HHS that administers programs in substance abuse and mental health.

Support Services
Services needed to achieve medical outcomes that affect the HIV-related clinical status of a person living with HIV/AIDS. Recipient/sub-recipient expenditures are limited to core medical services, support services, and administrative expenses.

Surveillance
An ongoing, systematic process of collecting, analyzing and using data on specific health conditions and diseases (e.g., Centers for Disease Control and Prevention surveillance system for AIDS cases).

Surveillance Report
A report providing information on the number of reported cases of a disease such as AIDS, nationally and for specific sub-populations.

Target Population
A population to be reached through some action or intervention; may refer to groups with specific demographic or geographic characteristics.

Technical Assistance (TA)
The delivery of practical program and technical support to the Ryan White community. TA is to assist recipients/sub-recipients, planning bodies, and affected communities in designing, implementing, and evaluating Ryan White-supported planning and primary care service delivery systems.

Transitional Grant Area (TGA)
Geographic areas highly-impacted by HIV/AIDS that are eligible to receive Ryan White HIV/AIDS Program Part A funds To be an eligible TGA, an area must have reported at least 1,000 but fewer than 2,000 new AIDS cases in the most recent 5 years and a population of at least 50,000. See also Eligible Metropolitan Area, EMA.

Transmission Category
A grouping of disease exposure and infection routes; in relation to HIV disease, exposure groupings include, for example, men who have sex with men, injection drug use, heterosexual contact, and perinatal transmission.

Unmet Need
The unmet need for primary health services among individuals who know their HIV status but are not receiving primary health care.

Viral Load
In relation to HIV, the quantity of HIV RNA in the blood. Viral load is used as a predictor of disease progression. Viral load test results are expressed as the number of copies per milliliter of blood plasma.

Waiver
A waiver of the imposition of charges requirement can only be requested by RWHAP recipients operating as free clinics (recipients who do not impose a charge or accept reimbursement from any third party payor are eligible to request an imposition of charges waiver). Only a handful of RWHAP recipients are operating as free clinics – therefore, every other RWHAP recipient/ subrecipient should be charging patients over 100% FPL for applicable services, even if it is only $1.

Organizations that receive funding from RWHAP and other Federal funding sources (i.e., facilities operated directly by the Indian Health Service or by Tribes through a contract with the Indian Health Service, Community Health Centers) must follow the requirements imposed by each Federal program. To the extent that services under the RWHAP are provided and attributed to the RWHAP, RWHAP statutory requirements on imposition of charges must be followed.

XML (EXtensible Markup Language)
A standard, simple, and widely adopted method of formatting text and data so that it can be exchanged across all of the different computer platforms, languages, and applications.

Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds

Policy Clarification Notice (PCN) #16-02 (Revised 10/22/18)
Replaces Policy #10-02

Scope of Coverage: Health Resources and Services Administration (HRSA) Ryan White HIV/AIDS Program (RWHAP) Parts A, B, C, and D, and Part F where funding supports direct care and treatment services.

Purpose of PCN

This policy clarification notice (PCN) replaces the HRSA HIV/AIDS Bureau (HAB) PCN 10-02: Eligible Individuals & Allowable Uses of Funds. This PCN defines and provides program guidance for each of the Core Medical and Support Services named in statute and defines individuals who are eligible to receive these HRSA RWHAP services.

Background

The Office of Management and Budget (OMB) has consolidated, in 2 CFR Part 200, the uniform grants administrative requirements, cost principles, and audit requirements for all organization types (state and local governments, non-profit and educational institutions, and hospitals) receiving federal awards. These requirements, known as the "Uniform Guidance," are applicable to recipients and subrecipients of federal funds. The OMB Uniform Guidance has been codified by the Department of Health and Human Services (HHS) in 45 CFR Part 75—Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards. HRSA RWHAP grant and cooperative agreement recipients and subrecipients should be thoroughly familiar with 45 CFR Part 75. Recipients are required to monitor the activities of its subrecipient to ensure the subaward is used for authorized purposes in compliance with applicable statute, regulations, policies, program requirements and the terms and conditions of the award (see 45 CFR §§ 75.351-352).

45 CFR Part 75, Subpart E—Cost Principles must be used in determining allowable costs that may be charged to a HRSA RWHAP award. Costs must be necessary and reasonable to carry out approved project activities, allocable to the funded project, and allowable under the Cost Principles, or otherwise authorized by the RWHAP statute. The treatment of costs must be consistent with recipient or subrecipient policies and procedures that apply uniformly to both federally-financed and other non-federally funded activities.

HRSA HAB has developed program policies that incorporate both HHS regulations

and program specific requirements set forth in the RWHAP statute. Recipients, planning bodies, and others are advised that independent auditors, auditors from the HHS' Office of the Inspector General, and auditors from the U.S. Government Accountability Office may assess and publicly report the extent to which an HRSA RWHAP award is being administered in a manner consistent with statute, regulation and program policies, such as these, and compliant with legislative and programmatic policies. Recipients can expect fiscal and programmatic oversight through HRSA monitoring and review of budgets, work plans, and subrecipient agreements. HRSA HAB is able to provide technical assistance to recipients and planning bodies, where assistance with compliance is needed.

Recipients are reminded that it is their responsibility to be fully cognizant of limitations on uses of funds as outlined in statute, 45 CFR Part 75, the HHS Grants Policy Statement, and applicable HRSA HAB PCNs. In the case of services being supported in violation of statute, regulation or programmatic policy, the use of RWHAP funds for such costs must be ceased immediately and recipients may be required to return already-spent funds to the Federal Government. Recipients who unknowingly continue such support are also liable for such expenditures.

Further Guidance on Eligible Individuals and Allowable Uses of Ryan White HIV/AIDS Program Funds

The RWHAP statute, codified at title XXVI of the Public Health Service Act, stipulates that "funds received...will not be utilized to make payments for any item or service to the extent that payment has been made, or can reasonably be expected to be made under...an insurance policy, or under any Federal or State health benefits program" and other specified payment sources.[1] At the individual client-level, this means recipients must assure that funded subrecipients make reasonable efforts to secure non-RWHAP funds whenever possible for services to eligible clients. In support of this intent, it is an appropriate use of HRSA RWHAP funds to provide case management (medical or non-medical) or other services that, as a central function, ensure that eligibility for other funding sources is vigorously and consistently pursued (e.g., Medicaid, Children's Health Insurance Program (CHIP), Medicare, or State-funded HIV programs, and/or private sector funding, including private insurance).

In every instance, HRSA HAB expects that services supported with HRSA RWHAP funds will (1) fall within the legislatively-defined range of services, (2) as appropriate, within Part A, have been identified as a local priority by the HIV Health Services Planning Council/Body, and (3) in the case of allocation decisions made by a Part B State/Territory or by a local or regional consortium, meet documented needs and contribute to the establishment of a continuum of care.

HRSA RWHAP funds are intended to support only the HIV-related needs of

[1] *See* sections 2605(a)(6), 2617(b)(7)(F), 2664(f)(1), and 2671(i) of the Public Health Service Act.

eligible individuals. Recipients and subrecipients must be able to make an explicit connection between any service supported with HRSA RWHAP funds and the intended client's HIV care and treatment, or care-giving relationship to a person living with HIV (PLWH).

Eligible Individuals:

The principal intent of the RWHAP statute is to provide services to PLWH, including those whose illness has progressed to the point of clinically defined AIDS. When setting and implementing priorities for the allocation of funds, recipients, Part A Planning Councils, community planning bodies, and Part B funded consortia may optionally define eligibility for certain services more precisely, but they may NOT broaden the definition of who is eligible for services. HRSA HAB expects all HRSA RWHAP recipients to establish and monitor procedures to ensure that all funded providers verify and document client eligibility.

Affected individuals (people not identified with HIV) may be eligible for HRSA RWHAP services in limited situations, but these services for affected individuals must always benefit PLWH. Funds awarded under the HRSA RWHAP may be used for services to individuals affected by HIV only in the circumstances described below:

a. The primary purpose of the service is to enable the affected individual to participate in the care of a PLWH. Examples include caregiver training for in-home medical or support service; psychosocial support services, such as caregiver support groups; and/or respite care services that assist affected individuals with the stresses of providing daily care for a PLWH.

b. The service directly enables a PLWH to receive needed medical or support services by removing an identified barrier to care. Examples include payment of a HRSA RWHAP client's portion of a family health insurance policy premium to ensure continuity of insurance coverage that client, or childcare for the client's children while they receive HIV-related medical care or support services.

c. The service promotes family stability for coping with the unique challenges posed by HIV. Examples include psychosocial support services, including mental health services funded by RWHAP Part D only, that focus on equipping affected family members, and caregivers to manage the stress and loss associated with HIV.

d. Services to affected individuals that meet these criteria may not continue subsequent to the death of the family member who was living with HIV.

Unallowable Costs:
HRSA RWHAP funds may not be used to make cash payments to intended clients of HRSA RWHAP-funded services. This prohibition includes cash incentives and

cash intended as payment for HRSA RWHAP core medical and support services. Where direct provision of the service is not possible or effective, store gift cards,[2] vouchers, coupons, or tickets that can be exchanged for a specific service or commodity (e.g., food or transportation) must be used.

HRSA RWHAP recipients are advised to administer voucher and store gift card programs in a manner which assures that vouchers and store gift cards cannot be exchanged for cash or used for anything other than the allowable goods or services, and that systems are in place to account for disbursed vouchers and store gift cards.[3]

Other unallowable costs include:

- Clothing
- Employment and Employment-Readiness Services, except in limited, specified instances (e.g., Non-Medical Case Management Services or Rehabilitation Services)
- Funeral and Burial Expenses
- Property Taxes
- Pre-Exposure Prophylaxis (PrEP)
- non-occupational Post-Exposure Prophylaxis (nPEP)
- Materials, designed to promote or encourage, directly, intravenous drug use or sexual activity, whether homosexual or heterosexual
- International travel
- The purchase or improvement of land
- The purchase, construction, or permanent improvement of any building or other facility

Allowable Costs:
The following service categories are allowable uses of HRSA RWHAP funds. The HRSA RWHAP recipient, along with respective planning bodies, will make the final decision regarding the specific services to be funded under their grant or cooperative agreement. As with all other allowable costs, HRSA RWHAP recipients are responsible for applicable accounting and reporting on the use of HRSA RWHAP funds.

Service Category Descriptions and Program Guidance

The following provides both a description of covered service categories and program guidance for HRSA RWHAP Part recipient implementation. These service category descriptions apply to the entire HRSA RWHAP. However, for some services, the

[2] Store gift cards that can be redeemed at one merchant or an affiliated group of merchants for specific goods or services that further the goals and objectives of the HRSA RWHAP are allowable as incentives for eligible program participants.
[3] General-use prepaid cards are considered “cash equivalent” and are therefore unallowable. Such cards generally bear the logo of a payment network, such as Visa, MasterCard, or American Express, and are accepted by any merchant that accepts those credit or debit cards as payment. Gift cards that are cobranded with the logo of a payment network and the logo of a merchant or affiliated group of merchants are general-use prepaid cards, not store gift cards, and therefore are unallowable.

HRSA RWHAP Parts (i.e., A, B, C, and D) must determine what is feasible and justifiable with limited resources. There is no expectation that a HRSA RWHAP Part recipient would provide all services, but recipients and planning bodies are expected to coordinate service delivery across Parts to ensure that the entire jurisdiction/service area has access to services based on needs assessment.

The following core medical and support service categories are important to assist in the diagnosis of HIV infection, linkage to and entry into care for PLWH, retention in care, and the provision of HIV care and treatment. HRSA RWHAP recipients are encouraged to consider all methods or means by which they can provide services, including use of technology (e.g., telehealth). To be an allowable cost under the HRSA RWHAP, all services must:

- Relate to HIV diagnosis, care and support,
- Adhere to established HIV clinical practice standards consistent with U.S. Department of Health and Human Services' Clinical Guidelines for the Treatment of HIV[4] and other related or pertinent clinical guidelines, and
- Comply with state and local regulations, and provided by licensed or authorized providers, as applicable.

Recipients are required to work toward the development and adoption of service standards for all HRSA RWHAP-funded services to ensure consistent quality care is provided to all HRSA RWHAP-eligible clients. Service standards establish the minimal level of service or care that a HRSA RWHAP funded agency or provider may offer within a state, territory or jurisdiction. Service standards related to HRSA RWHAP Core Medical Services must be consistent with U.S. Department of Health and Human Services' Clinical Guidelines for the Treatment of HIV, as well as other pertinent clinical and professional standards. Service standards related to HRSA RWHAP Support Services may be developed using evidence-based or evidence-informed best practices, the most recent HRSA RWHAP Parts A and B National Monitoring Standards, and guidelines developed by the state and local government.

HRSA RWHAP recipients should also be familiar with implementation guidance HRSA HAB provides in program manuals, monitoring standards, and other recipient resources.

HRSA RWHAP clients must meet income and other eligibility criteria as established by HRSA RWHAP Part A, B, C, or D recipients.

RWHAP Core Medical Services

AIDS Drug Assistance Program Treatments

[4] https://aidsinfo.nih.gov/guidelines

AIDS Pharmaceutical Assistance

Early Intervention Services (EIS)

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

Home and Community-Based Health Services

Home Health Care

Hospice

Medical Case Management, including Treatment Adherence Services

Medical Nutrition Therapy

Mental Health Services

Oral Health Care

Outpatient/Ambulatory Health Services

Substance Abuse Outpatient Care

RWHAP Support Services

Child Care Services

Emergency Financial Assistance

Food Bank/Home Delivered Meals

Health Education/Risk Reduction

Housing

Legal Services

Linguistic Services

Medical Transportation

Non-Medical Case Management Services

Other Professional Services

Outreach Services

Permanency Planning

Psychosocial Support Services

Referral for Health Care and Support Services

Rehabilitation Services

Respite Care

Substance Abuse Services (residential)

Effective Date
This PCN is effective for HRSA RWHAP Parts A, B, C, D, and F awards issued on or after October 1, 2016. This includes competing continuations, new awards, and non- competing continuations.

Summary of Changes
August 18, 2016 –Updated *Housing Service* category by removing the prohibition on HRSA RWHAP Part C recipients to use HRSA RWHAP funds for this service.

December 12, 2016 – 1) Updated *Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals* service category by including standalone dental insurance as an allowable cost; 2) Updated *Substance Abuse Services (residential)* service category by removing the prohibition on HRSA RWHAP Parts C and D recipients to use HRSA RWHAP funds for this service; 3) Updated *Medical Transportation* service category by providing clarification on provider transportation; 4) Updated *AIDS Drug Assistance Program Treatments* service category by adding additional program guidance; and 5) Reorganized the service categories alphabetically and provided hyperlinks in the Appendix.

October, 22, 2018 – updated to provide additional clarifications in the following service categories:

Core Medical Services: *AIDS Drug Assistance Program Treatments; AIDS Pharmaceutical Assistance; Health Insurance Premium and Cost Sharing Assistance for Low-income People Living with HIV; and Outpatient/Ambulatory Health Services*
Support Services: *Emergency Financial Assistance; Housing; Non-Medical Case Management; Outreach; and Rehabilitation Services*.

Appendix

RWHAP Legislation: Core Medical Services

AIDS Drug Assistance Program Treatments

Description:
The AIDS Drug Assistance Program (ADAP) is a state-administered program authorized under RWHAP Part B to provide U.S. Food and Drug Administration (FDA)-approved medications to low-income clients living with HIV who have no coverage or limited health care coverage. HRSA RWHAP ADAP formularies must include at least one FDA-approved medicine in each drug class of core antiretroviral medicines from the U.S. Department of Health and Human Services' Clinical Guidelines for the Treatment of HIV.[5] HRSA RWHAP ADAPs can also provide access to medications by using program funds to purchase health care coverage and through medication cost sharing for eligible clients. HRSA RWHAP ADAPs must assess and compare the aggregate cost of paying for the health care coverage versus paying for the full cost of medications to ensure that purchasing health care coverage is cost effective in the aggregate. HRSA RWHAP ADAPs may use a limited amount of program funds for activities that enhance access to, adherence to, and monitoring of antiretroviral therapy with prior approval.

Program Guidance:
HRSA RWHAP Parts A, C and D recipients may contribute RWHAP funds to the RWHAP Part B ADAP for the purchase of medication and/or health care coverage and medication cost sharing for ADAP-eligible clients.

See PCN 07-03: The Use of Ryan White HIV/AIDS Program, Part B AIDS Drug Assistance Program (ADAP) Funds for Access, Adherence, and Monitoring Services

See PCN 18-01: Clarifications Regarding the use of Ryan White HIV/AIDS Program Funds for Health Care Coverage Premium and Cost Sharing Assistance

See also AIDS Pharmaceutical Assistance and Emergency Financial Assistance

AIDS Pharmaceutical Assistance

Description:
AIDS Pharmaceutical Assistance may be provided through one of two programs, based on HRSA RWHAP Part funding.

1. A Local Pharmaceutical Assistance Program (LPAP) is operated by a HRSA RWHAP Part A or B (non-ADAP) recipient or subrecipient as a supplemental means of providing ongoing medication assistance when an HRSA RWHAP ADAP

[5] https://aidsinfo.nih.gov/guidelines

has a restricted formulary, waiting list and/or restricted financial eligibility criteria.

HRSA RWHAP Parts A or B recipients using the LPAP to provide AIDS Pharmaceutical Assistance 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 that is
    - Approved by the local advisory committee/board, and
    - Consists of HIV-related medications not otherwise available to the clients due to the elements mentioned above
- A drug distribution system
- A client enrollment and eligibility determination process that includes screening for HRSA RWHAP ADAP and LPAP eligibility with rescreening at minimum of every six months
- Coordination with the state's HRSA RWHAP Part B ADAP
    - A statement of need should specify restrictions of the state HRSA RWHAP ADAP and the need for the LPAP
- Implementation in accordance with requirements of the HRSA 340B Drug Pricing Program (including the Prime Vendor Program)

2. A Community Pharmaceutical Assistance Program (CPAP) is provided by a HRSA RWHAP Part C or D recipient for the provision of ongoing medication assistance to eligible clients <u>in the absence of any other resources</u>.

HRSA RWHAP Parts C or D recipients using CPAP to provide AIDS Pharmaceutical Assistance must establish the following:

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

Program Guidance:
For LPAPs: HRSA RWHAP Part A or Part B (non-ADAP) funds may be used to support an LPAP. HRSA RWHAP ADAP funds may not be used for LPAP support. LPAP funds are not to be used for emergency or short-term financial assistance. The Emergency Financial Assistance service category may assist with short-term assistance for medications.

For CPAPs: HRSA RWHAP Part C or D funds may be used to support a CPAP to routinely refill medications. HRSA RWHAP Part C or D recipients should use the Outpatient/Ambulatory Health Services or Emergency Financial Assistance service

categories for non-routine, short-term medication assistance.

See also AIDS Drug Assistance Program Treatments, Emergency Financial Assistance, and Outpatient/Ambulatory Health Services

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. HRSA RWHAP Part recipients should be aware of programmatic expectations that stipulate the allocation of funds into specific service categories.

- HRSA 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 living with HIV
        - 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

- HRSA 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 HRSA RWHAP Part C EIS with other HIV prevention and testing programs to avoid duplication of efforts
        - The HIV testing services supported by HRSA RWHAP Part C EIS funds cannot supplant testing efforts covered by other sources
    - Referral and linkage to care of PLWH 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
- o Other clinical and diagnostic services related to HIV diagnosis

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

Description:

Health Insurance Premium and Cost Sharing Assistance provides financial assistance for eligible clients living with HIV to maintain continuity of health insurance or to receive medical and pharmacy benefits under a health care coverage program. For purposes of this service category, health insurance also includes standalone dental insurance. The service provision consists of the following:

- Paying health insurance premiums to provide comprehensive HIV Outpatient/Ambulatory Health Services, and pharmacy benefits that provide a full range of HIV medications for eligible clients; and/or
- Paying standalone dental insurance premiums to provide comprehensive oral health care services for eligible clients; and/or
- Paying cost sharing on behalf of the client.

