



GREATER HAMPTON ROADS
HIV HEALTH SERVICES
**PLANNING
COUNCIL**

GY 24/25

Priority Setting

&

Resource Allocations

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AGENDA

2024/25 Priority Setting and Resource Allocations

PSRA Workshop

Thursday, September 8th, 2023

10:00 a.m. – 3:00 p.m.

Join Zoom Meeting

<https://us02web.zoom.us/j/84998879674>

To join via Cell Phone/Telephone:

Dial (929) 205-6099

Meeting ID: 894 988 79674

- | | | |
|---------|-------|---|
| 10:00 a | I. | Welcome by the Co-Chair. |
| 10:05 a | II. | Moment of Silence. |
| 10:10 a | III. | Roll Call of Members, Introduction of Guests, and Statement of Conflicts of Interest. |
| | | Public Comment. |
| 10:15 a | IV. | Members of the public (Non-Planning Council members) the opportunity to address the Planning Council and its Membership with issues related to the Council's legislative mandates. Members of the Planning Council cannot propose, discuss, deliberate, or take action on any matter voiced during this time. |
| 10:30 a | V. | Priority Setting and Resource Allocations Data Training. |
| 12:00 p | VII. | LUNCH BREAK. |
| 12:30 p | VIII. | Priority Setting and Resource Allocation Workshop. |
| 3:30 p | IX. | PSRA Workshop Wrap Up. |
| | | Public Comment. |
| 3:45 p | X. | Members of the public (Non-Planning Council members) the opportunity to address the Planning Council and its Membership with issues related to the Council's legislative mandates. Members of the Planning Council cannot propose, discuss, deliberate, or take action on any matter voiced during this time. |
| 4:00 p | XI. | Adjournment. |

Upcoming Meetings/Events:

Consumer Access Committee Town Hall – September 20th 3 pm -7 pm

Executive Committee – September 28th 3:30 pm – 5:00 pm

Planning Council – September 28th – 5:00 pm – 6:30 pm

<https://www.ghrplanningcouncil.org>

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.

2024/25 Priority Setting and Resource Allocations

Norfolk 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 | | ✓ | <i>Optional</i> |
| Development of Service Standards | | ✓ | ✓ |
| Clinical Quality Management | | ✓ | <i>Contributes but not responsible</i> |
| 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)

Norfolk 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 only 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.

Norfolk 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:

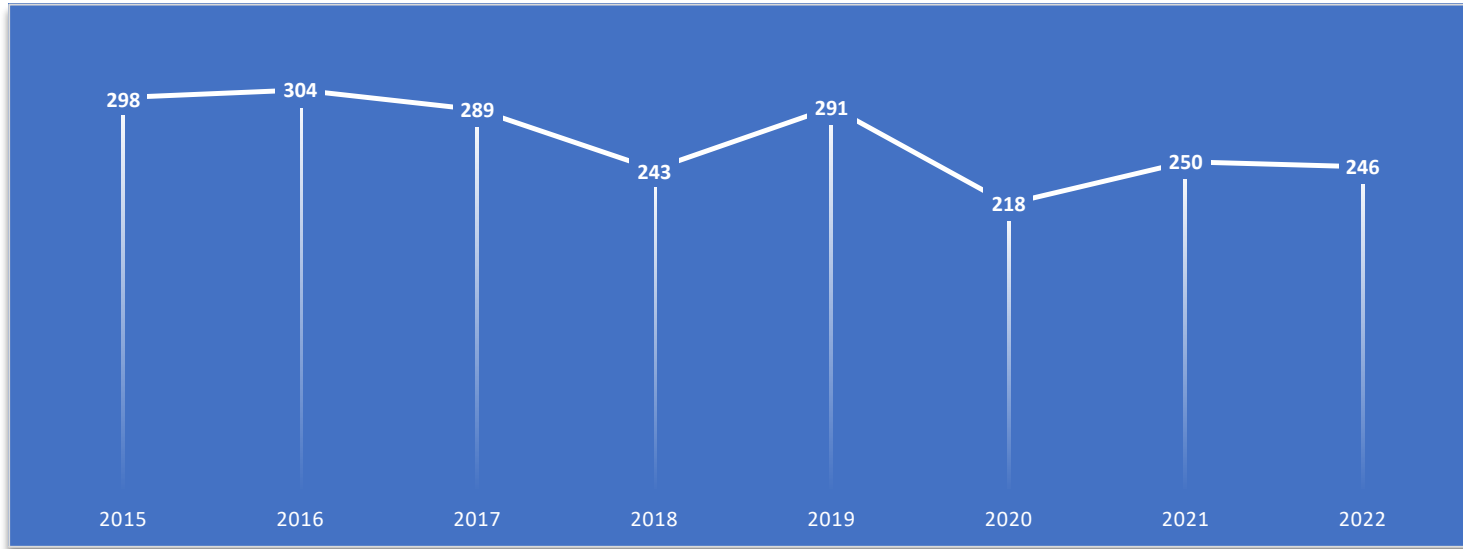
- Needs assessment findings;
- Information about the most successful and economical ways of providing services;
- Actual service cost and utilization data (provided by the recipient);
- Priorities of people living with HIV who will use services ;
- Use of RWHAP Part A funds to work well with other services 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.



REVIEW OF DATA

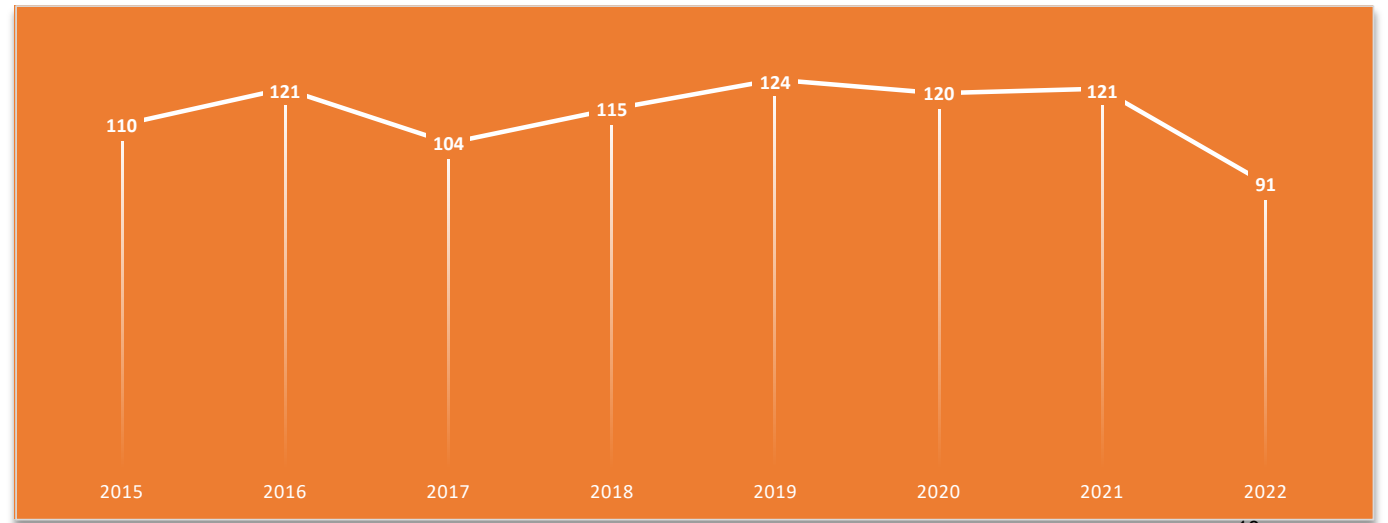
| | |
|------------|------------|
| SPDK7800H | ██████████ |
| FJDK31400H | ██████████ |
| DPHLW | ██████████ |
| 38DFC15H7 | ██████████ |
| FX54715H7 | ██████████ |
| TH8DFX3H87 | ██████████ |
| FC85H73 | ██████████ |
| XF01H73 | ██████████ |
| FX5TH0X7H | ██████████ |
| XF03H73X | ██████████ |
| 8FD07H | ██████████ |
| DF340173 | ██████████ |
| DF0187 | ██████████ |