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

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

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

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

when determined to be cost effective.

Program Guidance:
Traditionally, HRSA RWHAP Parts A and B recipients have supported paying for health insurance premiums and cost sharing assistance. If a HRSA RWHAP Part C or Part D recipient has the resources to provide this service, an equitable enrollment policy must be in place and it must be cost-effective.

HRSA RWHAP Parts A, B, C, and D recipients may consider providing their health insurance premiums and cost sharing resource allocation to their state HRSA 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 medication cost sharing.

See PCN 14-01: Clarifications Regarding the Ryan White HIV/AIDS Program and Reconciliation of Premium Tax Credits under the Affordable Care Act

See PCN 18-01: Clarifications Regarding the use of Ryan White HIV/AIDS Program Funds for Health Care Coverage Premium and Cost Sharing Assistance

Home and Community-Based Health Services
Description:
Home and Community-Based Health Services are provided to an eligible client in an integrated setting appropriate to that 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.

Home Health Care
Description:
Home Health Care is the provision of services in the home that are appropriate to an eligible client's needs and are performed by licensed professionals. Activities provided under Home Health Care 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.

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:
Hospice 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.

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 provided under this service category may be provided by an interdisciplinary team that includes other specialty care providers. Medical Case Management includes all types of case management encounters (e.g., face-to-face, phone contact, and any other forms of communication).

Key activities include:

- Initial assessment of service needs
- Development of a comprehensive, individualized care plan
- Timely and coordinated access to medically appropriate levels of health and support services and continuity of care
- Continuous client monitoring to assess the efficacy of the care plan

- Re-evaluation of the care plan at least every 6 months with adaptations as necessary
- Ongoing assessment of the client's and other key family members' needs and personal support systems
- Treatment adherence counseling to ensure readiness for and adherence to complex HIV treatments
- Client-specific advocacy and/or review of utilization of services

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

Program Guidance:
Activities provided under the Medical Case Management service category have as their objective improving health care outcomes whereas those provided under the Non-Medical Case Management service category 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.

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

Program Guidance:
All activities 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. Activities not provided by a

registered/licensed dietician should be considered Psychosocial Support Services under the HRSA RWHAP.

See also Food-Bank/Home Delivered Meals

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 PLWH who are eligible to receive HRSA RWHAP services.

See also Psychosocial Support Services

Oral Health Care
Description:
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.

Program Guidance:
None at this time.

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

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

- Treatment adherence
- Education and counseling on health and prevention issues
- Referral to and provision of specialty care related to HIV diagnosis, including audiology and ophthalmology

Program Guidance:
Treatment adherence activities provided during an Outpatient/Ambulatory Health Service visit are considered Outpatient/Ambulatory Health Services, whereas treatment adherence activities provided during a Medical Case Management visit are considered Medical Case Management services.

Non-HIV related visits to urgent care facilities are not allowable costs within the Outpatient/Ambulatory Health Services Category.

Emergency room visits are not allowable costs within the Outpatient/Ambulatory Health Services Category.

See PCN 13-04: Clarifications Regarding Clients Eligible for Private Insurance and Coverage of Services by Ryan White HIV/AIDS Program

See also Early Intervention Services

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

- Screening
- Assessment
- Diagnosis, and/or
- Treatment of substance use disorder, including:
    - Pretreatment/recovery readiness programs
    - Harm reduction
    - Behavioral health counseling associated with substance use disorder
    - Outpatient drug-free treatment and counseling
    - Medication assisted therapy
    - Neuro-psychiatric pharmaceuticals
    - Relapse prevention

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 HRSA 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 also Substance Abuse Services (residential)

RWHAP Legislation: Support Services

Child Care Services
Description:
The HRSA RWHAP supports intermittent Child Care Services for the children living in the household of PLWH who are HRSA RWHAP-eligible clients for the purpose of enabling those clients to attend medical visits, related appointments, and/or HRSA 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.

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

Program Guidance:
Emergency Financial Assistance funds used to pay for otherwise allowable HRSA RWHAP services must be accounted for under the Emergency Financial Assistance category. Direct cash payments to clients are not permitted.

Continuous provision of an allowable service to a client must not be funded through Emergency Financial Assistance.

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 HRSA RWHAP.

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 also Early Intervention Services

Housing
Description:
Housing provides transitional, short-term, or emergency housing assistance to enable a client or family to gain or maintain outpatient/ambulatory health services and treatment, including temporary assistance necessary to prevent homelessness and to gain or maintain access to medical care. Activities within the Housing category must also include the development of an individualized housing plan, updated annually, to guide the client's linkage to permanent housing. Housing may provide some type of core medical (e.g., mental health services) or support services (e.g., residential substance use disorder services).

Housing activities also include housing referral services, including assessment, search,

placement, and housing advocacy services on behalf of the eligible client, as well as fees associated with these activities.

Program Guidance:
HRSA RWHAP recipients and subrecipients that use funds to provide Housing must have mechanisms in place to assess and document the housing status and housing service needs of new clients, and at least annually for existing clients.

HRSA RWHAP recipients and subrecipients, along with local decision-making planning bodies, are strongly encouraged to institute duration limits to housing activities. HRSA HAB recommends recipients and subrecipients align duration limits with those definitions used by other housing programs, such as those administered by the Department of Housing and Urban Development, which currently uses 24 months for transitional housing.

Housing activities cannot be in the form of direct cash payments to clients and cannot be used for mortgage payments or rental deposits,[6] although these may be allowable costs under the HUD Housing Opportunities for Persons with AIDS grant awards.

Housing, as described here, replaces PCN 11-01.

Legal Services
See Other Professional Services

Linguistic Services
Description:
Linguistic Services include interpretation and translation activities, both oral and written, to eligible clients. These activities 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 HRSA RWHAP-eligible services.

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

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

Program Guidance:
Medical transportation may be provided through:

[6] See sections 2604(i), 2612(f), 2651(b), and 2671(a) of the Public Health Service Act.

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

Costs for transportation for medical providers to provide care should be categorized under the service category for the service being provided.

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.

Non-Medical Case Management Services

Description:

Non-Medical Case Management Services (NMCM) is the provision of a range of client-centered activities focused on improving access to and retention in needed core medical and support services. NMCM provides coordination, guidance, and assistance in accessing medical, social, community, legal, financial, employment, vocational, and/or other needed services. NMCM Services may also include assisting eligible clients to obtain access to other public and private programs for which they may be eligible, such as Medicaid, Children's Health Insurance Program, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, Department of Labor or Education-funded services, other state or local health care and supportive services, or private health care coverage plans. NMCM Services includes all types of case management encounters (e.g., face-to-face, telehealth, phone contact, and any other forms of communication). 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
- Client-specific advocacy and/or review of utilization of services
- 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:
NMCM Services have as their objective providing coordination, guidance and assistance in improving access to and retention in needed medical and support services to mitigate and eliminate barriers to HIV care services, whereas Medical Case Management Services have as their objective improving health care outcomes.

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 HRSA RWHAP-eligible PLWH and involving legal matters related to or arising from their HIV disease, including:
    - Assistance with public benefits such as Social Security Disability Insurance (SSDI)
    - Interventions necessary to ensure access to eligible benefits, including discrimination or breach of confidentiality litigation as it relates to services eligible for funding under the HRSA RWHAP
    - Preparation of:
        - Healthcare power of attorney
        - Durable powers of attorney
        - Living wills
- Permanency planning to help clients/families make decisions about the placement and care of minor children after their parents/caregivers are deceased or are no longer able to care for them, including:
    - Social service counseling or legal counsel regarding the drafting of wills or delegating powers of attorney
    - Preparation for custody options for legal dependents including standby guardianship, joint custody, or adoption
- Income tax preparation services to assist clients in filing Federal tax returns that are required by the Affordable Care Act for all individuals receiving premium tax credits.

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

Outreach Services

Description:

The Outreach Services category has as its principal purpose identifying PLWH who either do not know their HIV status, or who know their status but are not currently in care. As such, Outreach Services provide the following activities: 1) identification of people who do not know their HIV status and/or 2) linkage or re-engagement of PLWH who know their status into HRSA RWHAP services, including provision of information about health care coverage options.

Because Outreach Services are often provided to people who do not know their HIV status, some activities within this service category will likely reach people who are HIV negative. When these activities identify someone living with HIV, eligible clients should be linked to HRSA RWHAP services.

Outreach Services must:

1) use data to target populations and places that have a high probability of reaching PLWH who
    a. have never been tested and are undiagnosed,
    b. have been tested, diagnosed as HIV positive, but have not received their test results, or
    c. have been tested, know their HIV positive status, but are not in medical care;
2) be conducted at times and in places where there is a high probability that PLWH will be identified; and
3) be delivered in coordination with local and state HIV prevention outreach programs to avoid duplication of effort.

Outreach Services may be provided through community and public awareness activities (e.g., posters, flyers, billboards, social media, TV or radio announcements) that meet the requirements above and include explicit and clear links to and information about available HRSA RWHAP services. Ultimately, HIV-negative people may receive Outreach Services and should be referred to risk reduction activities. When these activities identify someone living with HIV, eligible clients should be linked to HRSA RWHAP services.

Program Guidance:

Outreach Services provided to an individual or in small group settings cannot be delivered anonymously, as some information is needed to facilitate any necessary follow-up and care.

Outreach Services must not include outreach activities that exclusively promote HIV prevention education. Recipients and subrecipients may use Outreach Services funds for HIV testing when HRSA RWHAP resources are available and where the testing would not supplant other existing funding.

Outreach Services, as described here, replaces PCN 12-01.

See also Early Intervention Services

Permanency Planning
See Other Professional Services

Psychosocial Support Services
Description:
Psychosocial Support Services provide group or individual support and counseling services to assist HRSA RWHAP-eligible PLWH to address behavioral and physical health concerns. Activities provided under the Psychosocial Support Services may include:

- Bereavement counseling
- Caregiver/respite support (HRSA RWHAP Part D)
- Child abuse and neglect counseling
- HIV support groups
- Nutrition counseling provided by a non-registered dietitian (*see* Medical Nutrition Therapy Services)
- Pastoral care/counseling services

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

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

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

For HRSA 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 HRSA RWHAP Part D.

See also Respite Care Services

Rehabilitation Services
Description:
Rehabilitation Services provide HIV-related therapies intended to improve or maintain a client's quality of life and optimal capacity for self-care on an outpatient basis, and in accordance with an individualized plan of HIV care.

Program Guidance:

Allowable activities under this category include physical, occupational, speech, and

vocational therapy.

Rehabilitation services provided as part of inpatient hospital services, nursing homes, and other long-term care facilities are not allowable.

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. Activities provided under this service category may include referrals to assist HRSA RWHAP-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).

See also Early Intervention Services

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 HRSA RWHAP-eligible client to relieve the primary caregiver responsible for their day-to-day care.

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

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.

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

See also Psychosocial Support Services

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

- Pretreatment/recovery readiness programs
- Harm reduction
- Behavioral health counseling associated with substance use disorder
- Medication assisted therapy
- Neuro-psychiatric pharmaceuticals
- Relapse prevention
- Detoxification, if offered in a separate licensed residential setting (including a separately-licensed detoxification facility within the walls of an inpatient medical or psychiatric hospital)

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 HRSA RWHAP.

Acupuncture therapy may be an allowable cost 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 HRSA RWHAP.

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

View NoA

NoA | NoA Extension | Terms & Conditions | Award Email

Department of Health and Human Services
Health Resources and Services Administration

Notice of Award
FAIN# H8900026
Federal Award Date:
05/16/2024

Recipient Information

1. Recipient Name
CITY OF PATERSON
155 Market St
Paterson, NJ 07505-1414

2. Congressional District of Recipient
09

3. Payment System Identifier (ID)
1226002200A1

4. Employer Identification Number (EIN)
226002200

5. Data Universal Numbering System (DUNS)
968116319

6. Recipient's Unique Entity Identifier
GFFFNCHWH713

7. Project Director or Principal Investigator
Milagros Izquierdo
Director of Ryan White Grants Division
mizquierdo@patersonnj.gov
(973)321-1234

8. Authorized Official
Milagros Izquierdo
Division Director
mizquierdo@patersonnj.gov
(973)321-1234

Federal Agency Information

9. Awarding Agency Contact Information
Olusola Dada
Grants Management Specialist
Office of Federal Assistance Management (OFAM)
Division of Grants Management Office (DGMO)
ODada@hrsa.gov
(301) 443-0195

10. Program Official Contact Information
Priscilla Báez Merced
HIV/AIDS Bureau (HAB)
Pbaezmerced@hrsa.gov
(301) 443-1164

Federal Award Information

11. Award Number
6 H89HA00026-31-01

12. Unique Federal Award Identification Number (FAIN)
H8900026

13. Statutory Authority
42 U.S.C. § 300ff-11-20 and § 300ff-121

14. Federal Award Project Title
HIV EMERGENCY RELIEF PROJECT GRANTS

15. Assistance Listing Number
93.914

16. Assistance Listing Program Title
HIV Emergency Relief Project Grants

17. Award Action Type
Administrative

18. Is the Award R&D?
No

Summary Federal Award Financial Information

19. Budget Period Start Date 03/01/2024 - End Date 02/28/2025	
20. Total Amount of Federal Funds Obligated by this Action	$2,869,853.00
20a. Direct Cost Amount	
20b. Indirect Cost Amount	$0.00
21. Authorized Carryover	$0.00
22. Offset	$0.00
23. Total Amount of Federal Funds Obligated this budget period	$3,996,877.00
24. Total Approved Cost Sharing or Matching, where applicable	$0.00
25. Total Federal and Non-Federal Approved this Budget Period	$3,996,877.00
26. Project Period Start Date 03/01/2022 - End Date 02/28/2025	
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	$12,001,998.93

28. Authorized Treatment of Program Income
Addition

29. Grants Management Officer – Signature
Karen Mayo on 05/16/2024

30. Remarks

This award consists of the following amounts:
FY24 Formula: $2,298,303
FY24 MAI: $332,000
FY24 Suppl: $1,366,574
Total Award: $3,996,877

2025/26 Priority Setting and Resource Allocations

PATERSON-PASSAIC COUNTY-BERGEN COUNTY
HIV HEALTH SERVICES PLANNING COUNCIL

BERGEN PASSAIC TGA ROLES AND RESPONSIBILITIES

Based on needs assessment, utilization, and epidemiologic data— the Planning Council decides what services are most needed by people living with HIV in the TGA (priority setting) and decides how much RWHAP Part A money should be used for each of these service categories (resource allocations).

Roles/Duties of the CEO, Recipient, and Planning Council

ROLE/DUTY	RESPONSIBILITY		
	CEO	Recipient	Planning Council
Establishment of Planning Council/ Planning Body	✓		
Appointment of Planning Council/ Planning Body Members	✓		
Needs Assessment		✓	✓
Integrated/Comprehensive Planning		✓	✓
Priority Setting			✓
Resource Allocations			✓
Directives			✓
Procurement of Services		✓	
Contract Monitoring		✓	
Coordination of Services		✓	✓
Evaluation of Services: Performance, Outcomes, and Cost-Effectiveness		✓	*Optional*
Development of Service Standards		✓	✓
Clinical Quality Management		✓	*Contributes but not responsible*
Assessment of the Efficiency of the Administrative Mechanism			✓
Planning Council Operations and Support		✓	✓

The Planning Council may also provide guidance to the recipient on service models, targeting of populations or service areas, and other ways to best meet the identified priorities (directives)

PATERSON-PASSAIC COUNTY-BERGEN COUNTY
HIV HEALTH SERVICES PLANNING COUNCIL

BERGEN PASSAIC TGA LEGISLATIVE REQUIREMENTS

The Planning Council uses needs assessment data as well as data from a number of other sources to set priorities and allocate resources. This means the members decide which services are most important to people living with HIV in the EMA or TGA (priority setting) and then agree on which service categories to fund and how much funding to provide (resource allocations). In setting priorities, the planning council should consider what service categories are needed to provide a comprehensive system of care for people living with HIV in the EMA or TGA, without regard to who funds those services.

ELIGIBLE RWHAP PART A & PART B SERVICES

Core medical-related services, including:

1. AIDS Drug Assistance Program (ADAP) Treatments
2. Local AIDS Pharmaceutical Assistance Program (LPAP)
3. Early Intervention Services (EIS)
4. Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals
5. Home and Community-Based Health Services
6. Home Health Care
7. Hospice Services
8. Medical Case Management, including Treatment Adherence Services
9. Medical Nutrition Therapy
10. Mental Health Services
11. Oral Health Care
12. Outpatient/Ambulatory Health Services
13. Substance Abuse Outpatient Care

Support services, including:

1. Child Care Services
2. Emergency Financial Assistance
3. Food Bank/Home Delivered Meals
4. Health Education/Risk Reduction
5. Housing
6. Linguistic Services
7. Medical Transportation
8. Non-Medical Case Management Services
9. Other Professional Services [for example, Legal Services and Permanency Planning]
10. Outreach Services
11. Psychosocial Support Services
12. Referral for Healthcare and Support Services
13. Rehabilitation Services
14. Respite Care
15. Substance Abuse Services (residential)

The Planning Council must prioritize **ALL** service categories that are included in the RWHAP legislation as core medical services or support services. These are the same service categories that can be funded by RWHAP Part B and RWHAP Part C programs.

BERGEN PASSAIC TGA LEGISLATIVE REQUIREMENTS

75%
CORE

25%
SUPPORT

After it sets priorities, the planning council must allocate resources, which means it decides how much RWHAP Part A funding will be used for each of these service priorities. For example, the planning council decides how much funding should go for outpatient/ambulatory health services, mental health services, etc. In allocating resources, planning councils need to focus on the legislative requirement that at least 75 percent of funds must go to cover medical services and not more than 25 percent to support services, unless the EMA or TGA has obtained a waiver of this requirement. Support services must contribute to positive medical outcomes for clients. Typically, the planning council makes resource allocations using three scenarios that assume unchanged, increased, and decreased funding in the coming program year.

The planning council makes decisions about priorities and resource allocations based on many factors, including:

- Needs assessment findings;
- Information about the most successful and economical ways of providing services;
- Actual service cost and utilization data (provided by the recipient);
- Priorities of people living with HIV who will use services ;
- Use of RWHAP Part A funds to work well with other services like HIV prevention and substance abuse treatment services, and within the changing healthcare landscape; and
- The amount of funds provided by other sources like Medicaid, Medicare, state and local government, and private funders— since RWHAP is the “payor of last resort” and should not pay for services that can be provided with other funding.

PRIORITY SETTING EXAMPLE

- Data sources are ranked 1 to 28 based on responses to the survey questions. Rank 1 (had the most votes) for the question asked.

- Why 1 to 28? The Ryan White Program has identified 28 service categories that are allowable for funding. These service categories are divided into CORE and SUPPORT services.

	2020 PSRA Red Ribbon (n=23)	2020 PSRA Red Ribbon (n=23)	2020 PSRA Red Ribbon (n=23)
AIDS Drug Assistance Program	2	1	1
AIDS Pharmaceutical Assistance - Loca	17	14	11
Child Care Service	22	18	15
Early Intervention Service	1	15	5
Emergency Financial Assistance	11	9	9
Food Bank / Home Delivered Meal	11	4	9
Health Education / Risk Reductio	26	18	13
Health Insurance Premium & Cost Sharing Assistance	10	11	19
Home and Community-Based Health Service	18	11	19
Home Health Care	18	15	19
Hospice Service	26	28	28
Housing Service	6	4	7
Linguistic Service	22	24	27
Medical Case Management	2	4	2
Medical Nutrition Therap	18	20	19
Medical Transportatio	9	10	11
Mental Health Service	5	2	3
Non-Medical Case Management Service	4	4	5
Oral Health Care	11	3	16
Other Professional Services Legal Services & Permanency Planning	22	26	19
Outpatient/Ambulatory Health Service	14	4	
Outreach Service	6	11	13
Psychosocial Support Service	8	20	19
Referral for Health Care and Supportive Service	14	17	17
Rehabilitation Service	16	24	19
Respite Care	28	26	28
Substance Abuse Servcies - Residentia	22	20	17
Substance Abuse Services-Outpatient	18	20	7
	What services are most important to GET INTO HIV medical care?	What services are most important to STAY IN HIV medical care?	What services are most important to STAY VIRALLY SUPPRESSED?

- The Planning Council will discuss and assign each data source a "weight". Weights will be a 1, 3, or 5.
- Weights will be determined on the importance and reliability of the data set.
  - 1 = Highest Weighting
    - Most Important
    - Most Reliable
  - 3 = Moderate Weighting
    - Important
    - Reliable
  - 5 = Least Weighting
    - Not as Important, but relevant
    - Not as Reliable as other data sets but still relevant.
- Multiple data sources can be weighed the same score.

	2020 PSRA Red Ribbon (n=23)	2020 PSRA Red Ribbon (n=23)	2020 PSRA Red Ribbon (n=23)
AIDS Drug Assistance Program	6	1	1
AIDS Pharmaceutical Assistance - Local	51	14	11
Child Care Services	66	18	15
Early Intervention Services	3	15	5
Emergency Financial Assistance	33	9	9
Food Bank / Home Delivered Meals	33	4	9
Health Education / Risk Reduction	78	18	13
Health Insurance Premium & Cost Sharing Assistance	30	11	19
Home and Community-Based Health Services	54	11	19
Home Health Care	54	15	19
Hospice Services	78	28	28
Housing Services	18	4	7
Linguistic Services	66	24	27
Medical Case Management	6	4	2
Medical Nutrition Therapy	54	20	19
Medical Transportation	27	10	11
Mental Health Services	15	2	3
Non-Medical Case Management Services	12	4	5
Oral Health Care	33	3	16
Other Professional Services	66	26	19
Outpatient/Ambulatory Health Services	42	4	4
Outreach Services	18	11	13
Psychosocial Support Services	24	20	19
Referral for Health Care and Supportive Services	42	17	17
Rehabilitation Services	48	24	19
Respite Care	84	26	28
Substance Abuse Servcies - Residential	66	20	17
Substance Abuse Services-Outpatient			
weight	3	1	1
1=Highest Weighting			
3=Next Highest Weighting			
5=Least Weighting			

PRIORITY SETTING FINAL REPORT

Service Category	2021 Ranking	2020 Ranking	2019 Ranking	2018 Ranking	2017 Ranking
Mental Health Services	1	3	1	2	3
Food Bank / Home Delivered Meals	2	2	6	10	15
Non-Medical Case Management Services	3	7	2	7	5
Oral Health Care	4	1	3	1	2
AIDS Drug Assistance Program	5	18	10	24	6
Outpatient/Ambulatory Health Services	6	4	4	4	1
Housing Services	7	15	5	5	10
Medical Transportation	8	5	7	6	11
Medical Case Management	9	6	8	14	4
Emergency Financial Assistance	10	17	12	3	12
Psychosocial Support Services	11	13	18	23	14
Early Intervention Services	12	12	20	22	8
Medical Nutrition Therapy	13	16	23	11	18
Substance Abuse Services-Outpatient	14	9	11	17	13
Home Health Care	15	20	17	13	22
Child Care Services	16	19	16	12	26
Other Professional Services: Legal Services & Permanency Planning	17	8	13	9	16
Outreach Services	18	14	14	21	9
Health Insurance Premium & Cost Sharing Assistance	19	10	9	15	17
Linguistic Services	20	21	25	16	27
AIDS Pharmaceutical Assistance - Local	21	23	22	8	7
Health Education / Risk Reduction	22	11	15	18	20
Referral for Health Care and Supportive Services	23	26	19	29	19
Home and Community-Based Health Services	24	24	26	25	21
Rehabilitation Services	25	27	27	20	25
Substance Abuse Servcies - Residential	26	22	21	19	24
Hospice Services	27	25	24	26	23
Respite Care	28	28	28	30	28

REVIEW OF DATA

PATERSON-PASSAIC COUNTY-BERGEN COUNTY
HIV HEALTH SERVICES PLANNING COUNCIL

BERGEN PASSAIC TGA EPIDEMIOLOGICAL DATA

Demographic Group/Exposure Category	AIDS INCIDENCE			HIV INCIDENCE (includes all stages of HIV including HIV stage 3 (AIDS)			AIDS PREVALANCE			HIV PREVALANCE (includes all stages of HIV including HIV stage 3 (AIDS)		
Age at Diagnosis (Years)Age at Diagnosis (Incidence) and Current Age (Prevalence)	2020	2021	2022	2020	2021	2022	2020	2021	2022	2020	2021	2022
<13 years	0	0	0	0	0	0	3	2	2	7	6	7
13-19 years	2	3	0	3	8	5	8	11	5	32	26	20
20- 44 years	9	16	20	63	86	105	450	422	422	1,358	1,348	1,397
45 + years	11	16	12	25	33	30	1,805	1,808	1,735	3,066	3,099	3,043
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Total	22	35	32	91	127	140	2,266	2,243	2,164	4,463	4,479	4,467

BERGEN PASSAIC TGA EPIDEMIOLOGICAL DATA

Demographic Group/Exposure Category	AIDS INCIDENCE			HIV INCIDENCE (includes all stages of HIV including HIV stage 3 (AIDS)			AIDS PREVALANCE			HIV PREVALANCE (includes all stages of HIV including HIV stage 3 (AIDS)		
Race/Ethnicity	2020	2021	2022	2020	2021	2022	2020	2021	2022	2020	2021	2022
White, not Hispanic	5	6	4	13	19	19	479	469	445	954	952	923
African-American, not Hispanic	4	6	10	25	32	28	690	678	648	1,339	1,328	1,286
Hispanic/Latino (all races)	11	18	17	46	71	85	921	922	905	1,840	1,871	1,934
Asian/Hawaiian/Pacific Islander	2	1	0	3	2	3	25	28	27	49	54	58
American Indian/Alaska Native	0	0	0	0	0	0	0	0	0	1	1	1
Multi-race /Other/ Unknown	0	4	1	4	3	5	151	146	139	280	273	265
Total	22	35	32	91	127	140	2,266	2,243	2,164	4,463	4,479	4,467

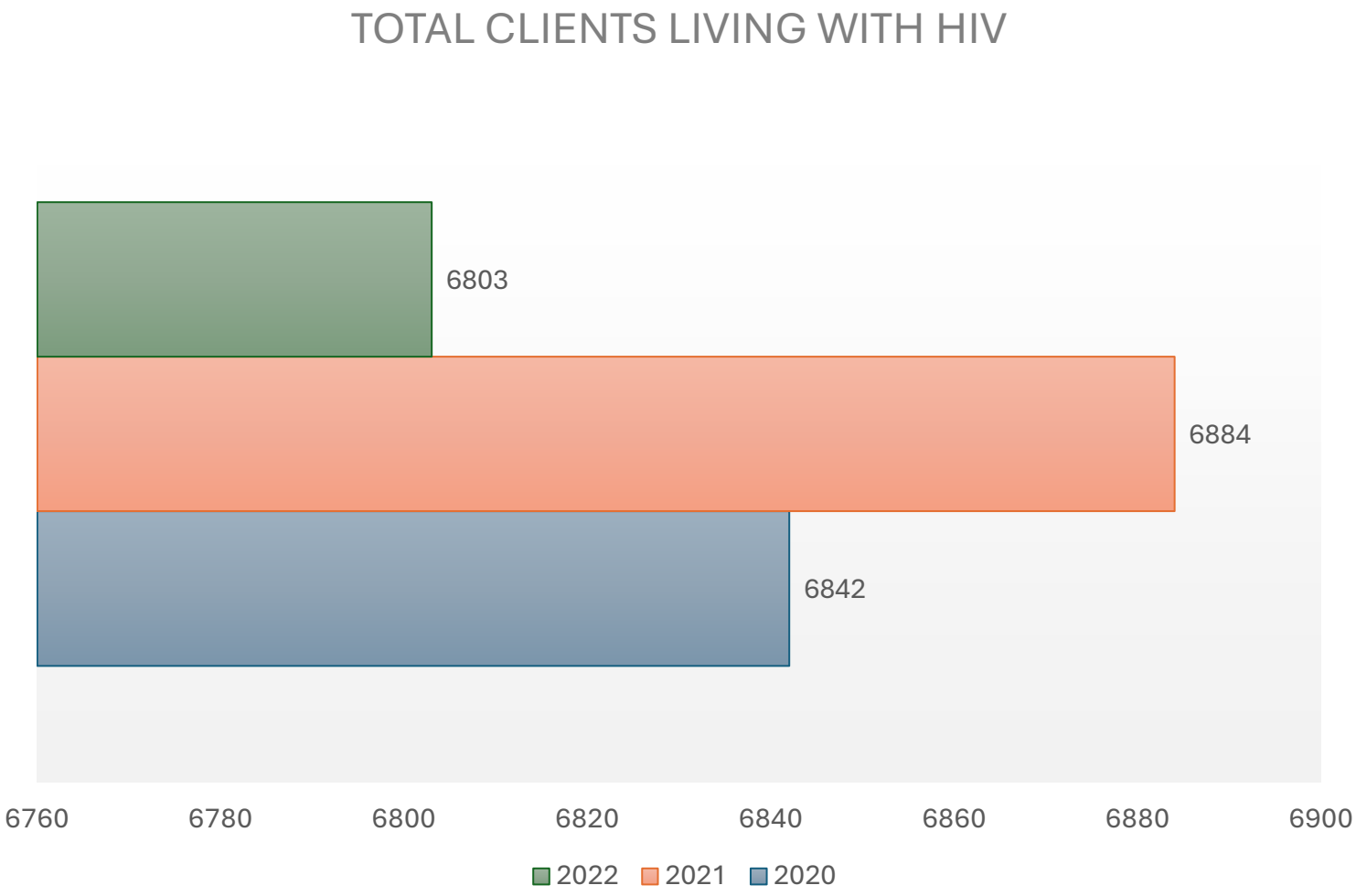
BERGEN PASSAIC TGA EPIDEMIOLOGICAL DATA

Demographic Group/Exposure Category	AIDS INCIDENCE			HIV INCIDENCE (includes all stages of HIV including HIV stage 3 (AIDS)			AIDS PREVALANCE			HIV PREVALANCE (includes all stages of HIV including HIV stage 3 (AIDS)		
Gender	2020	2021	2022	2020	2021	2022	2020	2021	2022	2020	2021	2022
Male	16	30	25	69	99	118	1,549	1,538	1,468	3,055	3,077	3,080
Female	6	5	7	22	28	22	717	705	696	1,408	1,402	1,387
Total	22	35	32	91	127	140	2,266	2,243	2,164	4,463	4,479	4,467

BERGEN PASSAIC TGA EPIDEMIOLOGICAL DATA

Demographic Group/Exposure Category	AIDS INCIDENCE			HIV INCIDENCE (includes all stages of HIV including HIV stage 3 (AIDS)			AIDS PREVALANCE			HIV PREVALANCE (includes all stages of HIV including HIV stage 3 (AIDS)		
Exposure Category	2020	2021	2022	2020	2021	2022	2020	2021	2022	2020	2021	2022
Men who have sex with men	6	11	8	31	46	61	460	470	446	1,056	1,088	1,116
Injection drug users	1	0	0	1	3	0	46	46	41	74	73	68
Men who have sex with men and inject drugs		2	0	1	3	1	19	19	17	37	37	39
Heterosexuals	10	11	15	27	40	36	930	924	912	1,691	1,690	1,693
Blood recipient (Receipt of blood transfusion/transplant, Adult received clotting factor)												
Risk not reported or identified	3	3	8	16	19	31	213	208	216	560	572	600
Pediatric (perinatal exposure, child received transfusion/transplant, child received clotting factor, child with no reported or identified risk	0	0	1	0	0	0	35	31	31	72	67	61
Total	20	27	32	76	111	129	1,703	1,698	1,663	3,490	3,527	3,577

BERGEN PASSAIC TGA EPIDEMIOLOGICAL DATA



SERVICE UTILIZATION DATA

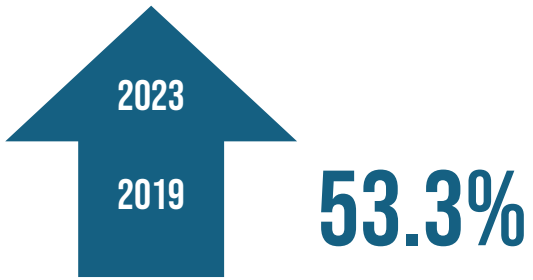
PATERSON-PASSAIC COUNTY-BERGEN COUNTY
HIV HEALTH SERVICES PLANNING COUNCIL

BERGEN PASSAIC TGA SERVICE UTILIZATION DATA

OAHS

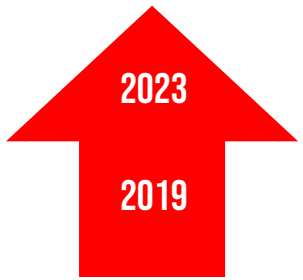
OUTPATIENT AMBULATORY HEALTH SERVICES

	2020	2021	2022	2023
TOTAL CLIENTS SERVED	402	300	363	402
COST PER CLIENT	$3,107.89	$4,302.36	$3,710.75	$4,762.85
TOTAL EXPENDED	$1,249,372.37	$1,290,709.00	$1,347,002.26	$1,914,664.00



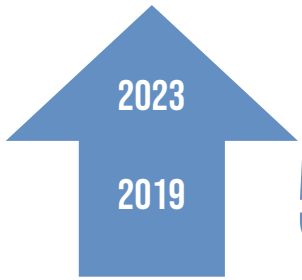
53.3%

TOTAL EXPENDED



0%

TOTAL CLIENTS SERVED



53.3%

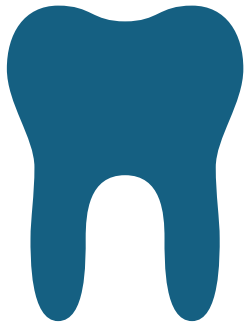
COST PER CLIENT

PATERSON-PASSAIC COUNTY-BERGEN COUNTY
HIV HEALTH SERVICES PLANNING COUNCIL

BERGEN PASSAIC TGA SERVICE UTILIZATION DATA

OH

ORAL HEALTH SERVICES



	2020	2021	2022	2023
TOTAL CLIENTS SERVED	137	147	172	36
COST PER CLIENT	$3,023.10	$3,280.83	$2,609.41	$1,413.78
TOTAL EXPENDED	$414,164.50	$482,282.00	$448,818.47	$50,896.00

2023 2019 **-87.7%**

TOTAL EXPENDED

2023 2019 **-73.7%**

TOTAL CLIENTS SERVED

2023 2019 **-53.2%**

COST PER CLIENT

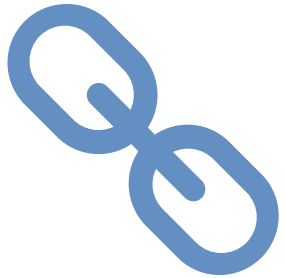
PATERSON-PASSAIC COUNTY-BERGEN COUNTY
HIV HEALTH SERVICES PLANNING COUNCIL

BERGEN PASSAIC TGA SERVICE UTILIZATION DATA

EIS

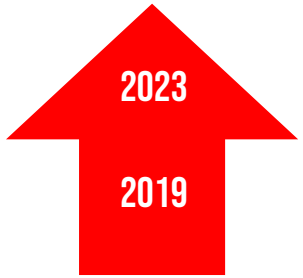
EARLY INTERVENTION SERVICES

	2020	2021	2022	2023
TOTAL CLIENTS SERVED	85	76	60	154
COST PER CLIENT	$674.28	$904.34	$1,642.55	$671.10
TOTAL EXPENDED	$57,314.00	$68,730.00	$98,553.00	$103,350.00



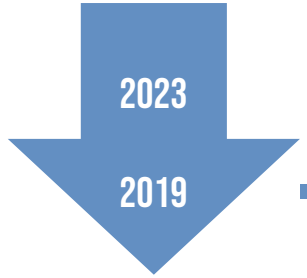
80.3%

TOTAL EXPENDED



81.2%

TOTAL CLIENTS SERVED



-0.5%

COST PER CLIENT

PATERSON-PASSAIC COUNTY-BERGEN COUNTY
HIV HEALTH SERVICES PLANNING COUNCIL

BERGEN PASSAIC TGA SERVICE UTILIZATION DATA

HIPCSA

HEALTH INSURANCE PREMIUM AND COST SHARING ASSISTANCE

	2020	2021	2022	2023
TOTAL CLIENTS SERVED	11	16	1	6
COST PER CLIENT	$3,090.29	$1,741.94	$4,475.00	$5,040.33
TOTAL EXPENDED	$33,993.19	$27,871.00	$4,475.00	$30,242.00

2023 2019 -11.0%

TOTAL EXPENDED

2023 2019 0%

TOTAL CLIENTS SERVED

2023 2019 63.1%

COST PER CLIENT

PATERSON-PASSAIC COUNTY-BERGEN COUNTY
HIV HEALTH SERVICES PLANNING COUNCIL

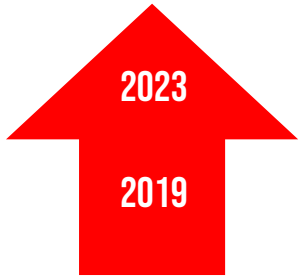
BERGEN PASSAIC TGA SERVICE UTILIZATION DATA

MH
MENTAL HEALTH SERVICES

	2020	2021	2022	2023
TOTAL CLIENTS SERVED	97	102	122	127
COST PER CLIENT	$1,643.52	$1,218.50	$902.95	$1,325.30
TOTAL EXPENDED	$159,421.45	$124,287.00	$110,159.46	$168,338.00

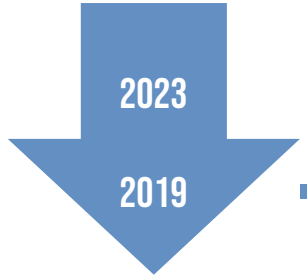
5.6%

TOTAL EXPENDED



30.9%

TOTAL CLIENTS SERVED



-19.4%

COST PER CLIENT

PATERSON-PASSAIC COUNTY-BERGEN COUNTY
HIV HEALTH SERVICES PLANNING COUNCIL

BERGEN PASSAIC TGA SERVICE UTILIZATION DATA

MCM

MEDICAL CASE MANAGEMENT SERVICES (INCLUDING TREATMENT ADHERENCE)

	2020	2021	2022	2023
TOTAL CLIENTS SERVED	402	361	364	348
COST PER CLIENT	$710.18	$901.35	$668.17	$764.85
TOTAL EXPENDED	$285,494.14	$325,388.00	$243,214.40	$266,169.00

2023 2019 -6.8%

TOTAL EXPENDED

2023 2019 -13.4%

TOTAL CLIENTS SERVED

2023 2019 7.7%

COST PER CLIENT

PATERSON-PASSAIC COUNTY-BERGEN COUNTY
HIV HEALTH SERVICES PLANNING COUNCIL

BERGEN PASSAIC TGA SERVICE UTILIZATION DATA

SA

SUBSTANCE ABUSE SERVICES - OUTPATIENT MAI

	2020	2021	2022	2023
TOTAL CLIENTS SERVED	112	97	95	98
COST PER CLIENT	$1,378.48	$1,052.98	$1,101.38	$1,025.50
TOTAL EXPENDED	$154,389.75	$102,139.00	$104,630.92	$100,499.00

2023
2019
-34.9%
TOTAL EXPENDED

2023
2019
-12.5%
TOTAL CLIENTS SERVED

2023
2019
-25.6%
COST PER CLIENT

PATERSON-PASSAIC COUNTY-BERGEN COUNTY
HIV HEALTH SERVICES PLANNING COUNCIL

BERGEN PASSAIC TGA SERVICE UTILIZATION DATA

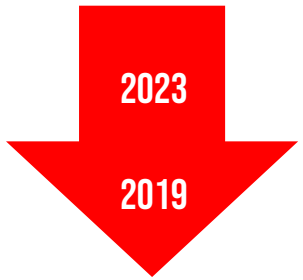
NMCM

CASE MANAGEMENT NON-MEDICAL SERVICES

	2020	2021	2022	2023
TOTAL CLIENTS SERVED	591	517	587	462
COST PER CLIENT	$629.99	$596.31	$621.72	$664.12
TOTAL EXPENDED	$372,322.75	$308,294.00	$364,951.00	$306,822.00