Norfolk TGA EPIDEMIOLOGICAL DATA

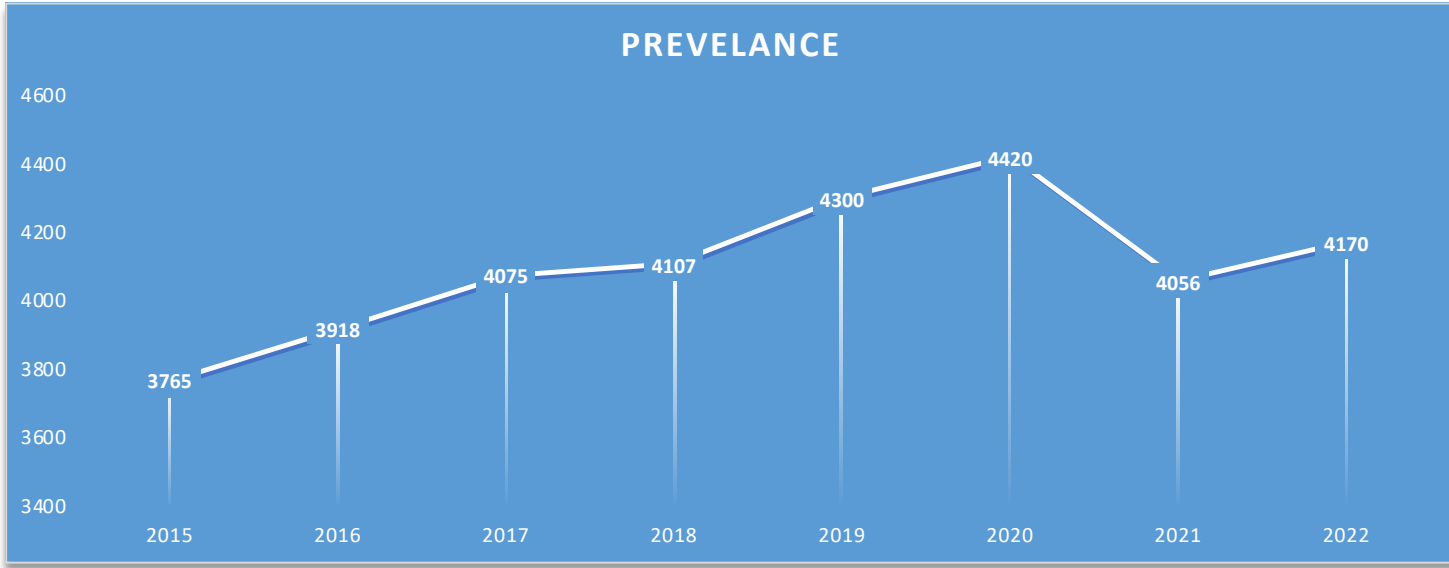


HIV
INCIDENCE ↓ **17%**
Since 2015

AIDS
INCIDENCE ↓ **17%**
Since 2015

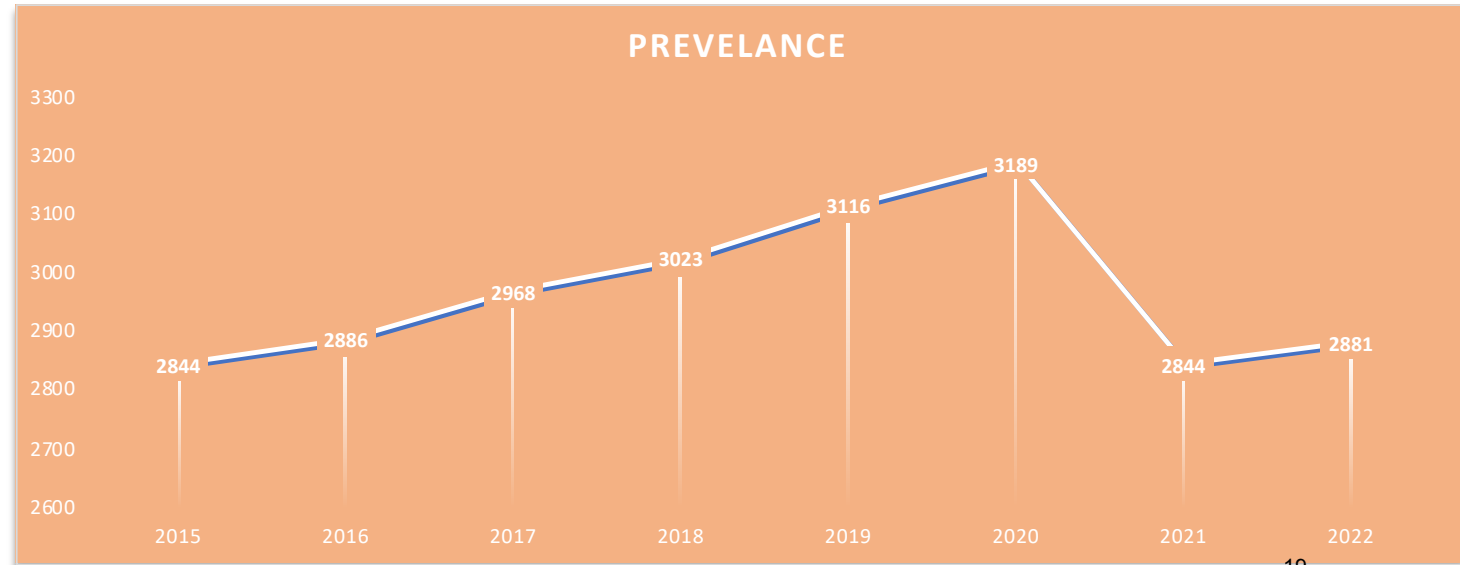


Norfolk TGA EPIDEMIOLOGICAL DATA

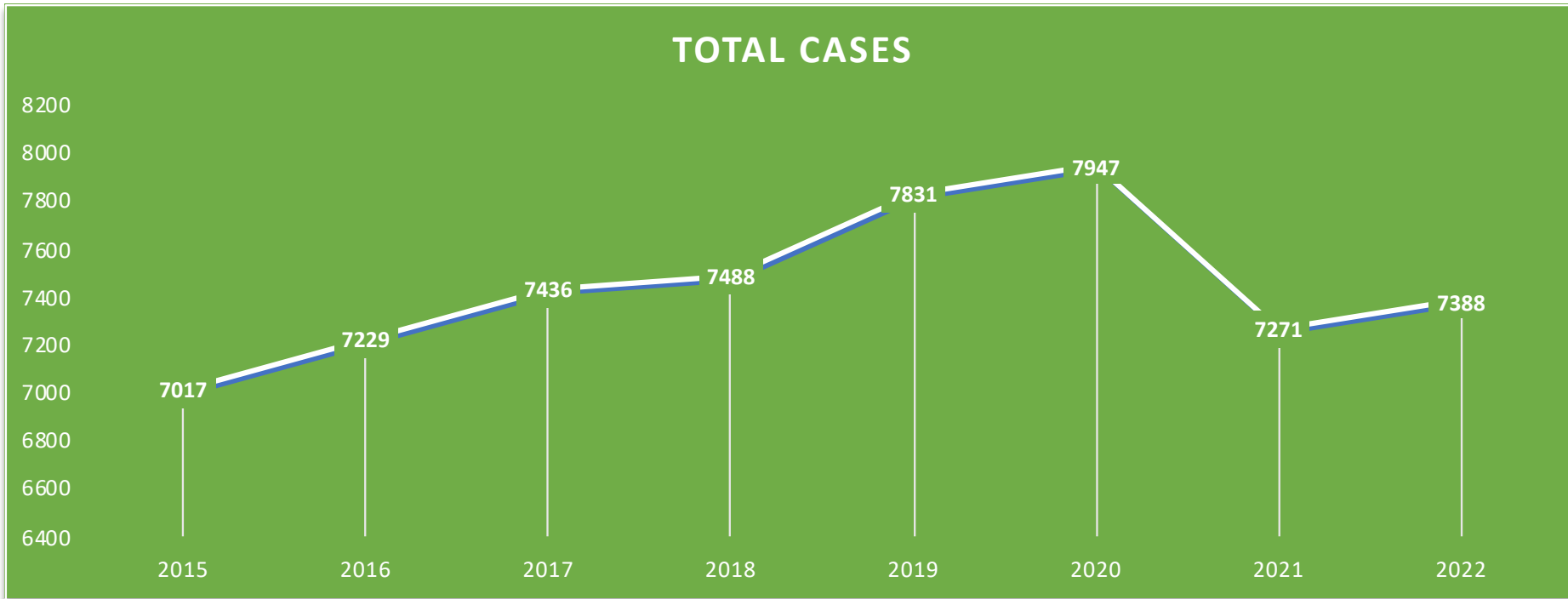
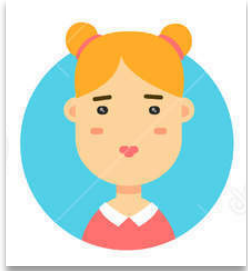


HIV
Prevalence ↑ Since 2015 **11%**

AIDS
Prevalence ↑ Since 2015 **1%**



Norfolk TGA EPIDEMIOLOGICAL DATA



TOTAL CASES

↑ 5%
Since 2015

Norfolk TGA SERVICE UTILIZATION DATA

EIS

Early Intervention Services
Minority AIDS Initiative

| 2023 Ranking | 2022 Ranking | 2021 Ranking | 2020 Ranking |
|--------------|--------------|--------------|--------------|
| 11 | 15 | 12 | 12 |

| | 2019 | 2020 | 2021 | 2022 |
|----------------------|---------------|---------------|---------------|---------------|
| TOTAL CLIENTS SERVED | 133 | 86 | 87 | 144 |
| UNITS OF SERVICE | 2,417 | 641 | 726 | 1,323 |
| COST PER CLIENT | \$ 3,718.98 | \$ 4,310.03 | \$ 5,892.43 | \$ 2,859.92 |
| COST PER UNIT | \$ 204.64 | \$ 578.26 | \$ 706.12 | \$ 311.28 |
| TOTAL EXPENDED | \$ 494,624.00 | \$ 370,662.94 | \$ 512,641.63 | \$ 411,829.14 |




17%
 TOTAL EXPENDED


8%
 TOTAL CLIENTS SERVED


24%
 COST PER CLIENT

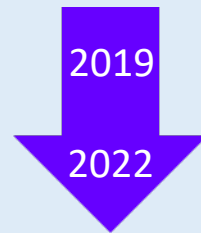
Norfolk TGA SERVICE UTILIZATION DATA

EIS

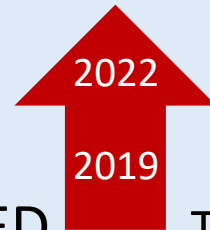
Early Intervention Services
REGULAR

| 2023 Ranking | 2022 Ranking | 2021 Ranking | 2020 Ranking |
|--------------|--------------|--------------|--------------|
| 11 | 15 | 12 | 12 |

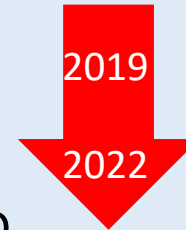
| | 2019 | 2020 | 2021 | 2022 |
|----------------------|---------------|---------------|---------------|---------------|
| TOTAL CLIENTS SERVED | 66 | 62 | 79 | 82 |
| UNITS OF SERVICE | 687 | 738 | 566 | 899 |
| COST PER CLIENT | \$ 2,034.59 | \$ 3,027.39 | \$ 3,014.65 | \$ 1,551.12 |
| COST PER UNIT | \$ 195.46 | \$ 254.33 | \$ 420.77 | \$ 141.48 |
| TOTAL EXPENDED | \$ 134,283.00 | \$ 187,697.88 | \$ 238,157.65 | \$ 127,192.20 |



5%
TOTAL EXPENDED



24%
TOTAL CLIENTS SERVED



24%
COST PER CLIENT

Norfolk TGA SERVICE UTILIZATION DATA

OAHHS

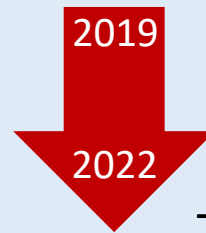
Outpatient
Ambulatory
Health Services

| 2023 Ranking | 2022 Ranking | 2021 Ranking | 2020 Ranking |
|--------------|--------------|--------------|--------------|
| 2 | 1 | 2 | 3 |

| | 2019 | 2020 | 2021 | 2022 |
|----------------------|-----------------|-----------------|-----------------|-----------------|
| TOTAL CLIENTS SERVED | 402 | 345 | 287 | 280 |
| UNITS OF SERVICE | 800 | 651 | 432 | 424 |
| COST PER CLIENT | \$ 2,863.31 | \$ 3,605.00 | \$ 3,993.29 | \$ 4,277.76 |
| COST PER UNIT | \$ 1,438.82 | \$ 1,910.49 | \$ 2,652.95 | \$ 2,824.93 |
| TOTAL EXPENDED | \$ 1,151,052.00 | \$ 1,243,726.25 | \$ 1,146,073.98 | \$ 1,197,772.00 |



4%
TOTAL EXPENDED



30%
TOTAL CLIENTS SERVED



49%
COST PER CLIENT

Norfolk TGA SERVICE UTILIZATION DATA

MCM

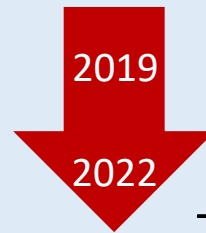
Medical Case Management Services

| 2023 Ranking | 2022 Ranking | 2021 Ranking | 2020 Ranking |
|--------------|--------------|--------------|--------------|
| 14 | 9 | 1 | 5 |

| | 2019 | 2020 | 2021 | 2022 |
|----------------------|-----------------|-----------------|-----------------|-----------------|
| TOTAL CLIENTS SERVED | 1,286 | 1,247 | 1,049 | 1,050 |
| UNITS OF SERVICE | 56,881 | 53,680 | 43,340 | 30,706 |
| COST PER CLIENT | \$ 1,092.43 | \$ 1,227.84 | \$ 1,492.36 | \$ 1,414.18 |
| COST PER UNIT | \$ 24.70 | \$ 28.52 | \$ 36.12 | \$ 48.36 |
| TOTAL EXPENDED | \$ 1,404,860.00 | \$ 1,531,113.71 | \$ 1,565,480.57 | \$ 1,484,892.31 |



6%
TOTAL EXPENDED



18%
TOTAL CLIENTS SERVED



30%
COST PER CLIENT

Norfolk TGA SERVICE UTILIZATION DATA

HIPCSA

Health Insurance Premium
and Cost Sharing
Assistance

| 2023 Ranking | 2022 Ranking | 2021 Ranking | 2020 Ranking |
|--------------|--------------|--------------|--------------|
| 7 | 7 | 6 | 7 |

| | 2019 | 2020 | 2021 | 2022 |
|----------------------|---------------|---------------|---------------|---------------|
| TOTAL CLIENTS SERVED | 931 | 670 | 644 | 600 |
| UNITS OF SERVICE | 2,722 | 1,903 | 1,614 | 1,348 |
| COST PER CLIENT | \$ 227.67 | \$ 277.66 | \$ 211.79 | \$ 167.05 |
| COST PER UNIT | \$ 77.87 | \$ 97.76 | \$ 84.51 | \$ 74.35 |
| TOTAL EXPENDED | \$ 211,964.00 | \$ 186,030.18 | \$ 136,394.21 | \$ 100,227.19 |



Norfolk TGA SERVICE UTILIZATION DATA


MH

Mental Health Services

| 2023 Ranking | 2022 Ranking | 2021 Ranking | 2020 Ranking |
|--------------|--------------|--------------|--------------|
| 4 | 2 | 3 | 1 |

| | 2019 | 2020 | 2021 | 2022 |
|----------------------|--------------|--------------|--------------|--------------|
| TOTAL CLIENTS SERVED | 20 | 24 | 20 | 8 |
| UNITS OF SERVICE | 316 | 284 | 307 | 151 |
| COST PER CLIENT | \$ 1,573.55 | \$ 1,566.64 | \$ 1,404.31 | \$ 4,133.81 |
| COST PER UNIT | \$ 99.59 | \$ 132.39 | \$ 91.49 | \$ 219.01 |
| TOTAL EXPENDED | \$ 31,471.00 | \$ 37,599.40 | \$ 28,086.20 | \$ 33,070.44 |




 2022
 2019
5%
 TOTAL EXPENDED


 2019
 2022
60%
 TOTAL CLIENTS SERVED


 2022
 2019
163%
 COST PER CLIENT

Norfolk TGA SERVICE UTILIZATION DATA

OH

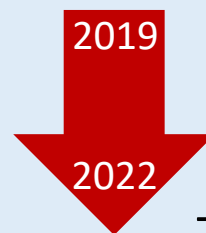
Oral Health Services

| 2023 Ranking | 2022 Ranking | 2021 Ranking | 2020 Ranking |
|--------------|--------------|--------------|--------------|
| 10 | 12 | 10 | 9 |

| | 2019 | 2020 | 2021 | 2022 |
|----------------------|---------------|---------------|---------------|---------------|
| TOTAL CLIENTS SERVED | 468 | 276 | 323 | 288 |
| UNITS OF SERVICE | 1,647 | 652 | 950 | 810 |
| COST PER CLIENT | \$ 1,014.50 | \$ 1,196.32 | \$ 1,228.85 | \$ 1,118.13 |
| COST PER UNIT | \$ 288.27 | \$ 506.42 | \$ 417.81 | \$ 397.56 |
| TOTAL EXPENDED | \$ 474,788.00 | \$ 330,183.34 | \$ 396,917.17 | \$ 322,020.27 |