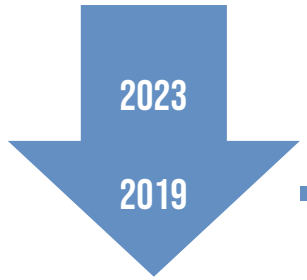
-17.6%

TOTAL EXPENDED



-21.8%

TOTAL CLIENTS SERVED



-5.4%

COST PER CLIENT

PATERSON-PASSAIC COUNTY-BERGEN COUNTY
HIV HEALTH SERVICES PLANNING COUNCIL

BERGEN PASSAIC TGA SERVICE UTILIZATION DATA

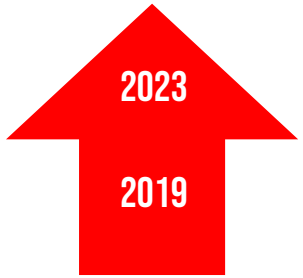
NMCM

CASE MANAGEMENT
NON-MEDICAL SERVICES
MAI

	2020	2021	2022	2023
TOTAL CLIENTS SERVED	118	185	240	161
COST PER CLIENT	$731.85	$598.05	$499.87	$522.63
TOTAL EXPENDED	$86,358.10	$110,639.00	$119,968.00	$84,143.00

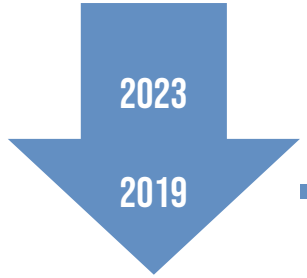
-2.6%

TOTAL EXPENDED



36.4%

TOTAL CLIENTS SERVED



-28.6%

COST PER CLIENT

PATERSON-PASSAIC COUNTY-BERGEN COUNTY
HIV HEALTH SERVICES PLANNING COUNCIL

BERGEN PASSAIC TGA SERVICE UTILIZATION DATA

FB

FOOD BANK / HOME DELIVERED MEALS

	2020	2021	2022	2023
TOTAL CLIENTS SERVED	160	135	151	75
COST PER CLIENT	$331.53	$299.87	$307.40	$623.32
TOTAL EXPENDED	$53,044.00	$40,483.00	$46,417.00	$46,749.00

2023 → 2019: -11.9%

TOTAL EXPENDED

2023 → 2019: -53.1%

TOTAL CLIENTS SERVED

2023 → 2019: 88.0%

COST PER CLIENT

PATERSON-PASSAIC COUNTY-BERGEN COUNTY
HIV HEALTH SERVICES PLANNING COUNCIL

BERGEN PASSAIC TGA SERVICE UTILIZATION DATA

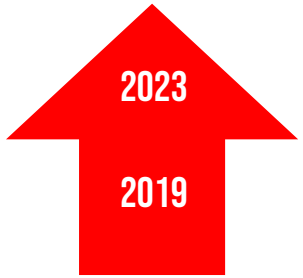
OP

OTHER PROFESSIONAL SERVICES

	2020	2021	2022	2023
TOTAL CLIENTS SERVED	20	27	24	17
COST PER CLIENT	$1,698.40	$1,355.85	$1,496.00	$2,204.82
TOTAL EXPENDED	$33,968.00	$36,608.00	$35,904.00	$37,482.00

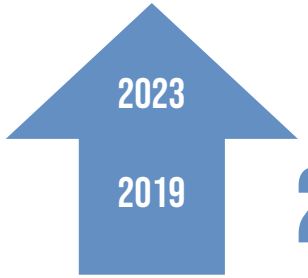
10.3%

TOTAL EXPENDED



2030.0%

TOTAL CLIENTS SERVED



29.8%

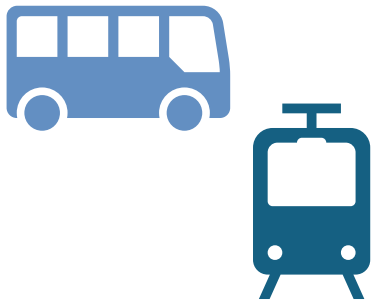
COST PER CLIENT

PATERSON-PASSAIC COUNTY-BERGEN COUNTY
HIV HEALTH SERVICES PLANNING COUNCIL

BERGEN PASSAIC TGA SERVICE UTILIZATION DATA

MT

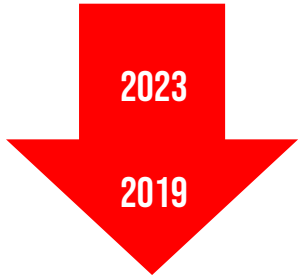
MEDICAL TRANSPORTATION SERVICES



	2020	2021	2022	2023
TOTAL CLIENTS SERVED	201	81	157	122
COST PER CLIENT	$246.56	$616.48	$366.05	$347.97
TOTAL EXPENDED	$49,558.65	$49,935.00	$57,469.28	$42,696.00

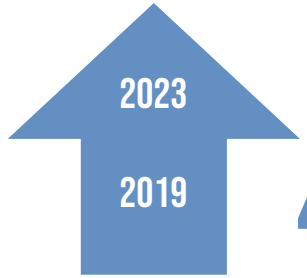
-13.8%

TOTAL EXPENDED



-39.3%

TOTAL CLIENTS SERVED



41.9%

COST PER CLIENT

PATERSON-PASSAIC COUNTY-BERGEN COUNTY
HIV HEALTH SERVICES PLANNING COUNCIL

BERGEN PASSAIC TGA SERVICE UTILIZATION DATA

OS1

OUTREACH SERVICES 1

	2020	2021	2022	2023
TOTAL CLIENTS SERVED	894	837	675	-
COST PER CLIENT	$129.68	$85.12	$113.43	-
TOTAL EXPENDED	$115,938.20	$71,249.00	$76,562.00	-

2023 2019 -100.0%

TOTAL EXPENDED

2023 2019 -100.0%

TOTAL CLIENTS SERVED

2023 2019 -100.0%

COST PER CLIENT

PATERSON-PASSAIC COUNTY-BERGEN COUNTY
HIV HEALTH SERVICES PLANNING COUNCIL

BERGEN PASSAIC TGA SERVICE UTILIZATION DATA

OS1

OUTREACH SERVICES 1

MAI

	2020	2021	2022	2023
TOTAL CLIENTS SERVED	591	583	614	-
COST PER CLIENT	$77.71	$54.65	$65.23	-
TOTAL EXPENDED	$45,925.87	$31,861.00	$40,054.00	-

2023 2019 -100.0%

TOTAL EXPENDED

2023 2019 -100.0%

TOTAL CLIENTS SERVED

2023 2019 -100.0%

COST PER CLIENT

PATERSON-PASSAIC COUNTY-BERGEN COUNTY
HIV HEALTH SERVICES PLANNING COUNCIL

BERGEN PASSAIC TGA SERVICE UTILIZATION DATA

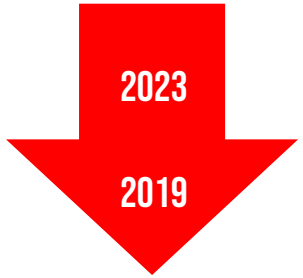
PSS

PSYCHOSOCIAL SUPPORT SERVICES

	2020	2021	2022	2023
TOTAL CLIENTS SERVED	35	28	39	17
COST PER CLIENT	$296.43	$367.43	$357.79	$399.26
TOTAL EXPENDED	$10,375.20	$10,288.00	$13,954.00	$17,168.00

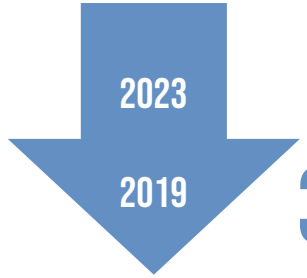
65.5%

TOTAL EXPENDED



-51.4%

TOTAL CLIENTS SERVED



34.7%

COST PER CLIENT

PATERSON-PASSAIC COUNTY-BERGEN COUNTY
HIV HEALTH SERVICES PLANNING COUNCIL

BERGEN PASSAIC TGA SERVICE UTILIZATION DATA

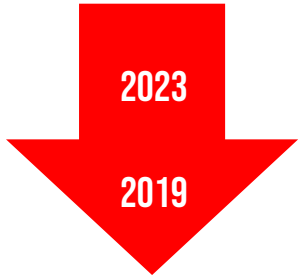
HE/RR

HEALTH EDUCATION/ RISK REDUCTION (MAI)

	2020	2021	2022	2023
TOTAL CLIENTS SERVED	509	370	411	168
COST PER CLIENT	$73.32	$104.35	$64.89	$283.97
TOTAL EXPENDED	$37,321.80	$38,608.00	$26,668.00	$47,707.00

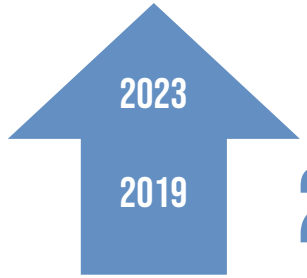
27.8%

TOTAL EXPENDED



-67.0%

TOTAL CLIENTS SERVED



287.3%

COST PER CLIENT

PATERSON-PASSAIC COUNTY-BERGEN COUNTY
HIV HEALTH SERVICES PLANNING COUNCIL

BERGEN PASSAIC TGA SERVICE UTILIZATION DATA

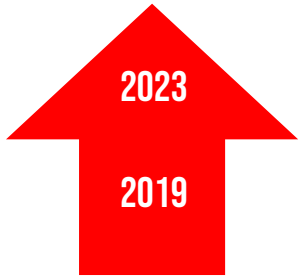
EIS

EARLY INTERVENTION SERVICES MAI

	2020	2021	2022	2023
TOTAL CLIENTS SERVED	-	-	-	74
COST PER CLIENT	-	-	-	$79.05
TOTAL EXPENDED	-	-	-	$13,202.00

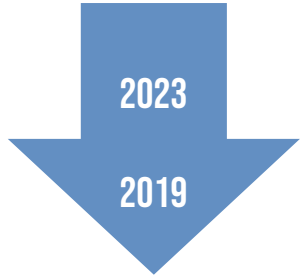
100.0%

TOTAL EXPENDED



100.0%

TOTAL CLIENTS SERVED



100.0%

COST PER CLIENT

PATERSON-PASSAIC COUNTY-BERGEN COUNTY
HIV HEALTH SERVICES PLANNING COUNCIL

Questions?

PATERSON-PASSAIC COUNTY-BERGEN COUNTY
HIV HEALTH SERVICES PLANNING COUNCIL

PATERSON-PASSAIC COUNTY-BERGEN COUNTY
HIV HEALTH SERVICES PLANNING COUNCIL

GY2025/26
Priority Setting & Resource Allocations Packet

IN-PERSON SESSION

PSRA Workshop – Day 2
Tuesday, August 13, 2024
10:00 a.m. – 4:00 p.m.

Montclair State University
Center for Clinical Services
147 Clove Road
Little Falls, NJ 07424
NOTE: Parking at lot 61 or 60

Documents Included:

1. Agenda
2. Service Category Rankings by Data Source
3. GY2025 Priority Setting Worksheets
4. Historical Spending Percentages 2019 to 2025 Recommendations
5. GY2025 Resource Allocation Worksheet

PATERSON-PASSAIC COUNTY-BERGEN COUNTY
HIV HEALTH SERVICES PLANNING COUNCIL

Ric Miles- Chair & Andriana Herrera - Vice Chair

www.bergenpassaictga.org

2025/26 Priority Setting and Resource Allocations
IN-PERSON SESSION
PSRA Workshop – Day 2
Tuesday, August 13, 2024
10:00 a.m. – 4:00 p.m.

Montclair State University
Center for Clinical Services
147 Clove Road
Little Falls, NJ 07424
NOTE: Parking at lot 61 or 60

https://us02web.zoom.us/j/85671535273?pwd=MVlScUxvMjhGeII2QVllUys1ak5yQT09&from=addon
Meeting ID: 856 7153 5273
Passcode: 726103

AGENDA

1. **Moment of Silence**
   The chair will call the meeting to order and recognize a moment of silence.

2. **Welcome by the Chair**
   The chair will welcome everyone to the meeting and proceed to read the Mission Statement and Open Public Meeting Statements.

   Reading of Mission Statement
   We strive to identify all individuals living with HIV/AIDS or at risk of HIV infection in Bergen and Passaic Counties and provide access to prevention, continuous care, and support services
   Reading of Open Public Meeting Statement
   Open Public Meeting Act Statement– In compliance with the Open Public Meetings Act of the State of New Jersey, notification of this meeting has been sent to The Record and the Herald News and notices have been posted on the Planning Council webpage at www.bergenpassaictga.org. Meeting notices are also posted on the bulletin board at the City of Paterson Grants Management Division- Ryan White/HOPWA Office.

3. **Roll Call**
   The chair will call the meeting to order and establish a quorum through support staff announcing each participant in the teleconference participants list.

4. **Public Comments and Emerging Trends** *(Discussion, all matters in this item are information only)*
   This is a period devoted to comments and discussion by the public about items listed on this agenda. No action may be taken on a matter raised under this item of the agenda until the matter itself has been included specifically on the agenda as an item upon which action will be taken. Comments will be limited to three minutes per person.

5. **Priority Setting and Resource Allocation Workshop**
   Planning Council members will participate in reviewing data sources to set priorities and allocate resources for the 2025/26 grant year.

6. **PSRA Workshop Wrap up**
   Planning Council members will complete PRSA forms and provide feedback on the PSRA process.

7. **Public Comments and Emerging Trends** *(Discussion, all matters in this item are informational only)*
   This is a moment for members of the public to make public comments or discuss emerging trends in the TGA.

8. **Next Meeting – Planning Council, Tuesday, August 13, 2024**
   9:00am – 10:00pm - Steering Committee
   10:00am – 4:00pm – Mandatory in person PSRA

9. **Adjournment**
   The Chair will entertain a motion and a second to approve the adjournment of this meeting.

Service Category	Service Category Ranking by Data Source				
	2021 NA 55+ years old (n=68)	**2021 NA Uninsured (n=7)**	**2021 NA Hispanic/LatinX (n=52)**	**2021 NA Black/AA (n=37)**	**2021 NA Aggregate (n=163)**
AIDS Drug Assistance Program	28	28	28	28	28
AIDS Pharmaceutical Assistance - Local	28	28	28	28	28
Child Care Services	18	18	18	18	18
Early Intervention Services	11	8	14	8	13
Emergency Financial Assistance	14	4	11	11	11
Food Bank / Home Delivered Meals	10	3	6	5	5
Health Education / Risk Reduction	5	12	7	4	7
Health Insurance Premium & Cost Sharing Assistance	13	1	12	17	16
Home and Community-Based Health Services	28	28	28	28	28
Home Health Care	28	28	28	28	28
Hospice Services	28	28	28	28	28
Housing Services	9	2	5	6	6
Linguistic Services	28	28	28	28	28
Medical Case Management	3	10	3	2	2
Medical Nutrition Therapy	16	13	9	13	9
Medical Transportation	2	14	10	9	10
Mental Health Services	7	16	8	14	8
Non-Medical Case Management Services	3	10	3	2	2
Oral Health Care	6	9	2	7	4
Other Professional Services: Legal Services & Permanency Planning	15	7	15	10	14
Outpatient/Ambulatory Health Services	1	6	1	1	1
Outreach Services	8	5	13	12	12
Psychosocial Support Services	12	15	16	15	15
Referral for Health Care and Supportive Services	28	28	28	28	28
Rehabilitation Services	28	28	28	28	28
Respite Care	28	28	28	28	28
Substance Abuse Servcies - Residential	28	28	28	28	28
Substance Abuse Services-Outpatient	17	17	17	16	17
	What services are most important to maintain viral suppression 55+ YEARS OLD	What services are most important to maintain viral suppression UNINSURED	What services are most important to maintain viral suppression HISPANIC/LATINX	What services are most important to maintain viral suppression BLACK/AA	What services are most important to maintain viral suppression

Service Category	2021 NA 55+ years old (n=68)	2021 NA Uninsured (n=7)	2021 NA Hispanic/LatinX (n=52)	2021 NA Black/AA (n=37)	2021 NA Aggregate (n=163)
AIDS Drug Assistance Program	28	28	28	28	28
AIDS Pharmaceutical Assistance - Local	28	28	28	28	28
Child Care Services	18	18	18	18	18
Early Intervention Services	12	8	12	9	8
Emergency Financial Assistance	13	5	7	17	12
Food Bank / Home Delivered Meals	8	12	9	11	6
Health Education / Risk Reduction	5	7	5	4	5
Health Insurance Premium & Cost Sharing Assistance	16	9	6	16	14
Home and Community-Based Health Services	28	28	28	28	28
Home Health Care	28	28	28	28	28
Hospice Services	28	28	28	28	28
Housing Services	9	6	8	7	7
Linguistic Services	28	28	28	28	28
Medical Case Management	3	10	2	1	2
Medical Nutrition Therapy	11	14	14	6	11
Medical Transportation	2	16	15	8	13
Mental Health Services	7	15	10	15	9
Non-Medical Case Management Services	3	10	2	1	2
Oral Health Care	6	2	4	5	4
Other Professional Services: Legal Services & Permanency Planning	15	4	11	13	10
Outpatient/Ambulatory Health Services	1	1	1	3	1
Outreach Services	10	3	13	10	15
Psychosocial Support Services	14	13	16	12	16
Referral for Health Care and Supportive Services	28	28	28	28	28
Rehabilitation Services	28	28	28	28	28
Respite Care	28	28	28	28	28
Substance Abuse Servcies - Residential	28	28	28	28	28
Substance Abuse Services-Outpatient	17	17	17	14	17
	What services are most important to get linked to care. 55+ years old	What services are most important to get linked to care. UNINSURED	What services are most important to get linked to care. HISPANIC/LATINX	What services are most important to get linked to care. BLACK/AA	What services are most important to get linked to care.

Service Category	2023/24 Sservice Utilization Data	2022/23 Sservice Utilization Data	2021/22 Sservice Utilization Data	2020/21 Service Utilization Data
AIDS Drug Assistance Program	28	28	28	28
AIDS Pharmaceutical Assistance - Local	28	28	28	28
Child Care Services	28	28	28	28
Early Intervention Services	6	11	11	11
Emergency Financial Assistance	28	28	28	28
Food Bank / Home Delivered Meals	10	8	8	6
Health Education / Risk Reduction	5	3	3	5
Health Insurance Premium & Cost Sharing Assistance	13	14	14	14
Home and Community-Based Health Services	28	28	28	28
Home Health Care	28	28	28	28
Hospice Services	28	28	28	28
Housing Services	28	28	28	28
Linguistic Services	28	28	28	28
Medical Case Management	3	4	5	3
Medical Nutrition Therapy	28	28	28	28
Medical Transportation	8	10	7	10
Mental Health Services	7	9	10	8
Non-Medical Case Management Services	1	2	2	2
Oral Health Care	11	7	9	7
Other Professional Services: Legal Services & Permanency Planning	12	13	13	13
Outpatient/Ambulatory Health Services	2	5	4	4
Outreach Services	28	1	1	1
Psychosocial Support Services	4	12	12	12
Referral for Health Care and Supportive Services	28	28	28	28
Rehabilitation Services	28	28	28	28
Respite Care	28	28	28	28
Substance Abuse Servcies - Residential	28	28	28	28
Substance Abuse Services-Outpatient	9	6	6	9
	2023/24 Services Used by total unduplicated client count	2022/21 Services Used by total unduplicated client count	2021/22 Services Used by total unduplicated client count	2020/21 Services Used by total unduplicated client count

Service Category	2019 Integrated Plan Red Ribbon (n=51)	2020 COVID-19 Consumer Survey (n=34)	2019 CDC Consumer Forum Red Ribbon (n=22)
AIDS Drug Assistance Program	28	2	4
AIDS Pharmaceutical Assistance - Local	1	28	28
Child Care Services	28	28	9
Early Intervention Services	8	28	28
Emergency Financial Assistance	9	28	10
Food Bank / Home Delivered Meals	7	1	5
Health Education / Risk Reduction	28	10	28
Health Insurance Premium & Cost Sharing Assistance	3	28	28
Home and Community-Based Health Services	28	28	28
Home Health Care	28	28	11
Hospice Services	28	28	28
Housing Services	28	4	6
Linguistic Services	28	28	14
Medical Case Management	10	4	28
Medical Nutrition Therapy	2	28	13
Medical Transportation	28	9	3
Mental Health Services	5	6	2
Non-Medical Case Management Services	11	4	8
Oral Health Care	6	7	1
Other Professional Services: Legal Services & Permanency Planning	28	28	12
Outpatient/Ambulatory Health Services	4	2	7
Outreach Services	28	28	28
Psychosocial Support Services	28	7	28
Referral for Health Care and Supportive Services	28	28	28
Rehabilitation Services	28	28	28
Respite Care	28	28	28
Substance Abuse Servcies - Residential	28	28	28
Substance Abuse Services-Outpatient	12	11	28
	What are the most important services to stay in HIV medical care?	What are the most important things that help you stay in HIV medical care during the COVID-19 pandemic?	What services are most important to achieve and maintain viral suppression?

Bergen-Passaic TGA - Ryan White Part A

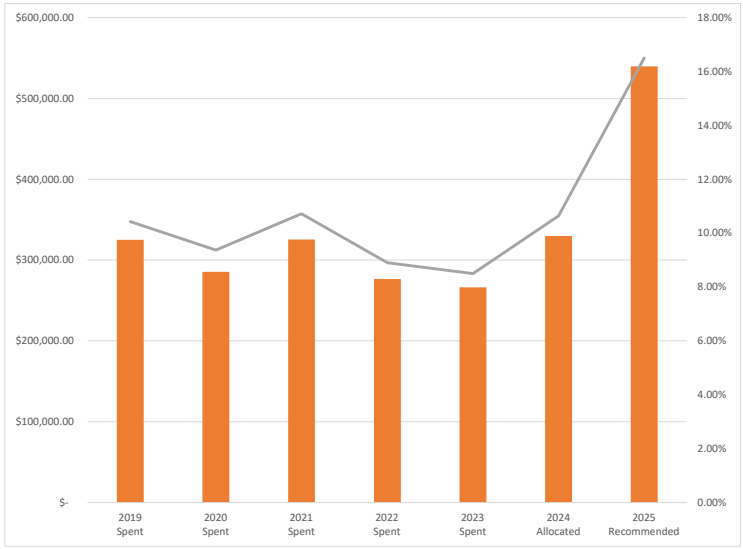
2025/26 Prioritized Service Categories

Approved by the Bergen-Passaic Planning Council on 8/13/2023

Service Category	2025 Ranking	2024 Ranking	2023 Ranking	2022 Ranking	2021 Ranking	2020 Ranking	2019 Ranking
AIDS Drug Assistance Program		19	18	3	3	7	2
AIDS Pharmaceutical Assistance - Local		20	28	18	16	18	10
Child Care Services		18	19	21	21	23	22
Early Intervention Services		10	13	6	5	19	16
Emergency Financial Assistance		16	11	13	12	12	20
Food Bank / Home Delivered Meals		7	4	9	10	17	12
Health Education / Risk Reduction		4	9	4	2	2	6
Health Insurance Premium & Cost Sharing Assistance		13	14	10	22	11	15
Home and Community-Based Health Services		21	22	14	19	10	9
Home Health Care		22	20	23	24	24	26
Hospice Services		23	23	20	15	20	17
Housing Services		15	8	24	27	25	24
Linguistic Services		24	21	8	7	15	5
Medical Case Management		3	6	22	20	21	25
Medical Nutrition Therapy		17	10	19	9	6	8
Medical Transportation		8	7	11	13	16	23
Mental Health Services		9	5	7	8	5	7
Non-Medical Case Management Services		1	3	5	1	3	1
Oral Health Care		6	2	2	4	1	3
Other Professional Services: Legal Services & Permanency Planning		12	15	12	17	8	13
Outpatient/Ambulatory Health Services		2	1	1	6	4	4
Outreach Services		5	17	16	18	14	14
Psychosocial Support Services		14	16	17	11	13	18
Referral for Health Care and Supportive Services		25	24	25	23	26	19
Rehabilitation Services		26	25	26	25	27	27
Respite Care		27	26	27	28	28	28
Substance Abuse Servcies - Residential		28	27	28	26	22	21
Substance Abuse Services-Outpatient		11	12	15	14	9	11

Bergen-Passaic TGA
Medical Case Management (Formula / Supplemental)
GY2025 Priority Setting Worksheet

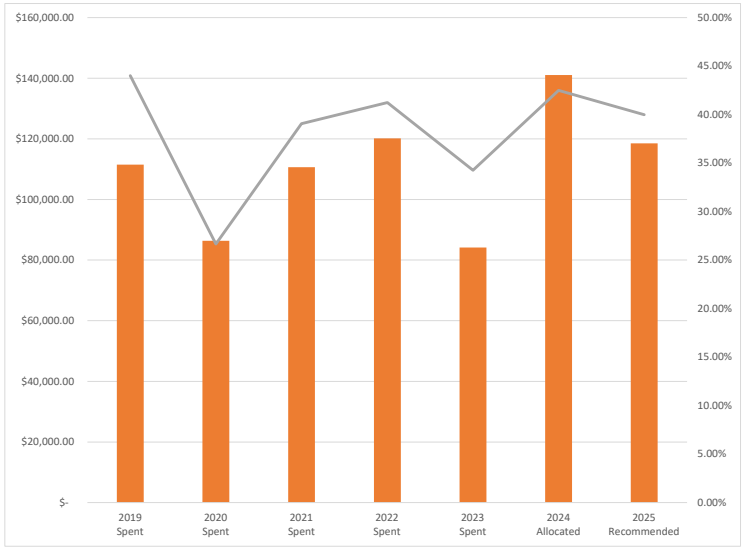
	Priority	Total RW Clients	Total Clients Served	% of Clients Utilized Service	Total Spent During Grant Year	% of Awarded Service Dollars	2025/26 Grant Year	
2019 Spent	25	2117	427	20.17%	$ 324,952.00	10.43%	Low	8.50%
2020 Spent	21	2007	402	20.03%	$ 285,494.00	9.37%	High	10.75%
2021 Spent	20	2005	361	18.00%	$ 325,388.00	10.72%	Average	9.63%
2022 Spent	22	1986	364	18.33%	$ 276,581.00	8.90%	Recommended	16.50%
2023 Spent	6	906	348	38.41%	$ 266,168.00	8.50%	Other	
2024 Allocated	3				$ 329,878.00	10.64%		
2025 Recommended					$ 539,698.83	16.50%		



Notes:
**Based on the Case Management Redesign

Bergen-Passaic TGA
Medical Case Management (Minority AIDS Initiative/ MAI)
GY2025 Priority Setting Worksheet

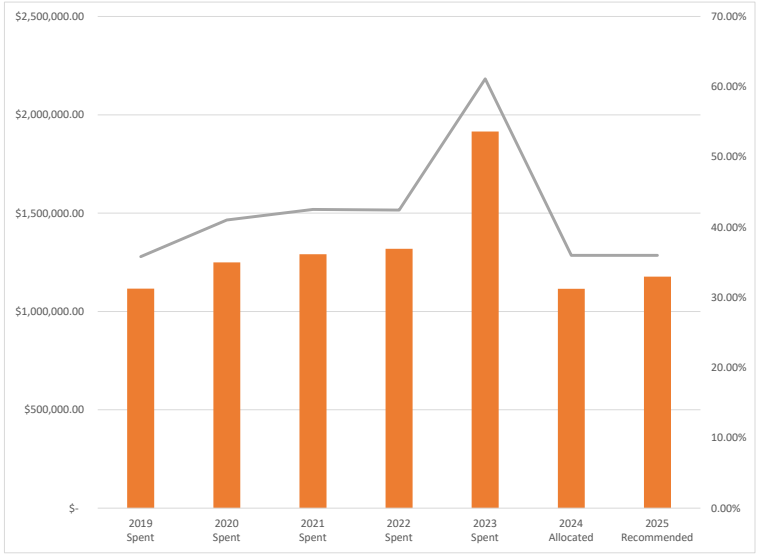
	Priority	Total RW Clients	Total Clients Served	% of Clients Utilized Service	Total Spent During Grant Year	% of Awarded Service Dollars	2025/26 Grant Year	
2019 Spent	25	2117	148	6.99%	$ 111,508.00	44.02%	Low	26.65%
2020 Spent	21	2007	118	5.88%	$ 86,358.10	26.65%	High	44.02%
2021 Spent	20	2005	185	9.23%	$ 110,639.00	39.06%	Average	35.34%
2022 Spent	22	1986	240	12.08%	$ 120,169.91	41.25%	Recommended	40.00%
2023 Spent	6	906	161	17.77%	$ 84,143.00	34.27%	Other	
2024 Allocated	3				$ 141,100.00	42.50%		
2025 Recommended					$ 118,524.00	40.00%		



Notes:
**Based on the Case Management Redesign

Bergen-Passaic TGA
Outpatient Ambulatory Health Services (Formula / Supplemental)
GY2025 Priority Setting Worksheet

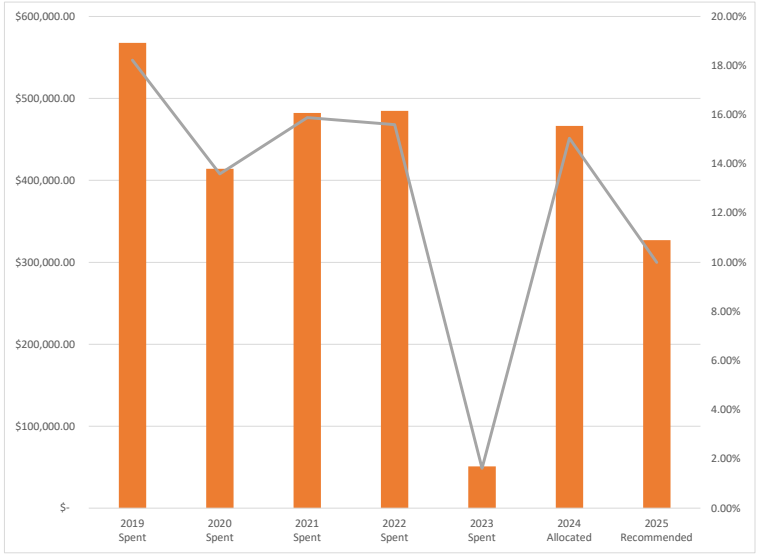
	Priority	Total RW Clients	Total Clients Served	% of Clients Utilized Service	Total Spent During Grant Year	% of Awarded Service Dollars	2025/26 Grant Year	
2019 Spent	**4**	**2117**	**390**	**18.42%**	$ 1,116,219.35	35.82%	**Low**	**35.82%**
2020 Spent	**4**	**2007**	**402**	**20.03%**	$ 1,249,372.37	41.02%	**High**	**61.13%**
2021 Spent	**6**	**2005**	**300**	**14.96%**	$ 1,290,709.00	42.52%	**Average**	**48.48%**
2022 Spent	**1**	**1986**	**363**	**18.28%**	$ 1,318,753.38	42.44%	**Recommended**	**36.00%**
2023 Spent	**1**	**906**	**402**	**44.37%**	$ 1,914,664.00	61.13%	**Other**	
2024 Allocated	**2**				$ 1,115,222.00	35.98%		
2025 Recommended					$ 1,177,524.72	36.00%		



Notes:

Bergen-Passaic TGA
Oral Health Care (Formula / Supplemental)
GY2025 Priority Setting Worksheet

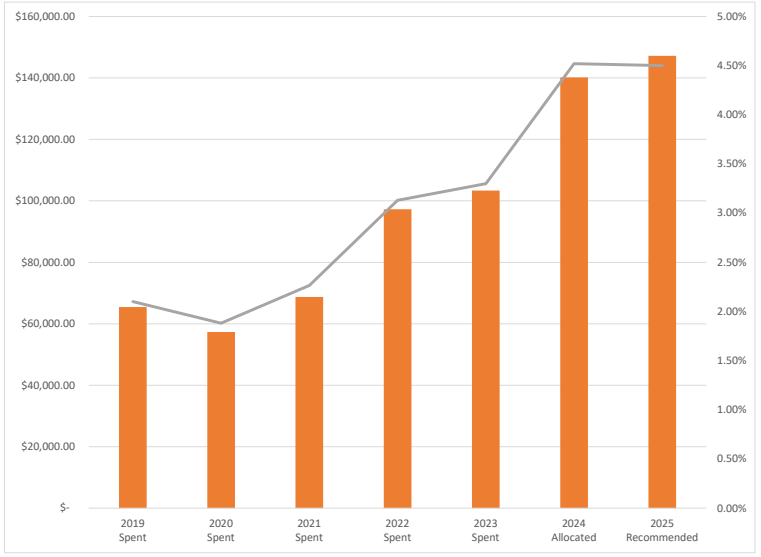
	Priority	Total RW Clients	Total Clients Served	% of Clients Utilized Service	Total Spent During Grant Year	% of Awarded Service Dollars	2025/26 Grant Year	
2019 Spent	3	2117	190	8.97%	$ 567,768.00	18.22%	Low	1.62%
2020 Spent	1	2007	137	6.83%	$ 414,164.50	13.60%	High	18.22%
2021 Spent	4	2005	147	7.33%	$ 482,282.00	15.89%	Average	9.92%
2022 Spent	2	1986	172	8.66%	$ 484,827.81	15.60%	Recommended	10.00%
2023 Spent	2	906	36	3.97%	$ 50,896.00	1.62%	Other	10.00%
2024 Allocated	6				$ 466,499.00	15.05%		
2025 Recommended					$ 327,090.20	10.00%		



Notes:

Bergen-Passaic TGA
Early Intervention Services (Formula / Supplemental)
GY2025 Priority Setting Worksheet

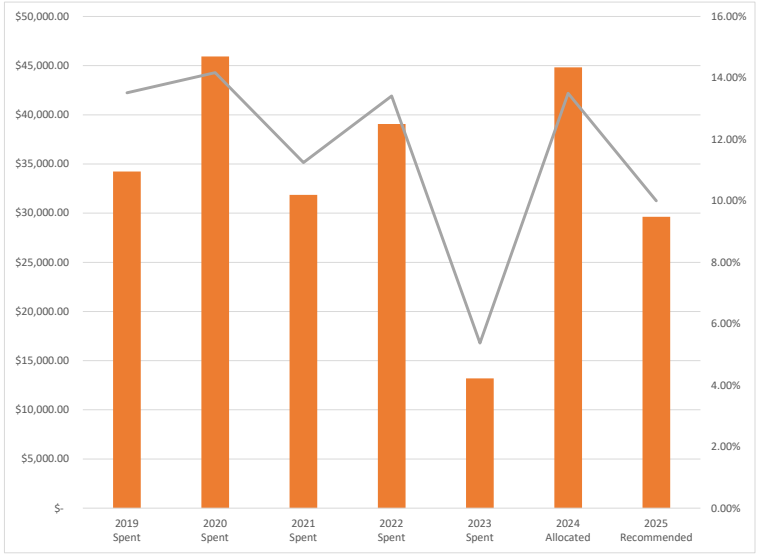
	Priority	Total RW Clients	Total Clients Served	% of Clients Utilized Service	Total Spent During Grant Year	% of Awarded Service Dollars	2025/26 Grant Year	
2019 Spent	16	2117	63	2.98%	$ 65,437.00	2.10%	Low	1.88%
2020 Spent	19	2007	85	4.24%	$ 57,314.00	1.88%	High	4.50%
2021 Spent	5	2005	76	3.79%	$ 68,730.00	2.26%	Average	3.19%
2022 Spent	6	1986	60	3.02%	$ 97,258.00	3.13%	Recommended	4.50%
2023 Spent	13	906	154	17.00%	$ 103,350.00	3.30%	Other	
2024 Allocated	10				$ 140,181.00	4.52%		
2025 Recommended					$ 147,190.59	4.50%		



Notes:

Bergen-Passaic TGA
Early Intervention Services (Minority AIDS Initiative / MAI)
GY2025 Priority Setting Worksheet

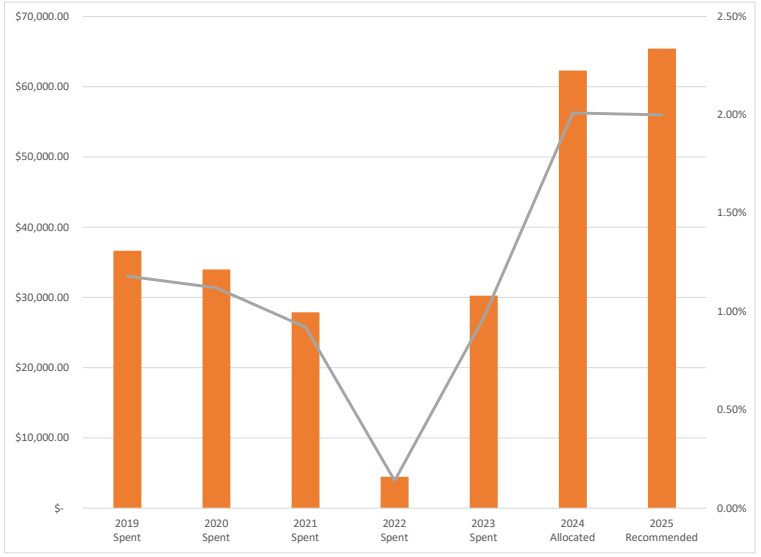
	Priority	Total RW Clients	Total Clients Served	% of Clients Utilized Service	Total Spent During Grant Year	% of Awarded Service Dollars	2025/26 Grant Year	
2019 Spent	16	2117	598	28.25%	$ 34,237.00	13.51%	Low	5.38%
2020 Spent	19	2007	591	29.45%	$ 45,925.87	14.17%	High	14.17%
2021 Spent	5	2005	583	29.08%	$ 31,861.00	11.25%	Average	9.78%
2022 Spent	6	1986	614	30.92%	$ 39,066.15	13.41%	Recommended	10.00%
2023 Spent	13	906	74	8.17%	$ 13,202.00	5.38%	Other	
2024 Allocated	10				$ 44,820.00	13.50%		
2025 Recommended					$ 29,631.00	10.00%		



Notes:

Bergen-Passaic TGA
Health Insurance Premium/Cost Sharing Assistance (Formula / Supplemental)
GY2025 Priority Setting Worksheet