32%
TOTAL EXPENDED



39%
TOTAL CLIENTS SERVED



10%
COST PER CLIENT

Norfolk TGA SERVICE UTILIZATION DATA

NMCM

Non-Medical Case Management

| 2023 Ranking | 2022 Ranking | 2021 Ranking | 2020 Ranking |
|--------------|--------------|--------------|--------------|
| 3 | 5 | 9 | 11 |

| | 2019 | 2020 | 2021 | 2022 |
|----------------------|---------------|---------------|---------------|---------------|
| TOTAL CLIENTS SERVED | 2,169 | 423 | 364 | 360 |
| UNITS OF SERVICE | 16,769 | 4,255 | 6,634 | 4,521 |
| COST PER CLIENT | \$ 142.85 | \$ 656.06 | \$ 767.86 | \$ 795.71 |
| COST PER UNIT | \$ 18.48 | \$ 65.22 | \$ 42.13 | \$ 63.36 |
| TOTAL EXPENDED | \$ 309,843.00 | \$ 277,514.90 | \$ 279,500.88 | \$ 286,455.90 |



2019
↓
2022
8%
TOTAL EXPENDED

2019
↓
2022
83%
TOTAL CLIENTS SERVED

2022
↑
2019
457%
COST PER CLIENT

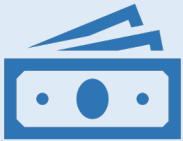
Norfolk TGA SERVICE UTILIZATION DATA

EFA

Emergency Financial Assistance

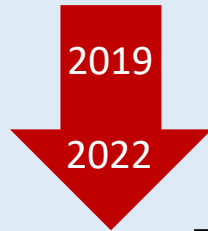
| 2023 Ranking | 2022 Ranking | 2021 Ranking | 2020 Ranking |
|--------------|--------------|--------------|--------------|
| 12 | 8 | 8 | 10 |

| | 2019 | 2020 | 2021 | 2022 |
|----------------------|---------------|---------------|---------------|---------------|
| TOTAL CLIENTS SERVED | 137 | 99 | 99 | 117 |
| UNITS OF SERVICE | 213 | 155 | 145 | 181 |
| COST PER CLIENT | \$ 1,212.39 | \$ 1,617.09 | \$ 1,462.32 | \$ 1,351.39 |
| COST PER UNIT | \$ 779.80 | \$ 1,032.85 | \$ 998.41 | \$ 873.55 |
| TOTAL EXPENDED | \$ 166,098.00 | \$ 160,092.33 | \$ 144,770.15 | \$ 158,112.42 |



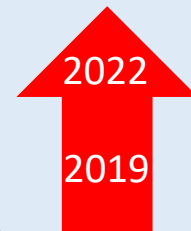
5%

TOTAL EXPENDED



15%

TOTAL CLIENTS SERVED



12%

COST PER CLIENT

Norfolk TGA SERVICE UTILIZATION DATA

MT

Medical Transportation Services

| 2023 Ranking | 2022 Ranking | 2021 Ranking | 2020 Ranking |
|--------------|--------------|--------------|--------------|
| 17 | 16 | 15 | 2 |



| | 2019 | 2020 | 2021 | 2022 |
|----------------------|---------------|---------------|---------------|---------------|
| TOTAL CLIENTS SERVED | 473 | 314 | 307 | 327 |
| UNITS OF SERVICE | 10,624 | 3,493 | 5,045 | 5,798 |
| COST PER CLIENT | \$ 625.99 | \$ 661.76 | \$ 679.13 | \$ 744.50 |
| COST PER UNIT | \$ 27.87 | \$ 59.49 | \$ 41.33 | \$ 41.99 |
| TOTAL EXPENDED | \$ 296,093.00 | \$ 207,791.93 | \$ 208,493.35 | \$ 243,449.97 |



Norfolk TGA SERVICE UTILIZATION DATA

FB

Food Bank /
Home Delivered
Meals

| 2023 Ranking | 2022 Ranking | 2021 Ranking | 2020 Ranking |
|--------------|--------------|--------------|--------------|
| 1 | 4 | 5 | 8 |

| | 2019 | 2020 | 2021 | 2022 |
|----------------------|--------------|--------------|--------------|--------------|
| TOTAL CLIENTS SERVED | 312 | 356 | 169 | 218 |
| UNITS OF SERVICE | 1,540 | 1,361 | 2,018 | 1,206 |
| COST PER CLIENT | \$ 283.81 | \$ 189.87 | \$ 579.48 | \$ 276.34 |
| COST PER UNIT | \$ 57.50 | \$ 49.66 | \$ 48.53 | \$ 49.95 |
| TOTAL EXPENDED | \$ 88,550.00 | \$ 67,592.00 | \$ 97,931.54 | \$ 60,242.00 |



2019
2022
32%
TOTAL EXPENDED

2019
2022
30%
TOTAL CLIENTS SERVED

2019
2022
3%
COST PER CLIENT

Norfolk TGA SERVICE UTILIZATION DATA

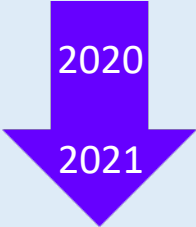
RHSS

Referral for
Healthcare and
Support Services

| 2023 Ranking | 2022 Ranking | 2021 Ranking | 2020 Ranking |
|--------------|--------------|--------------|--------------|
| 9 | 20 | 16 | 26 |

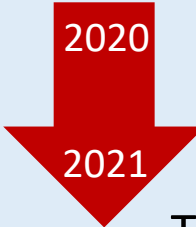


| | 2019 | 2020 | 2021 | 2022 |
|----------------------|---------------|--------------|--------------|--------------|
| TOTAL CLIENTS SERVED | Not | 1,398 | 1,329 | 1,567 |
| UNITS OF SERVICE | Funded | 9,599 | 6,433 | 8,300 |
| COST PER CLIENT | This | \$ 29.81 | \$ 28.43 | \$ 25.27 |
| COST PER UNIT | Year | \$ 4.34 | \$ 5.87 | \$ 4.77 |
| TOTAL EXPENDED | | \$ 41,680.72 | \$ 37,777.91 | \$ 39,603.25 |



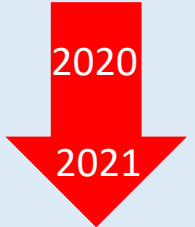
9%

TOTAL EXPENDED



5%

TOTAL CLIENTS SERVED



5%

COST PER CLIENT

Questions?





| Recipient Information |
|--|
| 1. Recipient Name CITY OF NORFOLK 710 Monticello Ave Norfolk, VA 23510-2524 |
| 2. Congressional District of Recipient 03 |
| 3. Payment System Identifier (ID) 1546001455A6 |
| 4. Employer Identification Number (EIN) 546001455 |
| 5. Data Universal Numbering System (DUNS) 074740069 |
| 6. Recipient's Unique Entity Identifier RS6DCM873FA3 |
| 7. Project Director or Principal Investigator Christine Carroll Program Manager Christine.Carroll@norfolk.gov (757)823-4405 |
| 8. Authorized Official |

| Federal Award Information |
|--|
| 11. Award Number 6 H89HA00053-25-02 |
| 12. Unique Federal Award Identification Number (FAIN) H8900053 |
| 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 03/01/2023 - End Date 02/29/2024 | |
| 20. Total Amount of Federal Funds Obligated by this Action | \$5,011,283.00 |
| 20a. Direct Cost Amount | |
| 20b. Indirect Cost Amount | |
| 21. Authorized Carryover | \$0.00 |
| 22. Offset | \$0.00 |
| 23. Total Amount of Federal Funds Obligated this budget period | \$6,020,029.00 |
| 24. Total Approved Cost Sharing or Matching, where applicable | \$0.00 |
| 25. Total Federal and Non-Federal Approved this Budget Period | \$6,020,029.00 |
| 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 | \$11,782,894.00 |

28. Authorized Treatment of Program Income
Addition

29. Grants Management Officer – Signature
Karen Mayo on 04/06/2023

30. Remarks

This award includes the following sources of funding:

- FY21MAI - \$9,588.00
- FY21 Supplemental - \$164,578.00
- FY21 Formula - \$90,893.00
- FY23 MAI - \$517,884.00
- FY23 Formula-\$3,549,977
- FY23 Supplemental - \$1,687,109.00
- Total FY23 Award - \$6,020,029.00



Notice of Award
Award Number: 6 H89HA00053-25-02
Federal Award Date: 04/06/2023

HIV/AIDS Bureau (HAB)

31. APPROVED BUDGET: (Excludes Direct Assistance)

Grant Funds Only
 Total project costs including grant funds and all other financial participation

| | |
|--|----------------|
| a. Salaries and Wages: | \$0.00 |
| b. Fringe Benefits: | \$0.00 |
| c. Total Personnel Costs: | \$0.00 |
| d. Consultant Costs: | \$0.00 |
| e. Equipment: | \$0.00 |
| f. Supplies: | \$0.00 |
| g. Travel: | \$0.00 |
| h. Construction/Alteration and Renovation: | \$0.00 |
| i. Other: | \$0.00 |
| j. Consortium/Contractual Costs: | \$0.00 |
| k. Trainee Related Expenses: | \$0.00 |
| l. Trainee Stipends: | \$0.00 |
| m. Trainee Tuition and Fees: | \$0.00 |
| n. Trainee Travel: | \$0.00 |
| o. TOTAL DIRECT COSTS: | \$6,020,029.00 |
| p. INDIRECT COSTS (Rate: % of S&W/TADC): | \$0.00 |
| q. TOTAL APPROVED BUDGET: | \$6,020,029.00 |
| i. Less Non-Federal Share: | \$0.00 |
| ii. Federal Share: | \$6,020,029.00 |

33. RECOMMENDED FUTURE SUPPORT:
(Subject to the availability of funds and satisfactory progress of project)

| YEAR | TOTAL COSTS |
|------|----------------|
| 26 | \$1,925,670.00 |

34. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash)

| | |
|--|---------------|
| a. Amount of Direct Assistance | \$0.00 |
| b. Less Unawarded Balance of Current Year's Funds | \$0.00 |
| c. Less Cumulative Prior Award(s) This Budget Period | \$0.00 |
| d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION | \$0.00 |

35. FORMER GRANT NUMBER

36. OBJECT CLASS
41.15

37. BHCNIS#

32. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:

| | |
|---|-----------------------|
| a. Authorized Financial Assistance This Period | \$6,020,029.00 |
| b. Less Unobligated Balance from Prior Budget Periods | |
| i. Additional Authority | \$0.00 |
| ii. Offset | \$0.00 |
| c. Unawarded Balance of Current Year's Funds | \$0.00 |
| d. Less Cumulative Prior Award(s) This Budget Period | \$1,008,746.00 |
| e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION | \$5,011,283.00 |

38. THIS AWARD IS BASED ON THE APPLICATION APPROVED BY HRSA FOR THE PROJECT NAMED IN ITEM 14. FEDERAL AWARD PROJECT TITLE AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE AS:

a. The program authorizing statute and program regulation cited in this Notice of Award; b. Conditions on activities and expenditures of funds in certain other applicable statutory requirements, such as those included in appropriations restrictions applicable to HRSA funds; c. 45 CFR Part 75; d. National Policy Requirements and all other requirements described in the HHS Grants Policy Statement; e. Federal Award Performance Goals; and f. The Terms and Conditions cited in this Notice of Award. In the event there are conflicting or otherwise inconsistent policies applicable to the award, the above order of precedence shall prevail. Recipients indicate acceptance of the award, and terms and conditions by obtaining funds from the payment system.