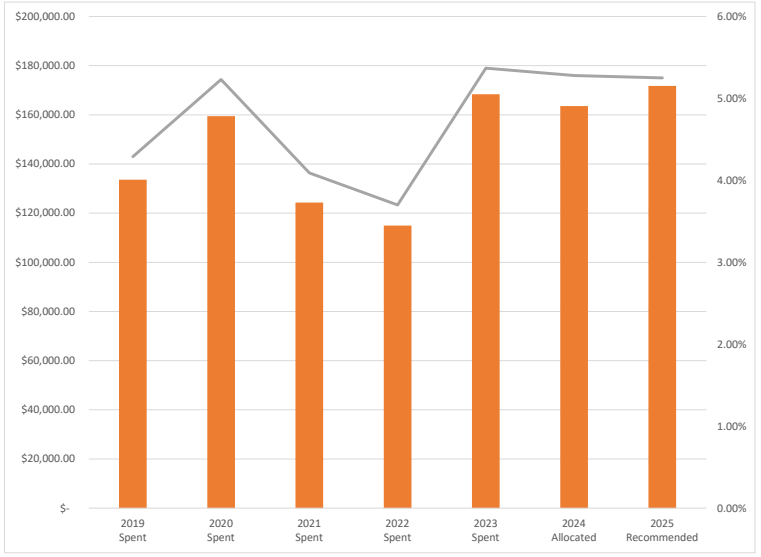
	Priority	Total RW Clients	Total Clients Served	% of Clients Utilized Service	Total Spent During Grant Year	% of Awarded Service Dollars	2025/26 Grant Year	
2019 Spent	15	2117	63	2.98%	$ 36,657.00	1.18%	Low	0.14%
2020 Spent	11	2007	85	4.24%	$ 33,993.00	1.12%	High	2.01%
2021 Spent	22	2005	76	3.79%	$ 27,871.00	0.92%	Average	1.08%
2022 Spent	10	1986	60	3.02%	$ 4,475.00	0.14%	Recommended	2.00%
2023 Spent	14	906	6	0.66%	$ 30,242.00	0.97%	Other	
2024 Allocated	13				$ 62,304.00	2.01%		
2025 Recommended					$ 65,418.04	2.00%		



Notes:

Bergen-Passaic TGA
Mental Health Services (Formula / Supplemental)
GY2025 Priority Setting Worksheet

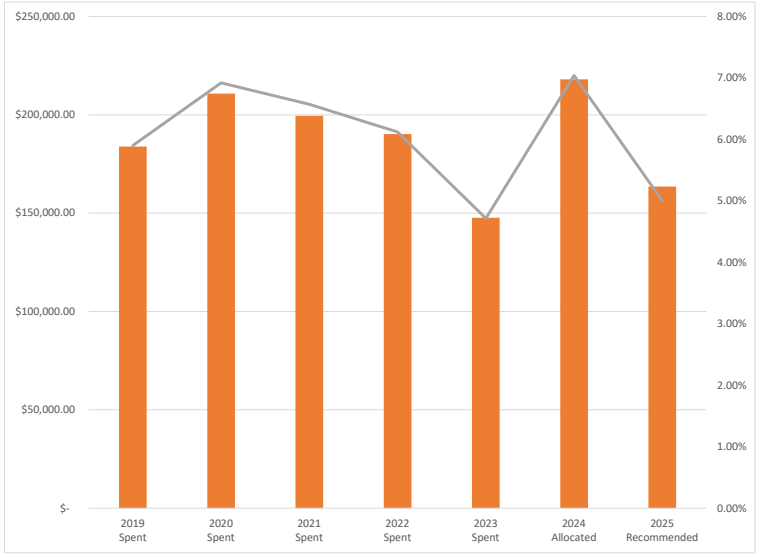
	Priority	Total RW Clients	Total Clients Served	% of Clients Utilized Service	Total Spent During Grant Year	% of Awarded Service Dollars	2025/26 Grant Year	
2019 Spent	7	2117	142	6.71%	$ 133,620.00	4.29%	Low	3.70%
2020 Spent	5	2007	97	4.83%	$ 159,421.00	5.23%	High	5.37%
2021 Spent	8	2005	102	5.09%	$ 124,287.00	4.09%	Average	4.54%
2022 Spent	7	1986	122	6.14%	$ 114,967.00	3.70%	Recommended	5.25%
2023 Spent	5	906	127	14.02%	$ 168,338.00	5.37%	Other	
2024 Allocated	9				$ 163,545.00	5.28%		
2025 Recommended					$ 171,722.36	5.25%		



Notes:

Bergen-Passaic TGA
Substance Use Outpatient (Formula / Supplemental)
GY2025 Priority Setting Worksheet

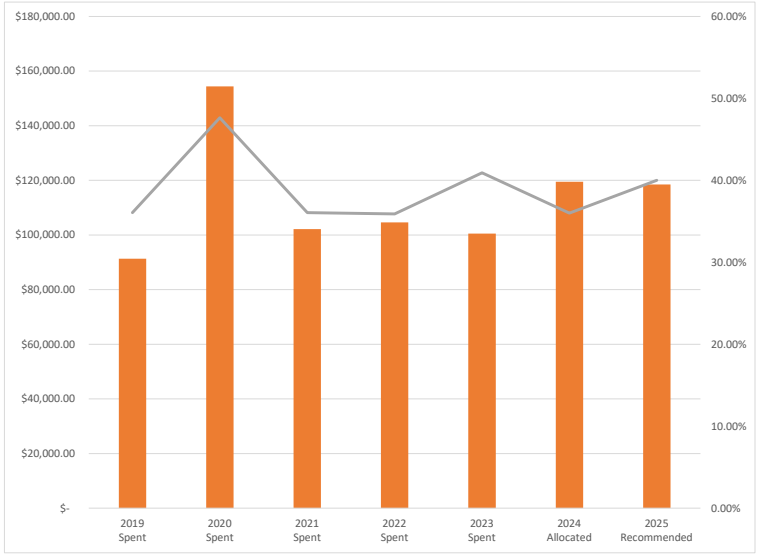
	Priority	Total RW Clients	Total Clients Served	% of Clients Utilized Service	Total Spent During Grant Year	% of Awarded Service Dollars	2025/26 Grant Year	
2019 Spent	**11**	**2117**	**131**	**6.19%**	$ 183,863.85	5.90%	**Low**	**4.71%**
2020 Spent	**9**	**2007**	**97**	**4.83%**	$ 210,748.09	6.92%	**High**	**7.04%**
2021 Spent	**14**	**2005**	**106**	**5.29%**	$ 199,477.00	6.57%	**Average**	**5.88%**
2022 Spent	**15**	**1986**	**106**	**5.34%**	$ 190,171.21	6.12%	**Recommended**	**5.00%**
2023 Spent	**12**	**906**	**101**	**11.15%**	$ 147,658.00	4.71%	**Other**	
2024 Allocated	**11**				$ 218,060.00	7.04%		
2025 Recommended					$ 163,545.10	5.00%		



Notes:

Bergen-Passaic TGA
Substance Use Outpatient (Formula / Supplemental)
GY2025 Priority Setting Worksheet

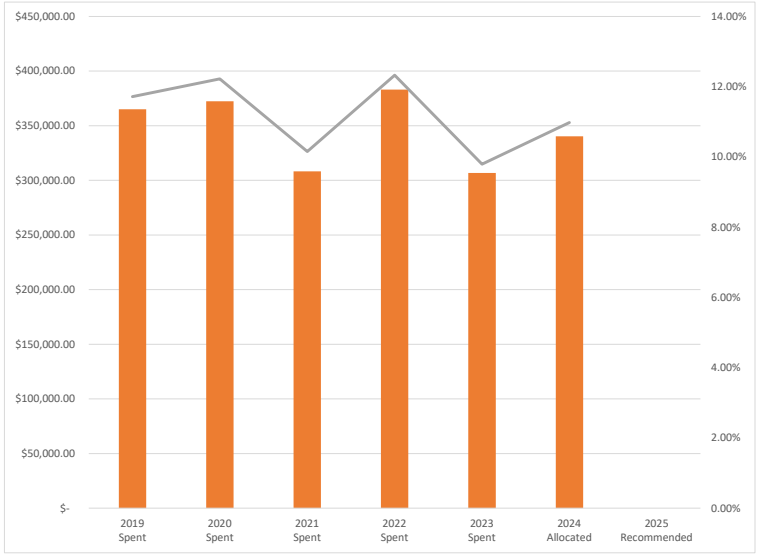
	Priority	Total RW Clients	Total Clients Served	% of Clients Utilized Service	Total Spent During Grant Year	% of Awarded Service Dollars	2025/26 Grant Year	
2019 Spent	11	2117	117	5.53%	$ 91,338.00	36.06%	Low	35.92%
2020 Spent	9	2007	112	5.58%	$ 154,389.75	47.65%	High	47.65%
2021 Spent	14	2005	97	4.84%	$ 102,139.00	36.06%	Average	41.79%
2022 Spent	15	1986	95	4.78%	$ 104,642.50	35.92%	Recommended	40.00%
2023 Spent	12	906	98	10.82%	$ 100,499.00	40.93%	Other	
2024 Allocated	11				$ 119,520.00	36.00%		
2025 Recommended					$ 118,524.00	40.00%		



Notes:

Bergen-Passaic TGA
Non-Medical Case Management (Formula / Supplemental)
GY2025 Priority Setting Worksheet

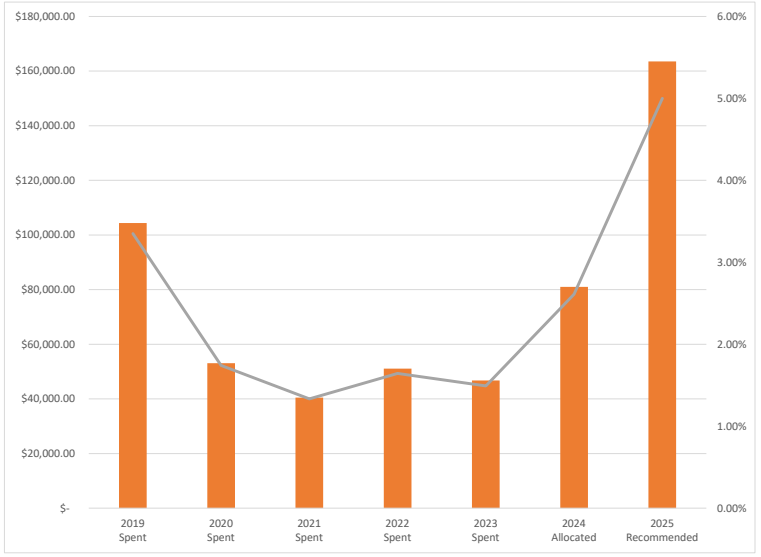
	Priority	Total RW Clients	Total Clients Served	% of Clients Utilized Service	Total Spent During Grant Year	% of Awarded Service Dollars	2025/26 Grant Year
2019 Spent	1	2117	592	27.96%	$ 365,058.94	11.72%	Low
2020 Spent	3	2007	591	29.45%	$ 372,322.75	12.22%	High
2021 Spent	1	2005	517	25.79%	$ 308,294.00	10.16%	Average
2022 Spent	5	1986	587	29.56%	$ 383,068.70	12.33%	Recommended
2023 Spent	3	906	462	50.99%	$ 306,822.00	9.80%	Other
2024 Allocated	1				$ 340,366.00	10.98%	
2025 Recommended					NOT FUNDED		



Notes:

Bergen-Passaic TGA
Food Bank/Home Delivered Meals (Formula / Supplemental)
GY2025 Priority Setting Worksheet

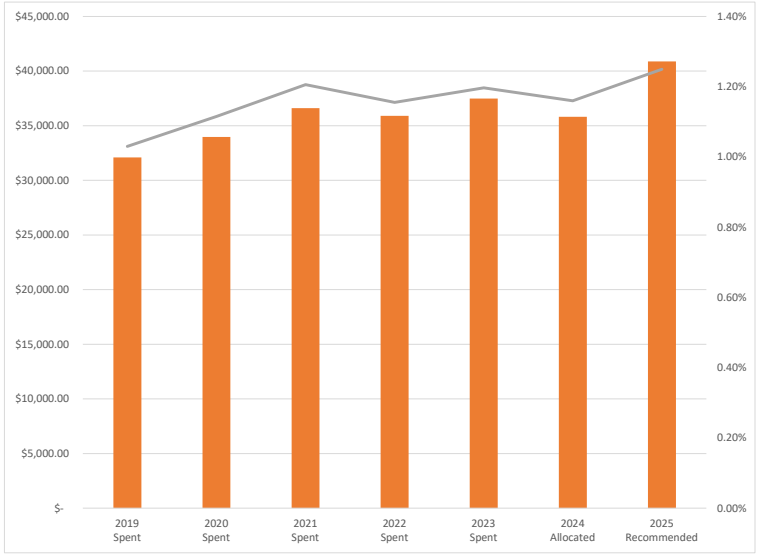
	Priority	Total RW Clients	Total Clients Served	% of Clients Utilized Service	Total Spent During Grant Year	% of Awarded Service Dollars	2025/26 Grant Year	
2019 Spent	12	2117	220	10.39%	$ 104,400.78	3.35%	Low	1.33%
2020 Spent	17	2007	160	7.97%	$ 53,044.00	1.74%	High	3.35%
2021 Spent	10	2005	135	6.73%	$ 40,483.00	1.33%	Average	2.34%
2022 Spent	9	1986	151	7.60%	$ 51,058.70	1.64%	Recommended	5.00%
2023 Spent	4	906	75	8.28%	$ 46,749.00	1.49%	Other	
2024 Allocated	7				$ 80,994.00	2.61%		
2025 Recommended					$ 163,545.10	5.00%		



Notes:

Bergen-Passaic TGA
Other Professional Services: (Formula / Supplemental)
GY2025 Priority Setting Worksheet

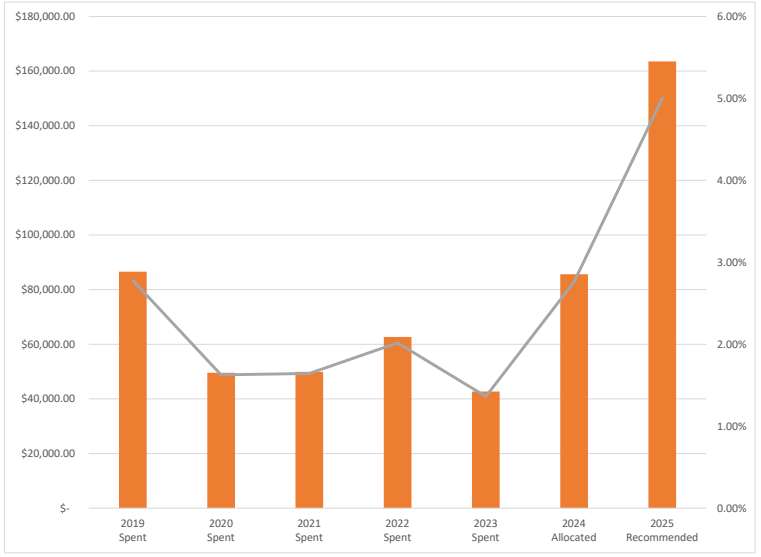
	Priority	Total RW Clients	Total Clients Served	% of Clients Utilized Service	Total Spent During Grant Year	% of Awarded Service Dollars	2025/26 Grant Year	
2019 Spent	13	2117	25	1.18%	$ 32,092.00	1.03%	Low	1.03%
2020 Spent	8	2007	20	1.00%	$ 33,968.00	1.12%	High	1.21%
2021 Spent	17	2005	27	1.35%	$ 36,608.00	1.21%	Average	1.12%
2022 Spent	12	1986	24	1.21%	$ 35,904.00	1.16%	Recommended	1.25%
2023 Spent	15	906	17	1.88%	$ 37,482.00	1.20%	Other	
2024 Allocated	12				$ 35,824.00	1.16%		
2025 Recommended					$ 40,886.28	1.25%		



Notes:

Bergen-Passaic TGA
Medical Transportion Services (Formula / Supplemental)
GY2025 Priority Setting Worksheet

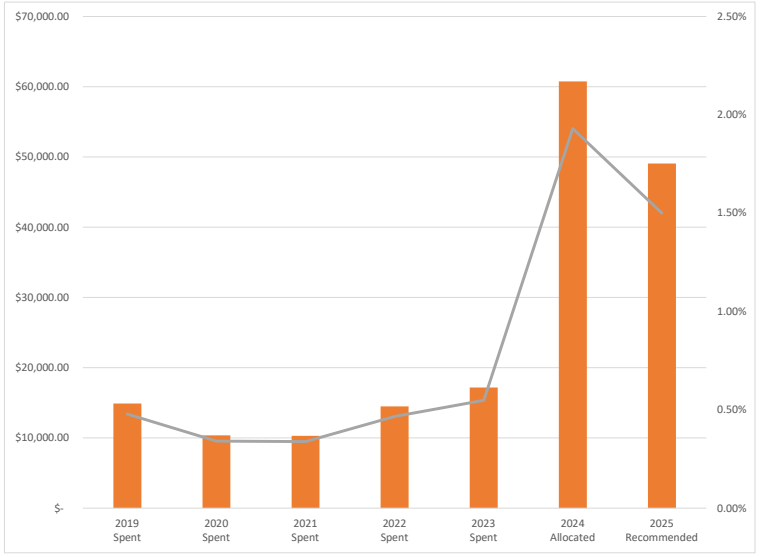
	Priority	Total RW Clients	Total Clients Served	% of Clients Utilized Service	Total Spent During Grant Year	% of Awarded Service Dollars	2025/26 Grant Year	
2019 Spent	23	2117	105	4.96%	$ 86,548.72	2.78%	Low	1.36%
2020 Spent	16	2007	201	10.01%	$ 49,558.65	1.63%	High	2.78%
2021 Spent	13	2005	81	4.04%	$ 49,935.00	1.64%	Average	2.07%
2022 Spent	11	1986	157	7.91%	$ 62,661.68	2.02%	Recommended	5.00%
2023 Spent	7	906	122	13.47%	$ 42,696.00	1.36%	Other	
2024 Allocated	8				$ 85,666.00	2.76%		
2025 Recommended					$ 163,545.10	5.00%		



Notes:

Bergen-Passaic TGA
Psychosocial Support Services (Formula / Supplemental)
GY2025 Priority Setting Worksheet

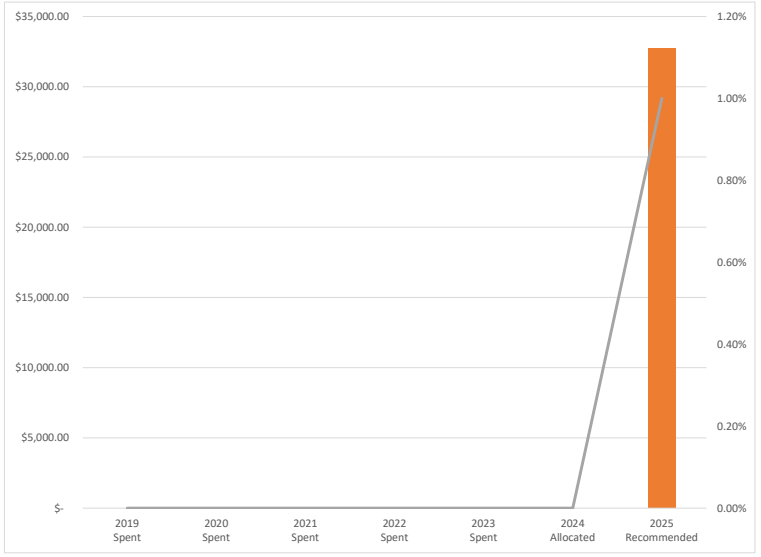
	Priority	Total RW Clients	Total Clients Served	% of Clients Utilized Service	Total Spent During Grant Year	% of Awarded Service Dollars	2025/26 Grant Year	
2019 Spent	**18**	**2117**	**42**	**1.98%**	$ 14,898.00	0.48%	**Low**	**0.34%**
2020 Spent	**13**	**2007**	**35**	**1.74%**	$ 10,375.20	0.34%	**High**	**1.95%**
2021 Spent	**11**	**2005**	**28**	**1.40%**	$ 10,288.00	0.34%	**Average**	**1.15%**
2022 Spent	**17**	**1986**	**39**	**1.96%**	$ 14,487.00	0.47%	**Recommended**	**1.50%**
2023 Spent	**16**	**906**	**292**	**32.23%**	$ 17,168.00	0.55%	**Other**	
2024 Allocated	**14**				$ 60,746.00	1.93%		
2025 Recommended					$ 49,063.53	1.50%		



Notes:

Bergen-Passaic TGA
Health Education & Risk Reduction Services (Formula / Supplemental)
GY2025 Priority Setting Worksheet

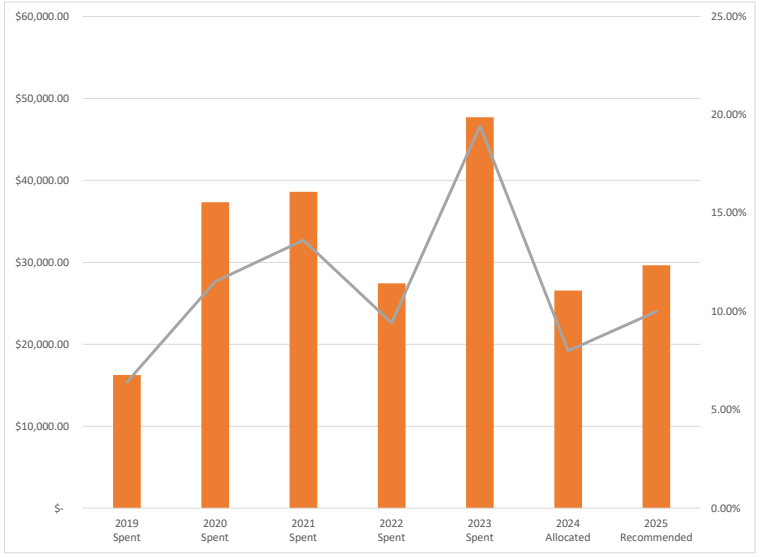
	Priority	Total RW Clients	Total Clients Served	% of Clients Utilized Service	Total Spent During Grant Year	% of Awarded Service Dollars	2025/26 Grant Year	
2019 Spent	12	2117	NF	#VALUE!	NF	NF	Low	NF
2020 Spent	17	2007	NF	#VALUE!	NF	NF	High	NF
2021 Spent	10	2005	NF	#VALUE!	NF	NF	Average	NF
2022 Spent	4	1986	NF	#VALUE!	NF	NF	Recommended	1.00%
2023 Spent	9	906	NF	#VALUE!	NF	NF	Other	
2024 Allocated	4				NF	NF		
2025 Recommended					$ 32,709.02	1.00%		



Notes:
** HERR is a component of EIS, therefore should be funded in formula/supplemental so that all clients of all race/ethnicity can access the service

Bergen-Passaic TGA
Health Education & Risk Reduction Services (Minority AIDS Initiative/MAI)
GY2025 Priority Setting Worksheet

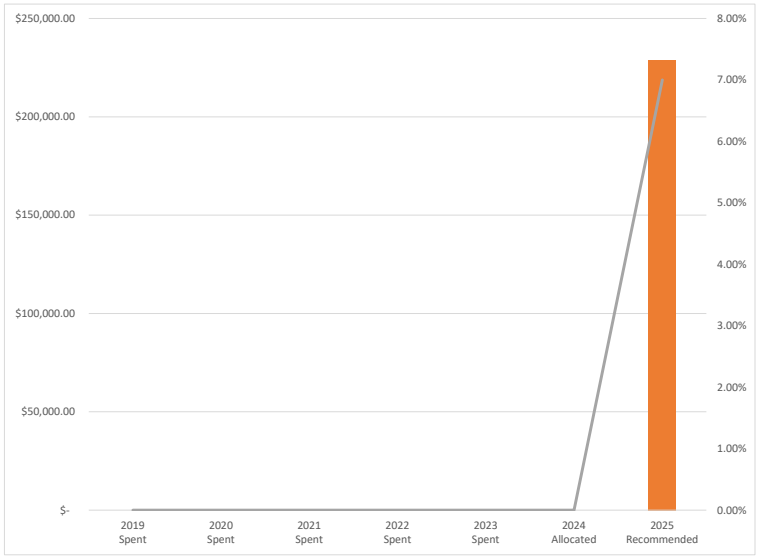
	Priority	Total RW Clients	Total Clients Served	% of Clients Utilized Service	Total Spent During Grant Year	% of Awarded Service Dollars	2025/26 Grant Year	
2019 Spent	12	2117	251	11.86%	$ 16,244.00	6.41%	Low	6.41%
2020 Spent	17	2007	509	25.36%	$ 37,321.80	11.52%	High	19.43%
2021 Spent	10	2005	370	18.45%	$ 38,608.00	13.63%	Average	12.92%
2022 Spent	4	1986	411	20.69%	$ 27,442.44	9.42%	Recommended	10.00%
2023 Spent	9	906	168	18.54%	$ 47,707.00	19.43%	Other	
2024 Allocated	4				$ 26,560.00	8.00%		
2025 Recommended					$ 29,631.00	10.00%		



Notes:

Bergen-Passaic TGA
Referral for Healthcare and Support Services (Formula / Supplemental)
GY2025 Priority Setting Worksheet

	Priority	Total RW Clients	Total Clients Served	% of Clients Utilized Service	Total Spent During Grant Year	% of Awarded Service Dollars	2025/26 Grant Year	
2019 Spent	**19**	**2117**	**NF**	**NF**	NF	NF	**Low**	**NF**
2020 Spent	**26**	**2007**	**NF**	**NF**	NF	NF	**High**	**NF**
2021 Spent	**23**	**2005**	**NF**	**NF**	NF	NF	**Average**	**NF**
2022 Spent	**25**	**1986**	**NF**	**NF**	NF	NF	**Recommended**	**7.00%**
2023 Spent	**24**	**906**	**NF**	**NF**	NF	NF	**Other**	
2024 Allocated	**25**				NF	NF		
2025 Recommended					$ 228,963.14	7.00%		



Notes:
**Based on the Case Management Redesign

Bergen-Passaic TGA
2025/26 Priority Setting/Resource Allocation
Historical Spending Percentages 2019 to 2025 Recommendations
Formula/Supplemental

Service Category (HRSA)	2019 Spent	2020 Spent	2021 Spent	2022 Spent	2023 Spent	2024 Allocated	2025 Recommendations
Medical Case Management	$ 324,952	$ 285,494	$ 325,388	$ 276,581	$ 266,169	$ 329,878.00	$ 539,698.83
Outpatient/Ambulatory Health Services	$ 1,116,219	$ 1,249,372	$ 1,290,709	$ 1,318,753	$ 1,914,664	$ 1,115,222.00	$ 1,177,524.72
Oral Health Care	$ 567,768	$ 414,165	$ 482,282	$ 484,828	$ 50,896	$ 466,499.00	$ 327,090.20
Early Intervention Services	$ 65,437	$ 57,314	$ 68,730	$ 97,258	$ 103,350	$ 140,181.00	$ 147,190.59
Health Insurance Premium/CSA	$ 36,657	$ 33,993	$ 27,871	$ 4,475	$ 30,242	$ 62,304.00	$ 65,418.04
Mental Health Services	$ 133,620	$ 159,421	$ 124,287	$ 114,967	$ 168,338	$ 163,545.00	$ 171,722.36
Substance Abuse Services (Outpatient)	$ 183,864	$ 210,748	$ 199,477	$ 190,171	$ 147,658	$ 218,060.00	$ 163,545.10
Case Management Non-Medical	$ 365,059	$ 372,323	$ 308,294	$ 383,069	$ 306,822	$ 340,366.00	NF
Food Bank/Home Delivered Meals	$ 104,401	$ 53,044	$ 40,483	$ 51,059	$ 46,749	$ 80,994.00	$ 163,545
Other Professional Service: Legal Services	$ 32,092	$ 33,968	$ 36,608	$ 35,904	$ 37,482	$ 35,824.00	$ 40,886
Medical Transportation	$ 86,549	$ 49,559	$ 49,935	$ 62,662	$ 42,696	$ 85,666.00	$ 163,545
Outreach Services	$ 84,278	$ 115,938	$ 71,249	$ 73,022	NF	NF	NF
Psychosocial Support Services	$ 14,898	$ 10,375	$ 10,288	$ 14,487	$ 17,168	$ 60,746.00	$ 49,064
Health Education Risk Reduction	NF	NF	NF	NF	NF	NF	$ 32,709
Referral for Health Care and Support Services	NF	NF	NF	NF	NF	NF	$ 228,963
Total Services	$ 3,115,793	304571454%	303560100%	310723570%	$ 3,132,234	$ 3,099,285	$ 3,270,902

Core vs. Support Break Out	2019	2020	2021	2022	2023	2024	2025
CORE SERVICES	$ 2,519,855	$ 2,564,897	$ 2,673,134	$ 2,591,677	$ 2,783,456	$ 2,600,332	$ 2,692,689
SUPPORT SERVICES	$ 849,265	$ 804,813	$ 686,463	$ 806,880	$ 632,025	$ 790,274	$ 562,092
TOTAL SERVICES	$ 3,369,119.92	$ 3,369,710.06	$ 3,359,596.52	$ 3,398,556.70	$ 3,415,481.00	$ 3,390,606.00	$ 3,516,453.00

CORE SERVICES	74.79%	76.12%	79.57%	76.26%	81.50%	76.69%	76.57%
SUPPORT SERVICES	25%	23.88%	20.43%	23.74%	18.50%	23.31%	15.98%

Bergen-Passaic TGA
2025/26 Priority Setting/Resource Allocation
Historical Spending Percentages 2019 to 2025 Recommendations
Formula/Supplemental

Service Category (HRSA)	2019 % Spent	2020 % Spent	2021 % Spent	2022 % Spend	2023 % Spent	2024 % Allocated	2025%
Medical Case Management	10.43%	9.37%	10.72%	8.90%	8.50%	10.64%	16.5000%
Outpatient/Ambulatory Health Services	35.82%	41.02%	42.52%	42.44%	61.13%	35.98%	36.0000%
Oral Health Care	18.22%	13.60%	15.89%	15.60%	1.62%	15.05%	10.0000%
Early Intervention Services	2.10%	1.88%	2.26%	3.13%	3.30%	4.52%	4.5000%
Health Insurance Premium/CSA	1.18%	1.12%	0.92%	0.14%	0.97%	2.01%	2.0000%
Mental Health Services	4.29%	5.23%	4.09%	3.70%	5.37%	5.28%	5.2500%
Substance Abuse Services (Outpatient)	5.90%	6.92%	6.57%	6.12%	4.71%	7.04%	5.0000%
Case Management Non-Medical	11.72%	12.22%	10.16%	12.33%	9.80%	10.98%	NF
Food Bank/Home Delivered Meals	3.35%	1.74%	1.33%	1.64%	1.49%	2.61%	5.0000%
Other Professional Service: Legal Services	1.03%	1.12%	1.21%	1.16%	1.20%	1.16%	1.2500%
Medical Transportation	2.78%	1.63%	1.64%	2.02%	1.36%	2.76%	5.0000%
Outreach Services	2.70%	3.81%	2.35%	2.35%	NF	NF	NF
Psychosocial Support Services	0.48%	0.34%	0.34%	0.47%	0.55%	1.96%	1.5000%
Health Education Risk Reduction	NF	NF	NF	NF	NF	NF	1.0000%
Referral for Health Care and Support Services	NF	NF	NF	NF	NF	NF	7.0000%
Total Services	100%	100%	100%	100%	100%	100%	100.00%

Core vs. Support Break Out	
CORE SERVICES	
SUPPORT SERVICES	
TOTAL SERVICES	
CORE SERVICES	
SUPPORT SERVICES	

Bergen-Passaic TGA
2025/26 Priority Setting/Resource Allocation
Historical Spending Percentages 2019 to 2025 Recommendations
Formula/Supplemental
Minority AIDS Initiative / MAI

Service Category (HRSA)	2019 Spent	2020 Spent	2021 Spent	2022 Spent	2023 Spent	2024 Allocated	2025 Recommended
Substance Abuse Services (Outpatient)	$ 91,338	$ 154,390	$ 102,139	$ 104,643	$ 100,499	$ 119,520	$ 118,524.00
Medical Case Management (2025)	$ 111,508	$ 86,358	$ 110,639	$ 120,170	$ 84,143	$ 141,100	$ 118,524.00
Early Intervention Services	$ 34,237	$ 45,926	$ 31,861	$ 39,066	$ 13,202	$ 44,820	$ 29,631.00
Health Education/Risk Reduction	$ 16,244	$ 37,322	$ 38,608	$ 27,442	$ 47,707	$ 26,560	$ 29,631.00
Total Services	$ 253,327	$ 323,996	$ 283,247	$ 291,321	$ 245,551	$ 332,000	$ 296,310
Core vs. Support Break Out	2019	2020	2021	2022	2023	2024	2025

Service Category (HRSA)	2019 % Spent	2020 % Spent	2021 % Spent	2022 % Spent	2023 % Spent	2024 % Allocated	2025 % Recommended
Substance Abuse Services (Outpatient)	36.06%	47.65%	36.06%	35.92%	40.93%	36.00%	40.00%
Medical Case Management (2025)	44.02%	26.65%	39.06%	41.25%	34.27%	42.50%	40.00%
Early Intervention Services	13.51%	14.17%	11.25%	13.41%	5.38%	13.50%	10.00%
Health Education/Risk Reduction	6.41%	11.52%	13.63%	9.42%	19.43%	8.00%	10.00%
Total Services	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Core vs. Support Break Out							

Bergen-Passaic TGA Ryan White Part A

2025 Resource Allocation by Service Category

Approved by the Bergen-Passaic Planning Council on 08/13/2024

Service Category	2024/25	2024/25 % Request
Medical Case Management	$ -	
Outpatient/Ambulatory Health Services	$ -	
Oral Health Care	$ -	
Early Intervention Services	$ -	
Health Insurance Premium/CSA	$ -	
Mental Health Services	$ -	
Substance Abuse Services (Outpatient)	$ -	
Case Management Non-Medical	$ -	
Food Bank/Home Delivered Meals	$ -	
Other Professional Service: Legal Services	$ -	
Medical Transportation	$ -	
Outreach Services	$ -	
Psychosocial Support Services	$ -	
Total Request for Services Formula/Supplemental	**$ 3,270,902**	**0.0000%**
15% Grantee Administration	**$ 577,218**	
TOTAL REQUEST FOR FORMULA/SUPPLEMENTAL	**$ 3,848,120**	

MAI Service Category	2024/25	2024/25 % Request
Substance Abuse Services (Outpatient)	$ -	
Early Intervention Services	$ -	
Medical Case Management (2025)	$ -	
Health Education/Risk Reduction	$ -	
Total Request for Services MAI	**$ 296,310**	**0.0000%**
15% Grantee Administration	**$ 52,290**	
TOTAL REQUEST FOR MAI	**$ 348,600**	

Total Grant Request for Services including MAI	$	3,567,212
15% Grantee Administration	$	629,508
TOTAL GRANT REQUEST	**$**	**4,196,720**

0.00%	Core Services	$	-
0.00%	Support Services	$	-

Bergen-Passaic TGA - Ryan White Part A

2025/26 Prioritized Service Categories

Approved by the Bergen-Passaic Planning Council on 8/13/2024

Service Category	2025 Ranking	2024 Ranking	2023 Ranking	2022 Ranking	2021 Ranking	2020 Ranking	2019 Ranking
Non-Medical Case Management Services	1	1	3	5	1	3	1
Outpatient/Ambulatory Health Services	2	2	1	1	6	4	4
Medical Case Management	3	3	6	22	20	21	25
Health Education / Risk Reduction	4	4	9	4	2	2	6
Food Bank / Home Delivered Meals	5	7	4	9	10	17	12
Oral Health Care	6	6	2	2	4	1	3
Mental Health Services	7	9	5	7	8	5	7
Outreach Services	8	5	17	16	18	14	14
Medical Transportation	9	8	7	11	13	16	23
Substance Abuse Services-Outpatient	10	11	12	15	14	9	11
Early Intervention Services	11	10	13	6	5	19	16
Psychosocial Support Services	12	14	16	17	11	13	18
Other Professional Services: Legal Services & Permanency Planning	13	12	15	12	17	8	13
Health Insurance Premium & Cost Sharing Assistance	14	13	14	10	22	11	15
Housing Services	15	15	8	24	27	25	24
Medical Nutrition Therapy	16	17	10	19	9	6	8
Emergency Financial Assistance	17	16	11	13	12	12	20
Child Care Services	18	18	19	21	21	23	22
AIDS Drug Assistance Program	19	19	18	3	3	7	2
AIDS Pharmaceutical Assistance - Local	20	20	28	18	16	18	10
Home and Community-Based Health Services	21	21	22	14	19	10	9
Home Health Care	22	22	20	23	24	24	26
Hospice Services	23	23	23	20	15	20	17
Linguistic Services	24	24	21	8	7	15	5
Referral for Health Care and Supportive Services	25	25	24	25	23	26	19
Rehabilitation Services	26	26	25	26	25	27	27
Respite Care	27	27	26	27	28	28	28
Substance Abuse Servcies - Residential	28	28	27	28	26	22	21

Bergen-Passaic TGA Ryan White Part A

2025/26 Resource Allocation by Service Category

Approved by the Bergen-Passaic Planning Council on 08/13/2024

Service Category		2025/26	2025/26 % Request
Medical Case Management	$	539,699	16.5000%
Outpatient/Ambulatory Health Services	$	1,177,525	36.0000%
Oral Health Care	$	327,090	10.0000%
Early Intervention Services	$	147,191	4.5000%
Health Insurance Premium/CSA	$	65,418	2.0000%
Mental Health Services	$	171,722	5.2500%
Substance Abuse Services (Outpatient)	$	163,545	5.0000%
Case Management Non-Medical	$	-	NF
Food Bank/Home Delivered Meals	$	163,545	5.0000%
Other Professional Service: Legal Services	$	40,886	1.2500%
Medical Transportation	$	163,545	5.0000%
Psychosocial Support Services	$	49,064	1.5000%
Health Education Risk Reduction	$	32,709	1.0000%
Referral for Health Care and Support Services	$	228,963	7.0000%
Total Request for Services Formula/Supplemental	$	3,270,902	100.0000%
15% Grantee Administration	$	577,218	
TOTAL REQUEST FOR FORMULA/SUPPLEMENTAL	$	3,848,120	

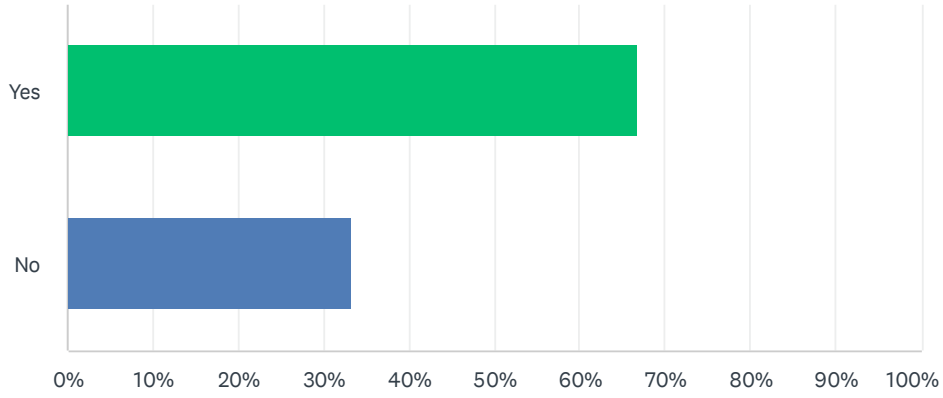
MAI Service Category		2025/26	2025/26 % Request
Substance Abuse Services (Outpatient)	$	118,524	40.00%
Medical Case Management (2025)	$	118,524	40.00%
Early Intervention Services	$	29,631	10.00%
Health Education/Risk Reduction	$	29,631	10.00%
Total Request for Services MAI	$	296,310	100.0000%
15% Grantee Administration	$	52,290	
TOTAL REQUEST FOR MAI	$	348,600	

Total Grant Request for Services including MAI	$	3,567,212
15% Grantee Administration	$	629,508
TOTAL GRANT REQUEST	$	4,196,720

80.14%	Core Services	$	2,858,868.84
18.94%	Support Services	$	675,634.15

Q1 Did you participate in the PSRA Workshop on Tuesday, August 13, 2024?