39. ACCOUNTING CLASSIFICATION CODES

| FY-CAN | CFDA | DOCUMENT NUMBER | AMT. FIN. ASST. | AMT. DIR. ASST. | SUB PROGRAM CODE | SUB ACCOUNT CODE |
|--------------|--------|-----------------|-----------------|-----------------|------------------|------------------|
| 23 - 377RA07 | 93.914 | 23H89HA00053 | \$2,628,538.00 | \$0.00 | FRML | 23H89HA00053 |
| 21 - 3772306 | 93.914 | 23H89HA00053 | \$90,893.00 | \$0.00 | FRML | 23H89HA00053 |
| 23 - 377RA08 | 93.914 | 23H89HA00053 | \$1,687,109.00 | \$0.00 | SUPPL | 23H89HA00053 |
| 21 - 3772307 | 93.914 | 23H89HA00053 | \$164,578.00 | \$0.00 | SUPPL | 23H89HA00053 |
| 23 - 377RA06 | 93.914 | 23H89HA00053 | \$430,577.00 | \$0.00 | MAI | 23H89HA00053 |
| 21 - 3772305 | 93.914 | 23H89HA00053 | \$9,588.00 | \$0.00 | MAI | 23H89HA00053 |

HRSA Electronic Handbooks (EHBs) Registration Requirements

The Project Director of the grant (listed on this NoA) and the Authorizing Official of the grantee organization are required to register (if not already registered) within HRSA's Electronic Handbooks (EHBs). Registration within HRSA EHBs is required only once for each user for each organization they represent. To complete the registration quickly and efficiently we recommend that you note the 10-digit grant number from box 4b of this NoA. After you have completed the initial registration steps (i.e., created an individual account and associated it with the correct grantee organization record), be sure to add this grant to your portfolio. This registration in HRSA EHBs is required for submission of noncompeting continuation applications. In addition, you can also use HRSA EHBs to perform other activities such as updating addresses, updating email addresses and submitting certain deliverables electronically. Visit <https://grants3.hrsa.gov/2010/WebEPSEExternal/Interface/common/accesscontrol/login.aspx> to use the system. Additional help is available online and/or from the HRSA Call Center at 877-Go4-HRSA/877-464-4772.

Terms and Conditions

Failure to comply with the remarks, terms, conditions, or reporting requirements may result in a draw down restriction being placed on your Payment Management System account or denial of future funding.

Grant Specific Term(s)

1. This Notice of Award provides the offset of an unobligated balance in the amount of \$265,059.00 from 03/1/2021-02/28/2022 budget period to the current budget period. Please be advised that if the final resolution of the audit determines that the unobligated balance of Federal Funds is incorrect, HRSA is not obligated to make additional Federal Funds available to cover the shortfall.

Program Specific Term(s)

1. This Notice of Award provides the balance of fiscal year 2023 (FY23) funding based on HRSA's FY23 appropriations and budget allocations. All previously conveyed terms and conditions remain in effect unless specifically removed.
2. The Ryan White HIV/AIDS Program (RWHAP) legislation requires, to the maximum extent practicable, that core medical and support services will be provided without regard to an individual's ability to pay, or to the current or past health condition of the individual to be served. Consequently, HRSA expects that RWHAP recipients and subrecipients utilize a grievance process, articulated in writing, to investigate complaints for denial of services.

Reporting Requirement(s)

1. Due Date: Within 60 Days of Award Release Date

The recipient must submit a FY 2023 Program Submission no later than 60 days after receipt of the final award, consistent with reporting guidelines, instructions, and/or reporting templates provided in the HRSA EHBs.

2. Due Date: Within 60 Days of Award Release Date

The recipient must submit a FY 2023 Program Terms Report no later than 60 days after the receipt of the final award, consistent with reporting guidelines, instructions, and/or reporting templates provided in the HRSA EHBs.

Failure to comply with these reporting requirements will result in deferral or additional restrictions of future funding decisions.

All prior terms and conditions remain in effect unless specifically removed.

Contacts

NoA Email Address(es):

| Name | Role | Email |
|-------------------|------------------|-------------------------------|
| Marsha D Butler | Employee | marsha.butler@norfolk.gov |
| Christine Carroll | Program Director | christine.carroll@norfolk.gov |

Note: NoA emailed to these address(es)

All submissions in response to conditions and reporting requirements (with the exception of the FFR) must be submitted via EHBs. Submissions for Federal Financial Reports (FFR) must be completed in the Payment Management System (<https://pms.psc.gov/>).

Instructions for Submitting the Fiscal Year (FY) 2023 Non-Competing Continuation (NCC) Progress Report for the Ryan White HIV/AIDS Program (RWHAP) Part A HIV Emergency Relief Grant Program

Section 3 – Letter of Assurance from Planning Council Chair(s) or Concurrence from Planning Body Leadership/Chair(s) (Attachment 3)

The purpose of this section is to document the existence of a functioning planning and community input process in the EMA/TGA, which is consistent with RWHAP legislative and HRSA HAB program requirements. Section 2602(b)(1)-(4) of the PHS Act delineates the responsibilities of the Planning Council (PC). Section 2609(d)(1) of the PHS Act outlines the responsibilities of the Planning Body (PB). The RWHAP Part A Planning Council and Planning Body Requirements and Expectations Program Letter further clarifies HRSA HAB requirements and expectations for the PC/PB.

A planning process is imperative for effective local and state decision-making to develop systems of HIV prevention and care that are responsive to the needs of people with or at risk for HIV. HRSA and CDC support activities that facilitate collaboration and/or a joint planning body to address prevention and care. Community engagement is an essential component for planning comprehensive, effective HIV prevention and care programs in the United States.

HRSA recognizes and understands the value of clients who receive RWHAP Part A services actively participating and being involved in the planning process for HIV service delivery, as this drives services that are tailored to the needs of clients in the jurisdiction. The RWHAP Part A Guidance for Planning Councils and Planning Bodies on Supporting People with Lived Experience provides information on how recipients can support meaningful engagement. Provide a letter of assurance signed by the PC chair(s) or a letter of concurrence signed by PB leadership/chair(s) as Attachment 3. The letter must address the following:

- a) Planning:
 - i. The year your most recent comprehensive needs assessment was conducted
 - ii. Participation in comprehensive planning process (i.e., Integrated HIV Prevention and Care Plan) for the jurisdiction, including the statewide coordinated statement of need (SCSN)
- b) Priority Setting and Resource Allocation (PSRA):
 - i. Data (e.g., comprehensive needs assessment, HIV care continuum, unmet need framework estimates, and epidemiological profile) that were used in the FY 2024 priority setting and allocation process to ensure that:
 - a. Needs of the populations with HIV were addressed (including those with unmet need for HIV-related services, disparities in access and services among affected subpopulations and historically underserved communities, and those unaware of their HIV status)

- b. Resources were allocated in accordance with the local demographic incidence of HIV, including appropriate allocations for services for women, infants, children, and youth (WICY)
- ii. People with HIV were involved in the planning and allocation processes and their recommendations were included as applicable²
- iii. FY 2023 budget period formula, supplemental, and MAI funds awarded to the EMA/TGA are being expended according to the priorities established by the PC/PB
- iv. Confirmation that all RWHAP HIV core medical and support services were prioritized during the PSRA process per sections 2602(b)(4)(C) and 2602 (d)(1) of the PHS Act
- c) Training:
 - i. Ongoing and annual membership training occurred, including the date(s)
- d) Assessment of Administrative Mechanism:
 - i. Assessment of grant recipient activities (including the date) ensured timely allocation/contracting of funds and payments to contractors.

Appendix B

Geographic Service Areas

NCC Progress Report submissions must propose to serve the entire service area, as defined here in Appendix B.

The “Total Funding Ceiling” column identifies the total funding available for the delivery of comprehensive HIV primary health care and support services for people with lower incomes and/or uninsured for each service area.

The Total Funding Ceiling includes the Part A Funding Ceiling and MAI Funding Ceiling; do not combine these amounts when developing your budget.

| Current TGA Recipient | City | State | Service area | Part A Funding Ceiling (Formula + Supplemental) | MAI Funding Ceiling | Total Funding Ceiling |
|-----------------------|---------|-------|---|---|---------------------|-----------------------|
| Norfolk TGA | Norfolk | VA | VA: Chesapeake City, Gloucester County, Hampton City, Isle of Wight County, James City County, Mathews County, Newport News City, Norfolk City, Poquoson City, Portsmouth City, Suffolk City, Virginia Beach City, Williamsburg City, and York County NC: Currituck County | \$5,767,184 | \$553,845 | \$6,321,029 |


**GY24 Norfolk TGA
Priority Setting Data Review**

| Service Category | Service Category Ranking by Data Source | | |
|--|---|---|---|
| DATA SOURCES | 2022 Service Utilization | 2021 Service Utilization | 2020 Service Utilization |
| ADAP | 28 | 28 | 28 |
| Case Management Non-Medical | 4 | 4 | 4 |
| Child Care Services | 28 | 28 | 28 |
| Early Intervention Services | 10 | 10 | 9 |
| Emergency Financial Assistance | 9 | 9 | 10 |
| Food Bank / Home Delivered Meals | 8 | 8 | 5 |
| Health Education / Risk Reduction | 28 | 28 | 28 |
| Health Insurance Premium & Cost Sharing | 3 | 3 | 3 |
| Home and Community-Based Health Services | 28 | 28 | 28 |
| Home Health Care | 28 | 28 | 28 |
| Hospice Services | 28 | 28 | 28 |
| Housing Services | 11 | 28 | 28 |
| Linguistic Services | 28 | 28 | 28 |
| Local AIDS Pharmaceutical Assistance Program (LPAP) | 28 | 28 | 11 |
| Medical Case Management | 2 | 2 | 2 |
| Medical Nutrition Therapy | 28 | 28 | 28 |
| Medical Transportation | 5 | 6 | 7 |
| Mental Health Services | 12 | 11 | 12 |
| Oral Health Care | 6 | 5 | 8 |
| Other Professional Services (Legal, Permanency Planning) | 28 | 28 | 28 |
| Outpatient/Ambulatory Medical Care | 7 | 7 | 6 |
| Outreach Services | 28 | 28 | 28 |
| Psychosocial Support Services | 28 | 28 | 28 |
| Referral for Healthcare and Support Services | 1 | 1 | 1 |
| Rehabilitation Services | 28 | 28 | 28 |
| Respite Care | 28 | 28 | 28 |
| Substance Use Services - Residential | 28 | 28 | 28 |
| Substance Use Services-Outpatient | 28 | 28 | 28 |
| <i>Denotes Core Service</i> | Most used Ryan White Part A Services in 2022/23 UNDUPLICATED CLIENT COUNT | Most used Ryan White Part A Services in 2021/22 UNDUPLICATED CLIENT COUNT | Most used Ryan White Part A Services in 2020/21 UNDUPLICATED CLIENT COUNT |
| <i>Denotes Support Service</i> | | | |

**GY24 Norfolk TGA
Priority Setting Data Review**

| Service Category | | |
|---|---|---|
| DATA SOURCES  | 2020 VDH COVID-19 HIV Care Services STATEWIDE (n=150) | 2020 VDH COVID-19 HIV Care Services STATEWIDE (n=150) |
| | ADAP | 6 |
| Case Management Non-Medical | 28 | 28 |
| Child Care Services | 28 | 10 |
| Early Intervention Services | 28 | 28 |
| Emergency Financial Assistance | 28 | 28 |
| Food Bank / Home Delivered Meals | 1 | 1 |
| Health Education / Risk Reduction | 28 | 9 |
| Health Insurance Premium & Cost Sharing | 28 | 28 |
| Home and Community-Based Health Services | 28 | 28 |
| Home Health Care | 28 | 28 |
| Hospice Services | 28 | 28 |
| Housing Services | 3 | 3 |
| Linguistic Services | 28 | 28 |
| Local AIDS Pharmaceutical Assistance Program (LPAP) | 6 | 4 |
| Medical Case Management | 28 | 28 |
| Medical Nutrition Therapy | 28 | 28 |
| Medical Transportation | 8 | 7 |
| Mental Health Services | 4 | 8 |
| Oral Health Care | 28 | 28 |
| Other Professional Services (Legal, Permanency Planning) | 28 | 28 |
| Outpatient/Ambulatory Medical Care | 2 | 2 |
| Outreach Services | 28 | 28 |
| Psychosocial Support Services | 4 | 6 |
| Referral for Healthcare and Support Services | 28 | 28 |
| Rehabilitation Services | 28 | 28 |
| Respite Care | 28 | 28 |
| Substance Use Services - Residential | 28 | 28 |
| Substance Use Services-Outpatient | 28 | 28 |
| | Most important services to clients | Most important to stay in care |
| <i>Denotes Core Service</i> | | |
| <i>Denotes Support Service</i> | | |


**GY24 Norfolk TGA
Priority Setting Data Review**

| Service Category | | | |
|---|--|--|---|
| DATA SOURCES  | 2020 Red Ribbon Activity (PSRA) Question 1 LINK TO CARE (n=27) | 2020 Red Ribbon Activity (PSRA) Question 2 RETAINED IN CARE (n=27) | 2020 Red Ribbon Activity (PSRA) Question 3 VIRAL SUPPRESSION (n=27) |
| | ADAP | 6 | 10 |
| Case Management Non-Medical | 4 | 2 | 9 |
| Child Care Services | 28 | 18 | 28 |
| Early Intervention Services | 2 | 18 | 11 |
| Emergency Financial Assistance | 5 | 4 | 8 |
| Food Bank / Home Delivered Meals | 6 | 6 | 4 |
| Health Education / Risk Reduction | 15 | 14 | 14 |
| Health Insurance Premium & Cost Sharing | 6 | 8 | 4 |
| Home and Community-Based Health Services | 28 | 14 | 11 |
| Home Health Care | 28 | 18 | 16 |
| Hospice Services | 28 | 28 | 28 |
| Housing Services | 6 | 6 | 6 |
| Linguistic Services | 28 | 18 | 28 |
| Local AIDS Pharmaceutical Assistance Program (LPAP) | 14 | 10 | 16 |
| Medical Case Management | 1 | 1 | 1 |
| Medical Nutrition Therapy | 18 | 4 | 16 |
| Medical Transportation | 11 | 8 | 3 |
| Mental Health Services | 3 | 10 | 9 |
| Oral Health Care | 11 | 13 | 11 |
| Other Professional Services (Legal, Permanency Planning) | 18 | 28 | 28 |
| Outpatient/Ambulatory Medical Care | 6 | 2 | 6 |
| Outreach Services | 11 | 14 | 16 |
| Psychosocial Support Services | 15 | 14 | 14 |
| Referral for Healthcare and Support Services | 15 | 18 | 16 |
| Rehabilitation Services | 18 | 18 | 28 |
| Respite Care | 28 | 28 | 28 |
| Substance Use Services - Residential | 18 | 18 | 16 |
| Substance Use Services-Outpatient | 18 | 18 | 16 |
| <i>Denotes Core Service</i> | What services are most important to link to care | What services are most important to stay in care | What services are most important to maintain viral suppression |
| <i>Denotes Support Service</i> | | | |

**GY24 Norfolk TGA
Priority Setting Data Review**

| Service Category | |
|--|--|
| DATA SOURCES | 2019 RW Part B Consumer NA (n=26) |
| ADAP | 5 |
| Case Management Non-Medical | 28 |
| Child Care Services | 28 |
| Early Intervention Services | 28 |
| Emergency Financial Assistance | 28 |
| Food Bank / Home Delivered Meals | 28 |
| Health Education / Risk Reduction | 28 |
| Health Insurance Premium & Cost Sharing | 28 |
| Home and Community-Based Health Services | 28 |
| Home Health Care | 28 |
| Hospice Services | 28 |
| Housing Services | 2 |
| Linguistic Services | 28 |
| Local AIDS Pharmaceutical Assistance Program (LPAP) | 5 |
| Medical Case Management | 4 |
| Medical Nutrition Therapy | 28 |
| Medical Transportation | 7 |
| Mental Health Services | 28 |
| Oral Health Care | 28 |
| Other Professional Services (Legal, Permanency Planning) | 28 |
| Outpatient/Ambulatory Medical Care | 1 |
| Outreach Services | 28 |
| Psychosocial Support Services | 3 |
| Referral for Healthcare and Support Services | 28 |
| Rehabilitation Services | 28 |
| Respite Care | 28 |
| Substance Use Services - Residential | 28 |
| Substance Use Services-Outpatient | 28 |
| | Services most used |
| <i>Denotes Core Service</i> | |
| <i>Denotes Support Service</i> | |

**GY24 Norfolk TGA
Priority Setting Data Review**

| Service Category | | | |
|---|---|---|--|
| DATA SOURCES  | 2022 Triennial NA Services Needed & Used (n=105) AGGREGATE | 2022 Triennial NA Services Needed Couldn't Get (n=105) AGGREGATE | 2022 Triennial NA Services to achieve and maintain VLS (n=105) AGGREGATE |
| | ADAP | 28 | 28 |
| Case Management Non-Medical | 8 | 7 | 10 |
| Child Care Services | 28 | 28 | 28 |
| Early Intervention Services | 10 | 11 | 5 |
| Emergency Financial Assistance | 11 | 6 | 11 |
| Food Bank / Home Delivered Meals | 5 | 3 | 8 |
| Health Education / Risk Reduction | 28 | 28 | 28 |
| Health Insurance Premium & Cost Sharing | 6 | 9 | 4 |
| Home and Community-Based Health Services | 28 | 28 | 28 |
| Home Health Care | 28 | 28 | 28 |
| Hospice Services | 28 | 28 | 28 |
| Housing Services | 12 | 2 | 12 |
| Linguistic Services | 28 | 28 | 28 |
| Local AIDS Pharmaceutical Assistance Program (LPAP) | 28 | 28 | 28 |
| Medical Case Management | 1 | 5 | 1 |
| Medical Nutrition Therapy | 28 | 28 | 28 |
| Medical Transportation | 3 | 12 | 3 |
| Mental Health Services | 9 | 4 | 9 |
| Oral Health Care | 2 | 1 | 2 |
| Other Professional Services (Legal, Permanency Planning) | 28 | 28 | 28 |
| Outpatient/Ambulatory Medical Care | 4 | 10 | 7 |
| Outreach Services | 28 | 28 | 28 |
| Psychosocial Support Services | 28 | 28 | 28 |
| Referral for Healthcare and Support Services | 7 | 8 | 6 |
| Rehabilitation Services | 28 | 28 | 28 |
| Respite Care | 28 | 28 | 28 |
| Substance Use Services - Residential | 28 | 28 | 28 |
| Substance Use Services-Outpatient | 28 | 28 | 28 |
| <i>Denotes Core Service</i> <i>Denotes Support Service</i> | In the past 12 months, have you needed the following services? Yes, and I have used this service AGGREGATE | In the past 12 months, have you needed the following services? Yes, but I couldn't access this service AGGREGATE | How important do you think the following services are to achieve and maintain viral suppression? AGGREGATE |



2023/24 Priority Setting by Service Category
 Approved by the Planning Council on 9/8/2023

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

Approved by Planning Council on 8/24/2023

| GY2022/23 DEMOGRAPHICS OF RYAN WHITE PART A & MAI CLIENTS | | | |
|---|---|-------|-----------|
| DEMOGRAPHICS | GRANT YEAR 2022/23 | | |
| | POPULATIONS | COUNT | PERCENT % |
| CLIENT ENROLLEMENT STATUS | Active | 2452 | 92.63% |
| | Inactive | 117 | 4.42% |
| | Incarcerated | 4 | 0.15% |
| | Referred/Discharged | 39 | 1.47% |
| | Relocated | 35 | 1.32% |
| GENDER | Female | 714 | 26.97% |
| | Male | 1860 | 70.27% |
| | Transgender F+M | 1 | 0.04% |
| | Transgender M+F | 70 | 2.64% |
| | Transgender Other | 2 | 0.08% |
| RACE / ETHNICITY | American Indian | 2 | 0.08% |
| | Asian | 25 | 0.94% |
| | Black or African American | 2004 | 75.71% |
| | Hispanic | 129 | 4.87% |
| | Multiracial | 49 | 1.85% |
| | Pacific Islander | 3 | 0.11% |
| | White or Caucasian | 433 | 16.36% |
| Not Specified / Unknown | 2 | 0.08% | |
| AGE | 0 mo. to 12 yrs | 2 | 0.08% |
| | 13 yrs to 17 yrs | 2 | 0.08% |
| | 18 yrs to 24 yrs | 71 | 2.68% |
| | 25 yrs to 34 yrs | 537 | 20.29% |
| | 35 yrs to 44 yrs | 589 | 22.25% |
| | 45 yrs to 54 yrs | 488 | 18.44% |
| | 55 yrs to 64 yrs | 683 | 25.80% |
| | 65 yrs to 74 yrs | 240 | 9.07% |
| 75 yrs or better | 35 | 1.32% | |
| HIV/AIDS Status | CDC defined AIDS | 992 | 37.48% |
| | HIV-positive, not AIDS | 1607 | 60.71% |
| | HIV-positive, AIDS status unknown | 48 | 1.81% |
| MODE OF ACQUISITION | Hemophilia / Coagulation disorder | 5 | 0.19% |
| | Heterosexual contact | 1094 | 41.33% |
| | Injection drug use (IDU) | 116 | 4.38% |
| | Male to male sexual (MSM) contact | 1357 | 51.27% |
| | MSM & IDU | 24 | 0.91% |
| | Perinatal | 24 | 0.91% |
| | Blood product or transfusion | 18 | 0.68% |
| | Not Specified / Unknown | 9 | 0.34% |
| INSURANCE STATUS | Uninsurable Clients | | 0.00% |
| | Medicaid | 1239 | 46.81% |
| | Medicare | 519 | 19.61% |
| | Medicaid / Medicare | | 0.00% |
| | No insurance | 217 | 8.20% |
| | Private - Employer | 244 | 9.22% |
| | Private - Individual (ACA) | 394 | 14.88% |
| | Veteran Affairs, Tricare, Military Healthcare | 9 | 0.34% |
| Other | 25 | 0.94% | |

| 2022/23 WICY Report and Demographics | | | | | | | | | | | | | |
|--|-------------------------------------|-----------------|-----------|------------------|-----------------|-----------|------------------|-----------------------|-----------|------------------|---------------------|-----------|------------------|
| Service Category | Total Clients Served (Unduplicated) | Women (25+ yrs) | | | Infant (<2 yrs) | | | Children (2 - 12 yrs) | | | Youth (13 - 24 yrs) | | |
| | | # of Clients | % of WICY | % of All Clients | # of Clients | % of WICY | % of All Clients | # of Clients | % of WICY | % of All Clients | # of Clients | % of WICY | % of All Clients |
| ALL WICY RW CLIENTS FOR GY2022/23 | 2647 | 708 | 26.75% | 26.75% | 0 | 0.00% | 0.00% | 2 | 0.08% | 0.08% | 73 | 2.76% | 2.76% |
| Total WICY Clients for Service | | | | | | | | | | | | | |
| Early Intervention Service - MAI | 52 | 35 | 67.31% | 1.32% | | 0.00% | 0.00% | | 0.00% | 0.00% | 17 | 32.69% | 0.64% |
| Early Intervention Service - REG | 35 | 32 | 91.43% | 1.21% | | 0.00% | 0.00% | | 0.00% | 0.00% | 3 | 8.57% | 0.11% |
| Health Insurance Premium/Cost Sharing Assistance | 164 | 155 | 94.51% | 5.86% | | 0.00% | 0.00% | | 0.00% | 0.00% | 9 | 5.49% | 0.34% |
| Medical Case Management Services | 298 | 263 | 88.26% | 9.94% | 2 | 0.67% | 0.08% | | 0.00% | 0.00% | 33 | 11.07% | 1.25% |
| Mental Health | 1 | 1 | 100.00% | 0.04% | | 0.00% | 0.00% | | 0.00% | 0.00% | 0 | 0.00% | 0.00% |
| Oral Health Services | 97 | 95 | 97.94% | 3.59% | | 0.00% | 0.00% | | 0.00% | 0.00% | 2 | 2.06% | 0.08% |
| Outpatient Ambulatory Health Services | 64 | 52 | 81.25% | 1.96% | | 0.00% | 0.00% | | 0.00% | 0.00% | 12 | 18.75% | 0.45% |
| Case Management (non-Medical) | 120 | 113 | 94.17% | 4.27% | | 0.00% | 0.00% | | 0.00% | 0.00% | 7 | 5.83% | 0.26% |
| Emergency Financial Assistance | 52 | 50 | 96.15% | 1.89% | | 0.00% | 0.00% | | 0.00% | 0.00% | 2 | 3.85% | 0.08% |
| Food Bank/Home Delivered Meals | 88 | 83 | 94.32% | 3.14% | | 0.00% | 0.00% | | 0.00% | 0.00% | 5 | 5.68% | 0.19% |
| Housing Services | 8 | 5 | 62.50% | 0.19% | | 0.00% | 0.00% | | 0.00% | 0.00% | 3 | 37.50% | 0.11% |
| Medical Transportation Services | 106 | 100 | 94.34% | 3.78% | | 0.00% | 0.00% | | 0.00% | 0.00% | 6 | 5.66% | 0.23% |
| Referral for Health Care & Supportive Services | 474 | 449 | 94.73% | 16.96% | | 0.00% | 0.00% | | 0.00% | 0.00% | 25 | 5.27% | 0.94% |