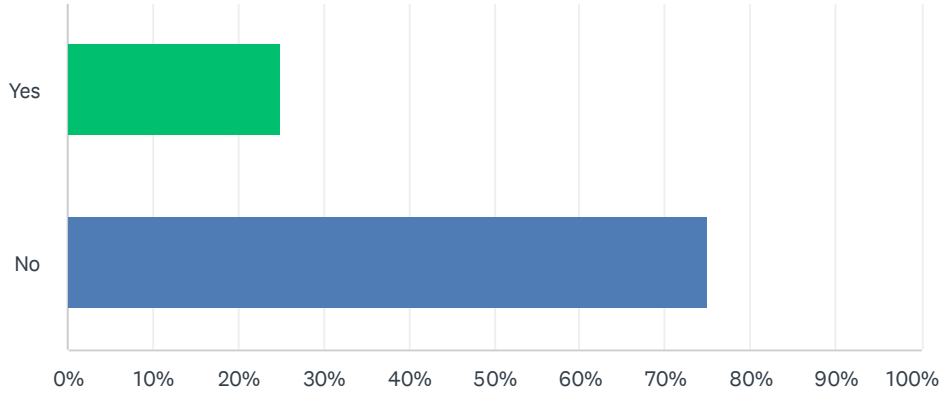
Answered: 3 Skipped: 1



ANSWER CHOICES	RESPONSES	
Yes	66.67%	2
No	33.33%	1
TOTAL		3

Q2 Are you a Planning Council member?

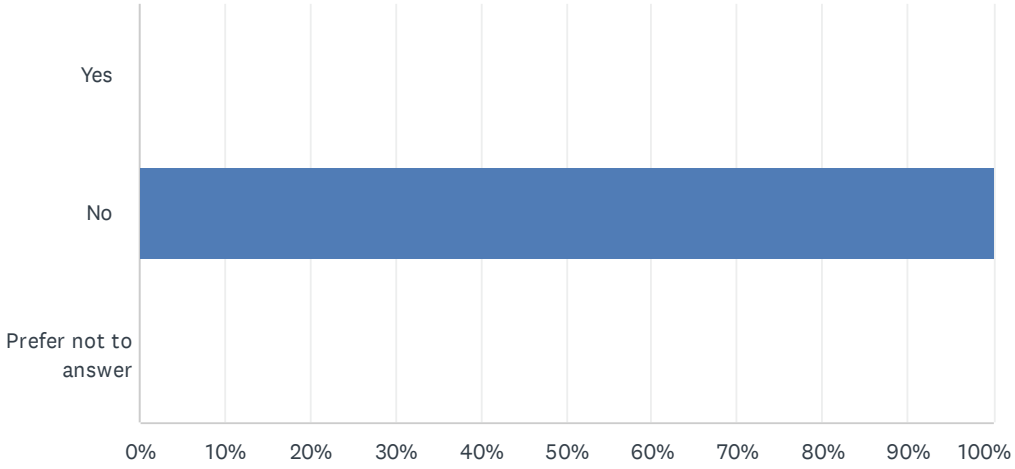
Answered: 4 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	25.00%	1
No	75.00%	3
TOTAL		4

Q3 Are you a person with HIV?

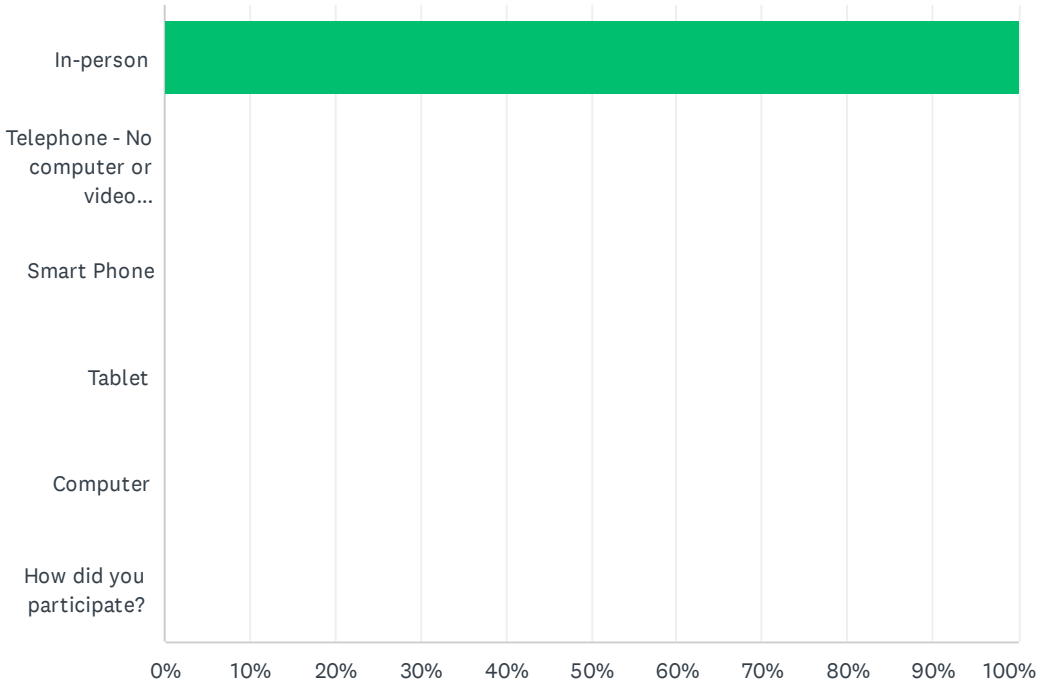
Answered: 4 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	0.00%	0
No	100.00%	4
Prefer not to answer	0.00%	0
TOTAL		4

Q4 How did you participate in the PSRA Workshop on Tuesday, August 13, 2024? (please choose all methods you used to participate)

Answered: 2 Skipped: 2

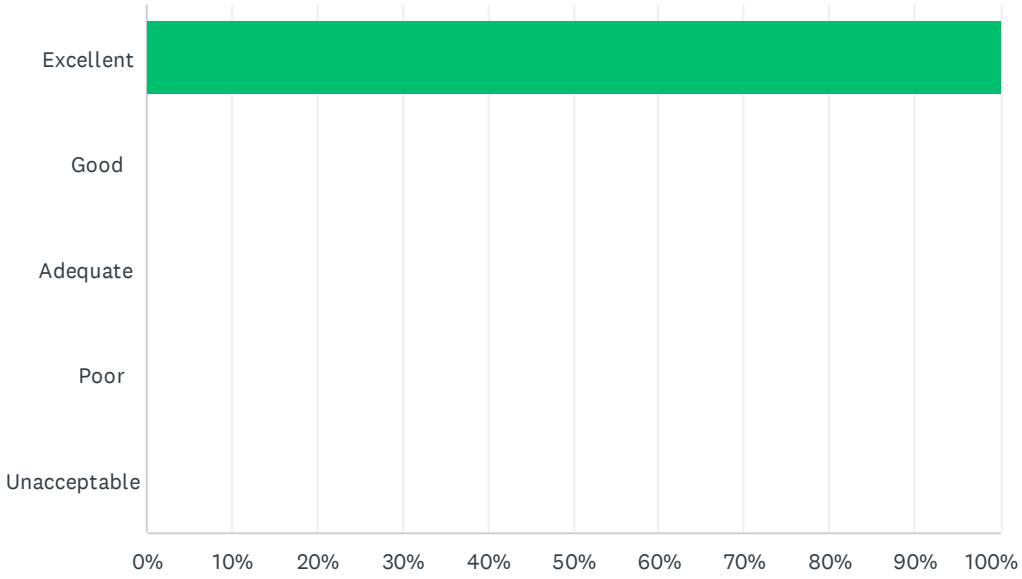


ANSWER CHOICES	RESPONSES	
In-person	100.00%	2
Telephone - No computer or video capabilities.	0.00%	0
Smart Phone	0.00%	0
Tablet	0.00%	0
Computer	0.00%	0
How did you participate?	0.00%	0
Total Respondents: 2		

#	HOW DID YOU PARTICIPATE?	DATE
	There are no responses.	

Q5 Overall, how would you rate the quality of the hybrid PSRA workshop experience?

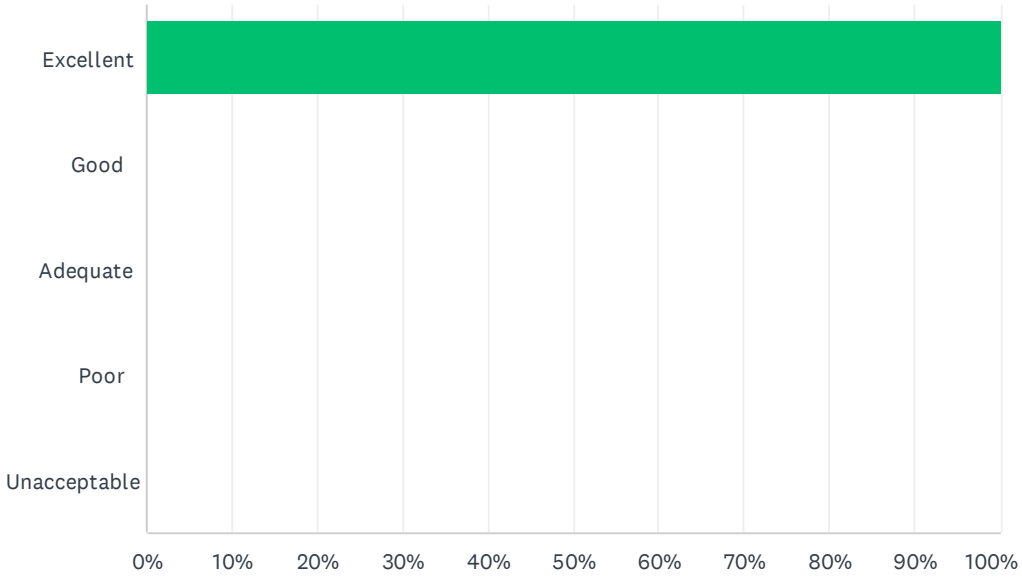
Answered: 3 Skipped: 1



ANSWER CHOICES	RESPONSES	
Excellent	100.00%	3
Good	0.00%	0
Adequate	0.00%	0
Poor	0.00%	0
Unacceptable	0.00%	0
TOTAL		3

Q6 Overall, how would you rate the data presented to set priorities and allocate resources to services categories for the 2024/2025 grant year?

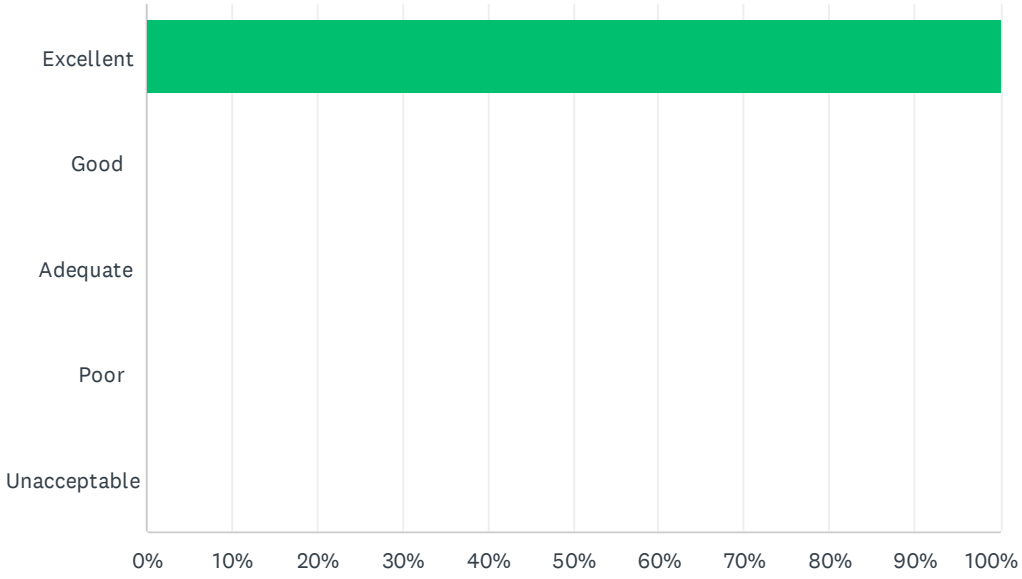
Answered: 3 Skipped: 1



ANSWER CHOICES	RESPONSES	
Excellent	100.00%	3
Good	0.00%	0
Adequate	0.00%	0
Poor	0.00%	0
Unacceptable	0.00%	0
TOTAL		3

Q7 Overall, how would you rate the data packets for the PSRA workshop?

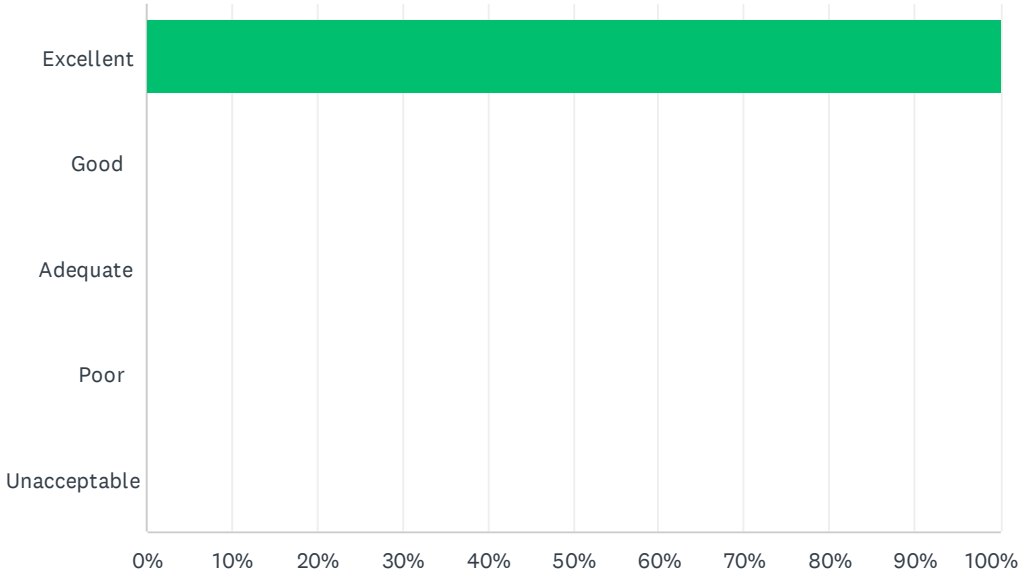
Answered: 3 Skipped: 1



ANSWER CHOICES	RESPONSES	
Excellent	100.00%	3
Good	0.00%	0
Adequate	0.00%	0
Poor	0.00%	0
Unacceptable	0.00%	0
TOTAL		3

Q8 Overall, how would you rate the presenters guiding the PSRA process?

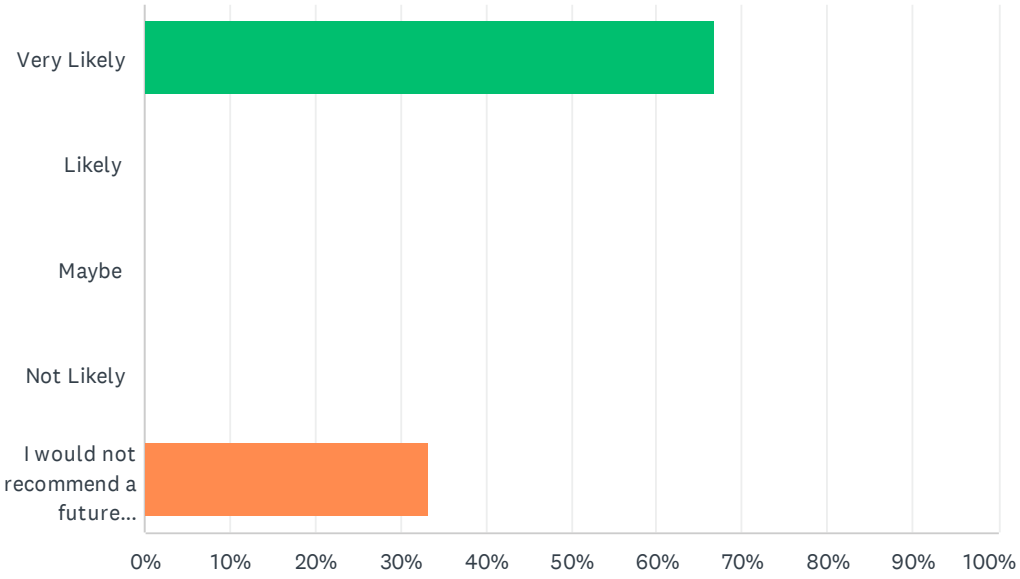
Answered: 3 Skipped: 1



ANSWER CHOICES	RESPONSES	
Excellent	100.00%	3
Good	0.00%	0
Adequate	0.00%	0
Poor	0.00%	0
Unacceptable	0.00%	0
TOTAL		3

Q9 How likely are you to recommend a future hybrid options for the PSRA workshop?

Answered: 3 Skipped: 1



ANSWER CHOICES	RESPONSES	
Very Likely	66.67%	2
Likely	0.00%	0
Maybe	0.00%	0
Not Likely	0.00%	0
I would not recommend a future teleconference PSRA workshop.	33.33%	1
TOTAL		3

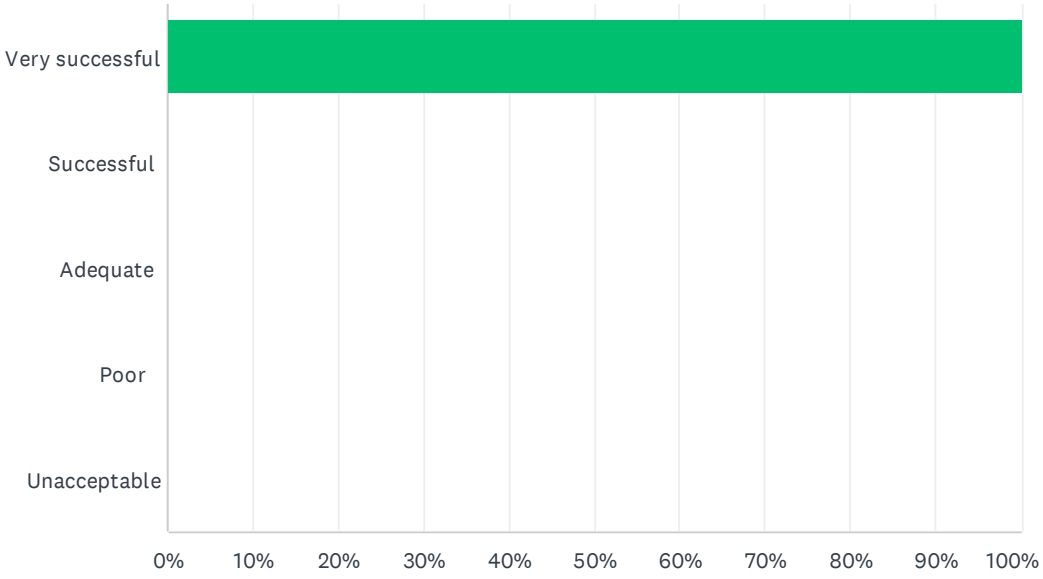
Q10 What did you appreciate most about the PSRA experience?

Answered: 2 Skipped: 2

#	RESPONSES	DATE
1	This was by far the best Priority Setting session I have ever seen. It was very data driven and the staff presenting the data was very knowledgeable. He guided a great discussion that was considerate of everyone opinion.	8/16/2024 1:45 PM
2	That we are in the room together and understanding what we are doing. I thought that Thomas did an excellent job in breaking everything down. Much better in person than on zoom.	8/16/2024 1:05 PM

Q11 Overall, how would you rate the PSRA process?

Answered: 3 Skipped: 1



ANSWER CHOICES	RESPONSES	
Very successful	100.00%	3
Successful	0.00%	0
Adequate	0.00%	0
Poor	0.00%	0
Unacceptable	0.00%	0
TOTAL		3

Q12 What would you change about the PSRA experience?

Answered: 2 Skipped: 2

#	RESPONSES	DATE
1	I would ask people representing their interest for their organizations to take a backseat and focus on the importance of the entire service delivery area and not selfishly grandstand for themselves.	8/16/2024 1:45 PM
2	Nothing! Great Job!	8/16/2024 1:05 PM