CAREWare Services & Subservices

Contract Name: FY2022 Ryan White Part A

Start Date: March 1, 2022

End Date: February 28, 2023

| Contract Item | Subservice |
|---|---|
| Health Insurance Premium & Cost Sharing Assistance (HIPCSA) | Laboratory Co-pay Medication Co-payment Assistance Medication Co-payment Assistance – PAP Mental Health Co-pay Office Visit Co-Pay Other Sources (HIPCSA) Specialty Office Visit Co-pay |
| Outpatient Ambulatory Health Services | Office Visit Office Visit – Insured Clients Specialty Office Visit Lab Visit Treatment Adherence-OAHS Tele-visit |
| Medical Case Management | MCM-15 minutes Face to Face meeting (other) MCM-15 minutes Non-Face to Face meeting MCM- Care Plan – Developed MCM- Care Plan – Updated MCM- Follow-up MCM- Insurance Enrollment MCM- Linkage to Care MCM- Referral – Medical Transportation MCM- Referral - EFA MCM- Referral – Food Bank MCM- Referral – Mental Health MCM- Referral – Oral Health MCM- Referral – Other MCM- RW Eligibility – Initial MCM- Treatment Adherence |
| Mental Health Services | 1 Hour of Group Counseling 1 Hour of Individual Counseling Medication Management Mental Health Treatment Plan – Developed Mental Health Treatment Plan - Updated |
| Oral Health Care | Dental Office Visit Dental Treatment Plan – Developed Dental Treatment Plan - Updated |
| Medical Transportation | Bus Token-OAHS Bus Token-OH Bus Token-MH |

| | |
|---------------------------------------|---|
| | <ul style="list-style-type: none"> Bus Token-Support Group Bus Token-Other Taxi Voucher-OAHS Taxi Voucher-OH Taxi Voucher-MH Van Ride-Methadone Van Ride-MH Van Ride-OH Van Ride-OAHS Van Ride-SA Van Ride-Support Group Van Ride- ACA Enrollment Lyft Medical Uber Health |
| Early Intervention Services - MAI | <ul style="list-style-type: none"> EIS MAI – Linkage to OAHS EIS MAI – Linkage to MCM EIS MAI – Linkage to Mental Health EIS MAI – Linkage to Oral Health EIS MAI – Referral to Supportive Services EIS MAI – Health Education EIS MAI – RW Eligibility - Initial EIS MAI – Outreach EIS MAI – Follow-up OAHS visit EIS MAI – Follow-up Referral EIS MAI – Other |
| Early Intervention Services - Regular | <ul style="list-style-type: none"> EIS Regular – Linkage to OAHS EIS Regular – Linkage to MCM EIS Regular – Linkage to Mental Health EIS Regular – Linkage to Oral Health EIS Regular – Referral to Supportive Services EIS Regular – Health Education EIS Regular – RW Eligibility – Initial EIS Regular – Outreach EIS Regular – Follow-up OAHS visit EIS Regular – Follow-up Referral EIS Regular – Other |
| Housing Assistance | <ul style="list-style-type: none"> Intake Assessment Housing Plan Development Reassessment Housing Plan Update Housing Search Housing Placement Payment Assistance |

| | |
|--|--|
| Emergency Financial Assistance | One (1) Utility Assistance One (1) Month Rental Assistance |
| Food Bank/Home Delivered Meals | \$50 Voucher 1 Meal Delivery |
| Case Management – non-Medical | 15 mins face to face (Non-medical CM) 15 mins non face to face (Non-medical CM) Care Plan - Developed (non-medical CM) Care Plan - Updated (non-medical CM) Follow-up (non-medical CM) Insurance Enrollment (non-medical CM) Referrals- Emergency Financial Assistance (non-medical CM) Referrals- Food Bank (non-medical CM) Referrals- Medical Transportation (non-medical CM) Referrals- Mental Health (non-medical CM) Referrals- Oral Health (non-medical CM) Referrals- Other (Non-medical CM) RW Eligibility - Initial (Non-medical CM) |
| Referral for Health Care & Supportive Services | Referrals- Emergency Financial Assistance (RHCSS) Referrals- Food Bank (RHCSS) Referrals- Mental Health (RHCSS) Referrals- Oral Health (RHCSS) Referrals- Transportation (RHCSS) Referrals- Other (RHCSS) Referrals- Follow-up (RHCSS) |

| 2022/23 RYAN WHITE PART A (Formula/Supplemental) | | |
|---|-----------------------------|------------------------|
| Service Category | Unduplicated Clients Served | Total Units of Service |
| BLUE = CORE SERVICES | | |
| RED = SUPPORT SERVICES | | |
| Early Intervention Services - REG | 82 | 899 |
| Health Insurance Premium/ Cost Sharing Assistance | 600 | 1348 |
| Medical Case Management | 1050 | 30706 |
| Mental Health Services | 8 | 151 |
| Oral Health Services | 288 | 810 |
| Outpatient Ambulatory Health Services | 280 | 424 |
| | | |
| Case Management - Non Medical | 360 | 4521 |
| Emergency Financial Assistance | 117 | 181 |
| Food Bank/ Home Delivered Meals | 218 | 1206 |
| Housing Services | 31 | 172 |
| Medical Transportation | 327 | 5798 |
| Referral for Health Care & Supportive Services | 1567 | 8300 |

| 2022/23 RYAN WHITE PART A (MAI) | | |
|--|-----------------------------|------------------------|
| Service Category | Unduplicated Clients Served | Total Units of Service |
| BLUE = CORE SERVICES | | |
| RED = SUPPORT SERVICES | | |
| Early Intervention Services - MAI | 144 | 1323 |

Subpopulation of Focus #1: Black Men who have sex with Men

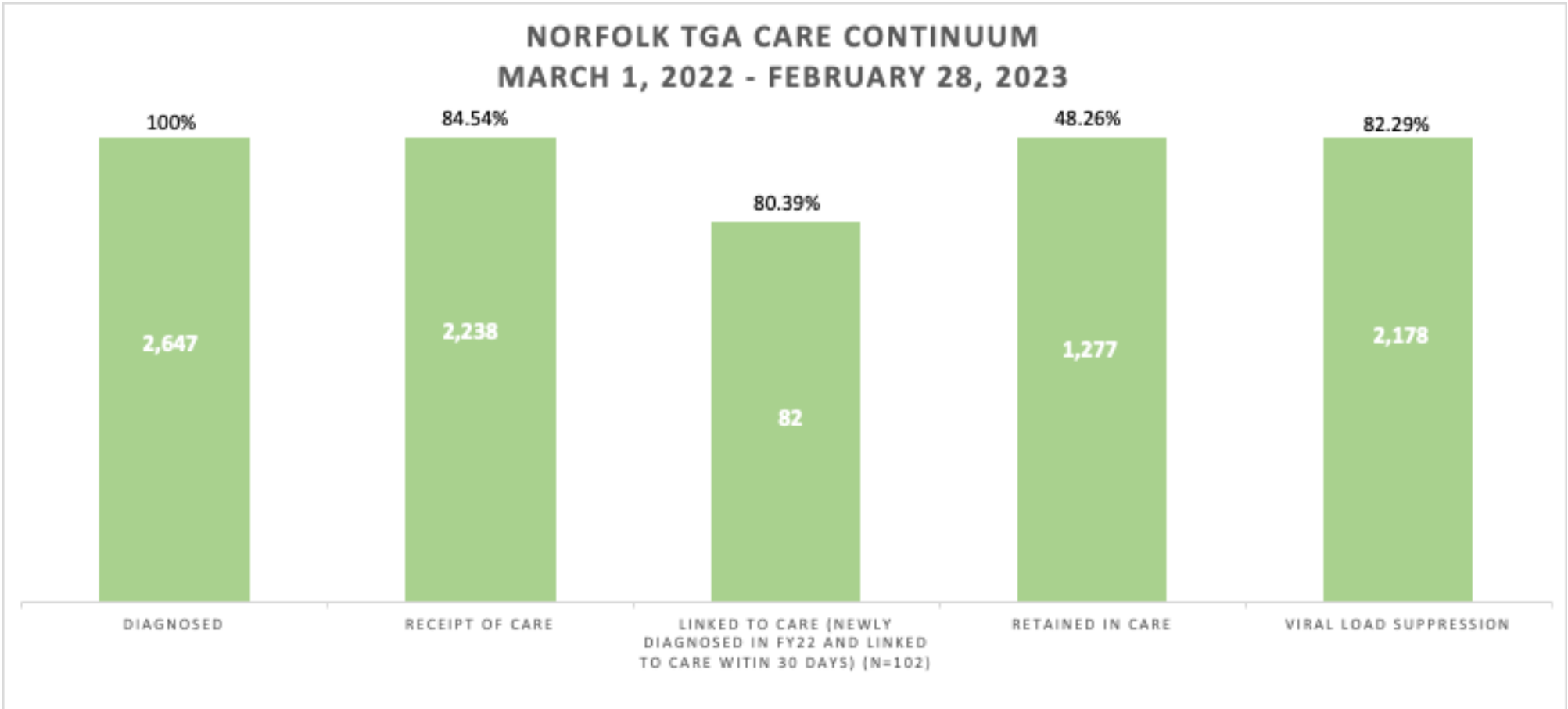
| 2021/22 RYAN WHITE PART A Subpopulation of Focus #1 | | |
|--|--------------------------------------|------------------------|
| Service Category | Unduplicated Subpop 1 Clients Served | Total Units of Service |
| BLUE = CORE SERVICES | | |
| RED = SUPPORT SERVICES | | |
| Early Intervention Services - MAI | 75 | 87 |
| Early Intervention Services - REG | 26 | 29 |
| Health Insurance Premium Cost Sharing Assistance | 207 | 209 |
| Medical Case Management | 426 | 512 |
| Mental Health | 4 | 4 |
| Oral Health | 87 | 87 |
| Outpatient Ambulatory Health Services | 123 | 123 |
| Emergency Financial Assistance | 42 | 42 |
| Food Bank/Home Delivered Meals | 83 | 197 |
| Housing Services | 20 | 26 |
| Medical Transportation | 117 | 216 |
| Case Management (nonMedical) | 140 | 235 |
| Referral for Health Care & Supportive Services | 521 | 584 |
| Subpop 1: Total Number of Clients (Unduplicated) | 975 | |
| Subpop 1: Total Units of Service Provided | | 1074 |

Subpopulation of Focus #2: Transgender

| 2021/22 RYAN WHITE PART A Subpopulation of Focus #2 | | |
|--|---|-------------------------------|
| Service Category | Unduplicated Subpop 2 Clients Served | Total Units of Service |
| BLUE = CORE SERVICES | | |
| RED = SUPPORT SERVICES | | |
| Early Intervention Services - MAI | 5 | 5 |
| Early Intervention Services - REG | 1 | 1 |
| Health Insurance Premium Cost Sharing Assistance | 8 | 10 |
| Medical Case Management | 42 | 61 |
| Mental Health | 0 | 0 |
| Oral Health | 11 | 11 |
| Outpatient Ambulatory Health Services | 6 | 6 |
| Emergency Financial Assistance | 2 | 2 |
| Food Bank/Home Delivered Meals | 11 | 26 |
| Housing Services | 2 | 2 |
| Medical Transportation | 11 | 19 |
| Case Management (nonMedical) | 9 | 23 |
| Referral for Health Care & Supportive Services | 37 | 47 |
| Subpop 2: Total Number of Clients (Unduplicated) | 73 | |
| Subpop 2: Total Units of Service Provided | 93 | |

Subpopulation of Focus #3: Youth (18-24)

| 2021/22 RYAN WHITE PART A Subpopulation of Focus #3 | | |
|--|---|-------------------------------|
| Service Category | Unduplicated Subpop 3 Clients Served | Total Units of Service |
| BLUE = CORE SERVICES | | |
| RED = SUPPORT SERVICES | | |
| Early Intervention Services - MAI | 17 | 17 |
| Early Intervention Services - REG | 3 | 3 |
| Health Insurance Premium Cost Sharing Assistance | 9 | 9 |
| Medical Case Management | 31 | 49 |
| Mental Health | 0 | 0 |
| Oral Health | 2 | 2 |
| Outpatient Ambulatory Health Services | 12 | 12 |
| Emergency Financial Assistance | 2 | 2 |
| Food Bank/Home Delivered Meals | 5 | 12 |
| Housing Services | 3 | 4 |
| Medical Transportation | 6 | 7 |
| Case Management (nonMedical) | 7 | 21 |
| Referral for Health Care & Supportive Services | 25 | 25 |
| Subpop 3: Total Number of Clients (Unduplicated) | 71 | |
| Subpop 3: Total Units of Service Provided | 83 | |



FORMULA/SUPPLEMENTAL

| <u>Service Category (HRSA)</u> | <u>2018 Spent</u> | <u>2019 Spent</u> | <u>2020 Spent</u> | <u>2021 Spent</u> | <u>2022 Spent</u> |
|--|------------------------|------------------------|------------------------|------------------------|------------------------|
| AIDS Pharmaceutical Assistance Local | \$ 54,462.68 | \$ 35,586.00 | \$ 3,381.80 | NF | NF |
| Medical Case Management | \$ 1,533,028.85 | \$ 1,404,860.00 | \$ 1,531,113.71 | \$ 1,565,480.57 | \$ 1,484,892.31 |
| Health Insurance Premium/CSA | \$ 194,796.28 | \$ 211,964.00 | \$ 186,030.18 | \$ 136,394.21 | \$ 100,227.19 |
| Mental Health Services | \$ 29,063.95 | \$ 31,471.00 | \$ 37,599.40 | \$ 28,086.20 | \$ 33,070.44 |
| Oral Health Services | \$ 424,180.46 | \$ 474,788.00 | \$ 330,183.34 | \$ 396,917.17 | \$ 322,020.27 |
| Outpatient/Ambulatory Medical Care | \$ 1,254,005.59 | \$ 1,151,052.00 | \$ 1,243,726.25 | \$ 1,146,073.98 | \$ 1,197,772.00 |
| Substance Abuse Services (Outpatient) | \$ 7,651.84 | \$ 2,993.00 | \$ - | \$ - | \$ - |
| Early Intervention Services | \$ 146,298.23 | \$ 134,283.00 | \$ 187,697.88 | \$ 238,157.65 | \$ 127,192.20 |
| Non-Medical Case Management | \$ 329,162.82 | \$ 309,843.00 | \$ 277,514.90 | \$ 279,500.88 | \$ 286,455.90 |
| Housing | NF | NF | NF | NF | \$ 77,269.00 |
| Referral for Healthcare and Support Services | NF | NF | \$ 41,680.72 | \$ 37,777.91 | \$ 39,603.25 |
| Emergency Financial Assistance | \$ 147,509.84 | \$ 166,098.00 | \$ 160,092.33 | \$ 144,770.15 | \$ 158,112.42 |
| Medical Transportation | \$ 290,990.65 | \$ 296,093.00 | \$ 207,791.93 | \$ 208,493.35 | \$ 243,449.97 |
| Food Bank /Home Delivered Meals | \$ 58,556.53 | \$ 88,550.00 | \$ 67,592.00 | \$ 97,931.54 | \$ 60,242.00 |
| | | | | | |
| Total Services | \$ 4,469,707.72 | \$ 4,307,581.00 | \$ 4,274,404.44 | \$ 4,279,583.61 | \$ 4,130,306.95 |
| Core vs. Support Break Out | 2018 | 2019 | 2020 | 2021 | 2022 |
| Core Services | 82% | 80% | 82% | 82% | 79% |
| Support Services | 18% | 20% | 18% | 18% | 21% |

MINORITY AIDS INITIATIVE (MAI)

| <u>Service Category (HRSA)</u> | <u>2018 Spent</u> | <u>2019 Spent</u> | <u>2020 Spent</u> | <u>2020 Spent</u> | <u>2021 Spent</u> | <u>2022 Spent</u> |
|--------------------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|
| Early Intervention Services | \$ 483,030 | \$ 494,624 | \$ 370,663 | \$ 461,738 | \$ 512,642 | \$ 411,829 |
| | | | | | | |
| Total Services | \$ 483,030 | \$ 494,624 | \$ 370,663 | \$ 461,738 | \$ 512,642 | \$ 411,829 |

FY2018 – 2022 Percent Spent

FORMULA/SUPPLEMENTAL

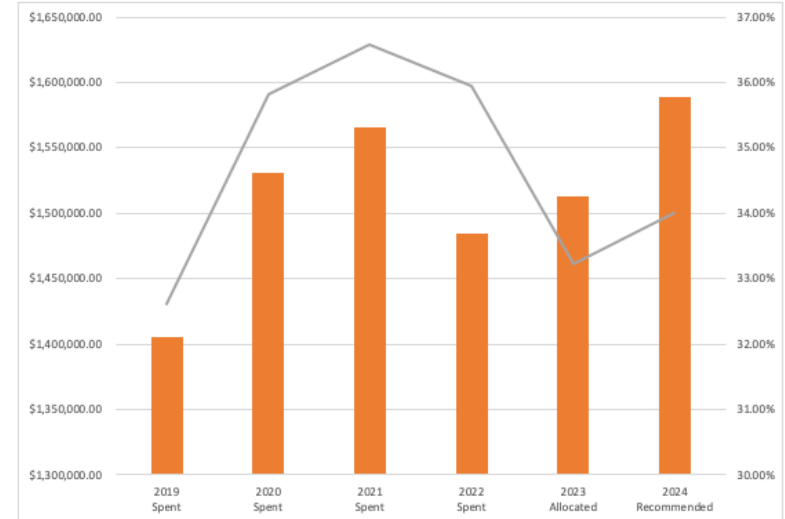
| <u>Service Category (HRSA)</u> | <u>2018 %Spent</u> | <u>2019 %Spent</u> | <u>2020 %Spent</u> | <u>2021 %Spent</u> | <u>2022 %Spent</u> |
|--|------------------------|------------------------|------------------------|------------------------|------------------------|
| AIDS Pharmaceutical Assistance Local | 1.22% | 0.83% | 0.08% | #VALUE! | NF |
| Medical Case Management | 34.30% | 32.61% | 35.82% | 36.58% | 35.95% |
| Health Insurance Premium/CSA | 4.36% | 4.92% | 4.35% | 3.19% | 2.43% |
| Mental Health Services | 0.65% | 0.73% | 0.88% | 0.66% | 0.80% |
| Oral Health Services | 9.49% | 11.02% | 7.72% | 9.27% | 7.80% |
| Outpatient/Ambulatory Medical Care | 28.06% | 26.72% | 29.10% | 26.78% | 29.00% |
| Substance Abuse Services (Outpatient) | 0.17% | 0.07% | 0.00% | 0.00% | 0.00% |
| Early Intervention Services | 3.27% | 3.12% | 4.39% | 5.56% | 3.08% |
| Non-Medical Case Management | 7.36% | 7.19% | 6.49% | 6.53% | 6.94% |
| Housing | NF | NF | NF | NF | 1.87% |
| Referral for Healthcare and Support Services | NF | NF | 0.98% | 0.88% | 0.96% |
| Emergency Financial Assistance | 3.30% | 3.86% | 3.75% | 3.38% | 3.83% |
| Medical Transportation | 6.51% | 6.87% | 4.86% | 4.87% | 5.89% |
| Food Bank /Home Delivered Meals | 1.31% | 2.06% | 1.58% | 2.29% | 1.46% |

MINORITY AIDS INITIATIVE (MAI)

| <u>Service Category (HRSA)</u> | <u>2018 Spent</u> | <u>2019 Spent</u> | <u>2020 Spent</u> | <u>2020 Spent</u> | <u>2021 Spent</u> | <u>2022 Spent</u> |
|--------------------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|
| Early Intervention Services | \$ 483,030 | \$ 494,624 | \$ 370,663 | \$ 461,738 | \$ 512,642 | \$ 411,829 |
| Total Services | \$ 483,030 | \$ 494,624 | \$ 370,663 | \$ 461,738 | \$ 512,642 | \$ 411,829 |

**Medical Case Management (Formula / Supplemental)
GY2024 Priority Setting Worksheet**

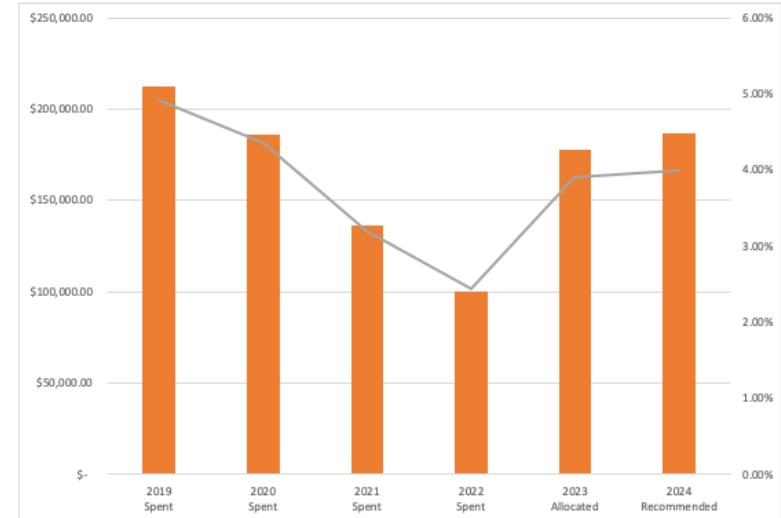
| | Total RW Clients | Total Clients Served | % of Clients Utilized Service | Total Spent During Grant Year | Cost Per Client | % of Award | | |
|-------------------------|------------------|----------------------|-------------------------------|-------------------------------|-------------------|---------------|--------------------|---------------|
| 2019 Spent | 3047 | 1286 | 42.21% | \$1,404,860.00 | \$1,092.43 | 32.61% | Low | 32.61% |
| 2020 Spent | 2651 | 1247 | 47.04% | \$1,531,113.71 | \$1,227.84 | 35.82% | High | 36.58% |
| 2021 Spent | 2463 | 1049 | 42.59% | \$1,565,480.57 | \$1,492.36 | 36.58% | Average | 34.84% |
| 2022 Spent | 2647 | 1050 | 39.67% | \$1,484,892.31 | \$1,414.18 | 35.95% | Recommended | 34.00% |
| 2023 Allocated | | | | \$1,512,416.00 | | 33.22% | Other | |
| 2024 Recommended | | | | \$1,589,238.88 | | 34.00% | | |



Notes:

**Health Insurance Premium/Cost Sharing Assistance (Formula / Supplemental)
GY2024 Priority Setting Worksheet**

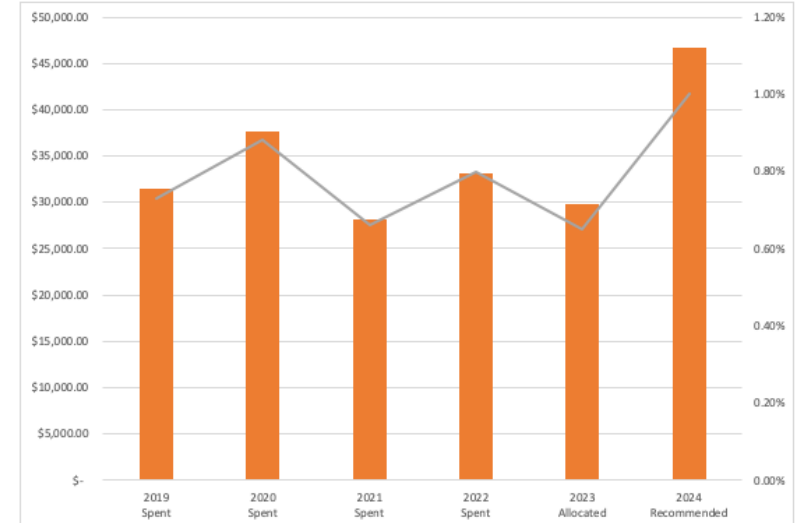
| | Total RW Clients | Total Clients Served | % of Clients Utilized Service | Total Spent During Grant Year | Cost Per Client | % of Award | | |
|-------------------------|------------------|----------------------|-------------------------------|-------------------------------|-----------------|------------|--------------------|--------------|
| 2019 Spent | 3047 | 931 | 30.55% | \$ 211,964.00 | \$227.67 | 4.92% | Low | 2.43% |
| 2020 Spent | 2651 | 670 | 25.27% | \$ 186,030.18 | \$277.66 | 4.35% | High | 4.92% |
| 2021 Spent | 2463 | 644 | 26.15% | \$ 136,394.21 | \$211.79 | 3.19% | Average | 3.76% |
| 2022 Spent | 2647 | 600 | 22.67% | \$ 100,227.19 | \$167.05 | 2.43% | Recommended | 4.00% |
| 2023 Allocated | | | | \$ 177,487.00 | | 3.90% | Other | |
| 2024 Recommended | | | | \$ 186,969.28 | | 4.00% | | |



Notes:

**Mental Health Services (Formula / Supplemental)
GY2024 Priority Setting Worksheet**

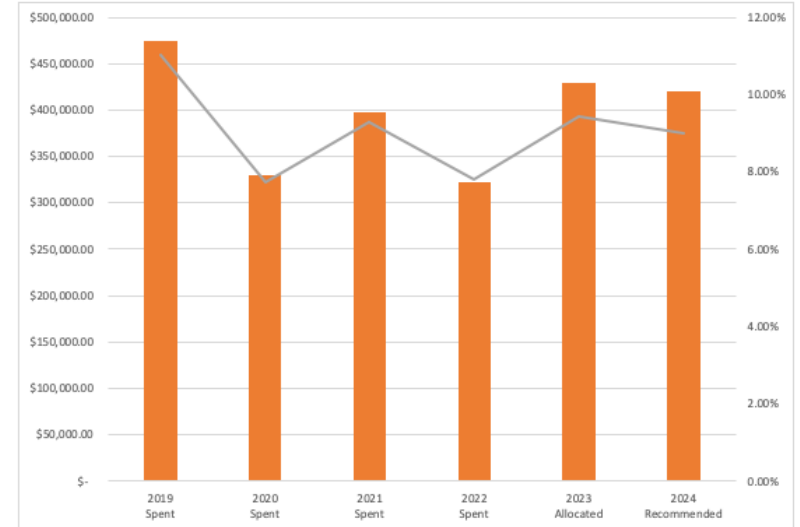
| | Total RW Clients | Total Clients Served | % of Clients Utilized Service | Total Spent During Grant Year | Cost Per Client | % of Award | | |
|-------------------------|------------------|----------------------|-------------------------------|-------------------------------|-----------------|------------|--------------------|--------------|
| 2019 Spent | 3047 | 20 | 0.66% | \$ 31,471.00 | \$1,573.55 | 0.73% | Low | 0.65% |
| 2020 Spent | 2651 | 24 | 0.91% | \$ 37,599.40 | \$1,566.64 | 0.88% | High | 0.88% |
| 2021 Spent | 2463 | 20 | 0.81% | \$ 28,086.20 | \$1,404.31 | 0.66% | Average | 0.74% |
| 2022 Spent | 2647 | 8 | 0.30% | \$ 33,070.44 | \$4,133.81 | 0.80% | Recommended | 1.00% |
| 2023 Allocated | | | | \$ 29,771.00 | | 0.65% | Other | |
| 2024 Recommended | | | | \$ 46,742.32 | | 1.00% | | |



Notes:

**Oral Health Care (Formula / Supplemental)
GY2024 Priority Setting Worksheet**

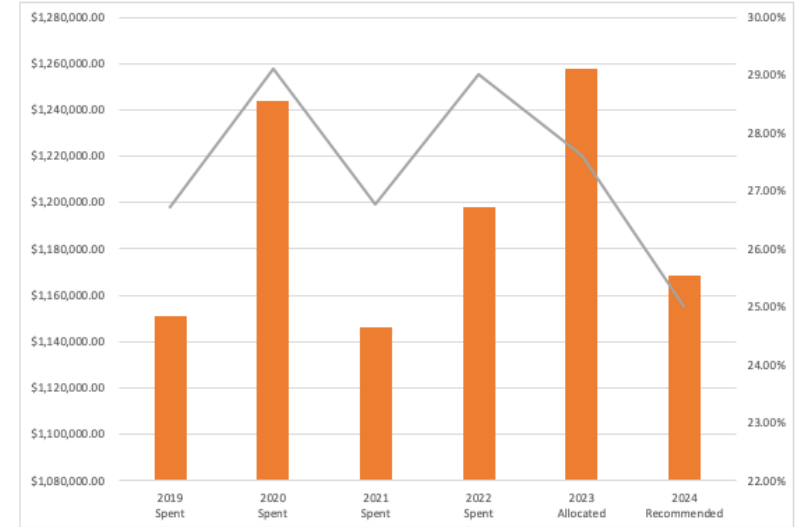
| | Total RW Clients | Total Clients Served | % of Clients Utilized Service | Total Spent During Grant Year | Cost Per Client | % of Award | | |
|-------------------------|------------------|----------------------|-------------------------------|-------------------------------|-----------------|------------|-------------|---------------|
| 2019 Spent | 3047 | 468 | 15.36% | \$ 474,788.00 | \$1,014.50 | 11.02% | Low | 7.72% |
| 2020 Spent | 2651 | 276 | 10.41% | \$ 330,183.34 | \$1,196.32 | 7.72% | High | 11.02% |
| 2021 Spent | 2463 | 323 | 13.11% | \$ 396,917.17 | \$1,228.85 | 9.27% | Average | 9.05% |
| 2022 Spent | 2647 | 288 | 10.88% | \$ 322,020.27 | \$1,118.13 | 7.80% | Recommended | 9.00% |
| 2023 Allocated | | | | \$ 429,265.00 | | 9.43% | Other | |
| 2024 Recommended | | | | \$ 420,680.88 | | 9.00% | | |



Notes:

**Outpatient Ambulatory Health Services (Formula / Supplemental)
GY2024 Priority Setting Worksheet**

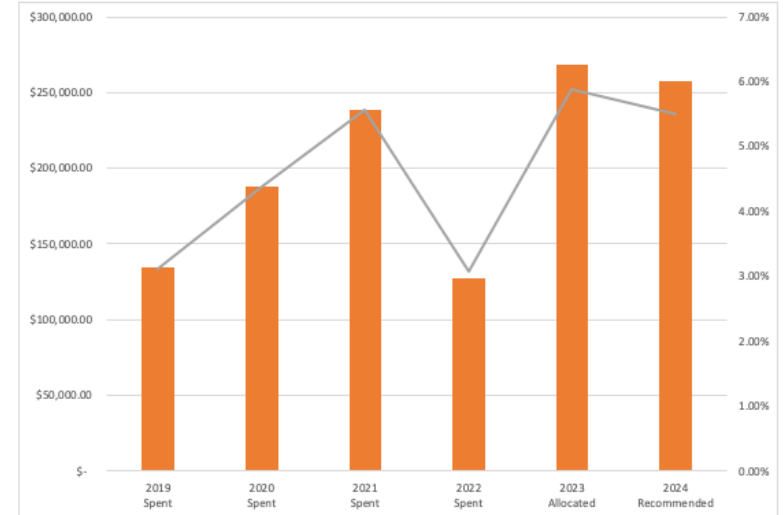
| | Total RW Clients | Total Clients Served | % of Clients Utilized Service | Total Spent During Grant Year | Cost Per Client | % of Award | | |
|-------------------------|------------------|----------------------|-------------------------------|-------------------------------|-----------------|------------|--------------------|---------------|
| 2019 Spent | 3047 | 402 | 13.19% | \$ 1,151,052.00 | \$ 2,863.31 | 26.72% | Low | 26.72% |
| 2020 Spent | 2651 | 345 | 13.01% | \$ 1,243,726.25 | \$ 3,605.00 | 29.10% | High | 29.10% |
| 2021 Spent | 2463 | 287 | 11.65% | \$ 1,146,073.98 | \$ 3,993.29 | 26.78% | Average | 27.84% |
| 2022 Spent | 2647 | 280 | 10.58% | \$ 1,197,772.00 | \$ 4,277.76 | 29.00% | Recommended | 25.00% |
| 2023 Allocated | | | | \$ 1,257,542.00 | | 27.62% | Other | |
| 2024 Recommended | | | | \$ 1,168,558.00 | | 25.00% | | |



Notes:

**Early Intervention Services (Formula / Supplemental)
GY2024 Priority Setting Worksheet**

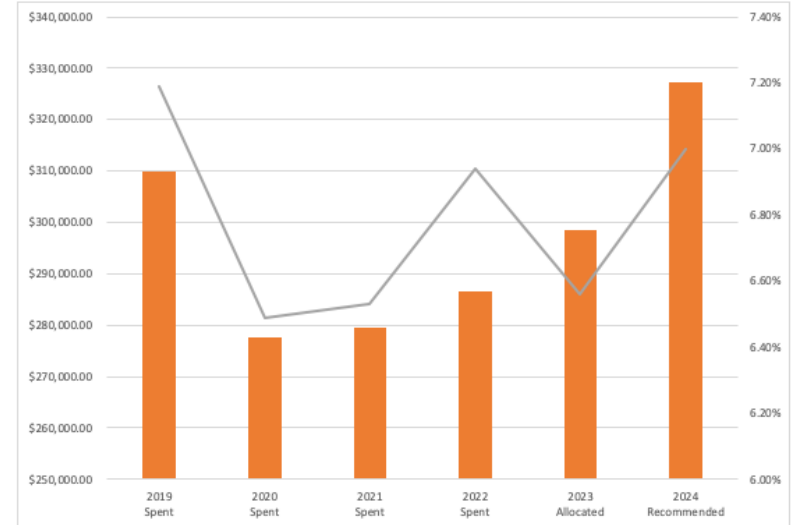
| | Total RW Clients | Total Clients Served | % of Clients Utilized Service | Total Spent During Grant Year | Cost Per Client | % of Award | | |
|-------------------------|------------------|----------------------|-------------------------------|-------------------------------|-----------------|------------|--------------------|--------------|
| 2019 Spent | 3047 | 66 | 2.17% | \$ 134,283.00 | \$2,034.59 | 3.12% | Low | 3.08% |
| 2020 Spent | 2651 | 62 | 2.34% | \$ 187,697.88 | \$3,027.39 | 4.39% | High | 5.89% |
| 2021 Spent | 2463 | 79 | 3.21% | \$ 238,157.65 | \$3,014.65 | 5.56% | Average | 4.41% |
| 2022 Spent | 2647 | 82 | 3.10% | \$ 127,192.20 | \$1,551.12 | 3.08% | Recommended | 5.50% |
| 2023 Allocated | | | | \$ 268,337.00 | | 5.89% | Other | |
| 2024 Recommended | | | | \$ 257,082.76 | | 5.50% | | |



Notes:

**Non-Medical Case Management (Formula / Supplemental)
GY2024 Priority Setting Worksheet**

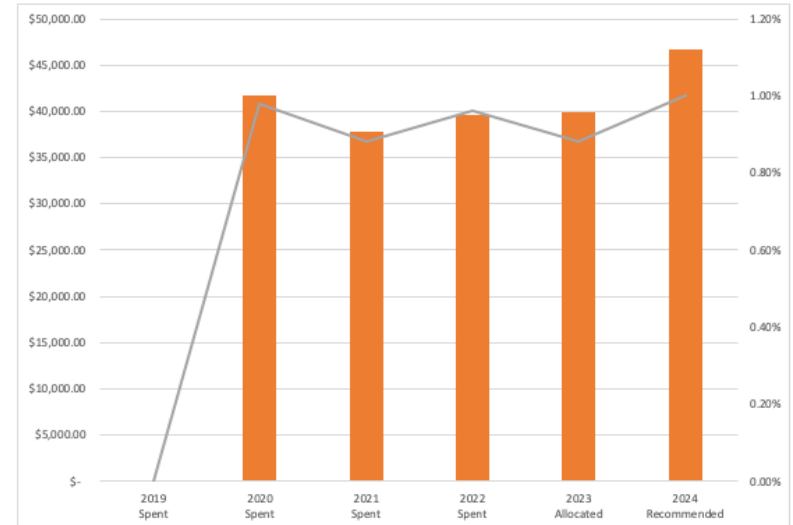
| | Total RW Clients | Total Clients Served | % of Clients Utilized Service | Total Spent During Grant Year | Cost Per Client | % of Award | | |
|-------------------------|------------------|----------------------|-------------------------------|-------------------------------|-----------------|------------|--------------------|--------------|
| 2019 Spent | 3047 | 2169 | 71.18% | \$ 309,843.00 | \$142.85 | 7.19% | Low | 6.49% |
| 2020 Spent | 2651 | 423 | 15.96% | \$ 277,514.90 | \$656.06 | 6.49% | High | 7.19% |
| 2021 Spent | 2463 | 364 | 14.78% | \$ 279,500.88 | \$767.86 | 6.53% | Average | 6.74% |
| 2022 Spent | 2647 | 360 | 13.60% | \$ 286,455.90 | \$795.71 | 6.94% | Recommended | 7.00% |
| 2023 Allocated | | | | \$ 298,487.00 | | 6.56% | Other | |
| 2024 Recommended | | | | \$ 327,196.24 | | 7.00% | | |



Notes:

**Referral for Healthcare and Support Services (Formula / Supplemental)
GY2024 Priority Setting Worksheet**

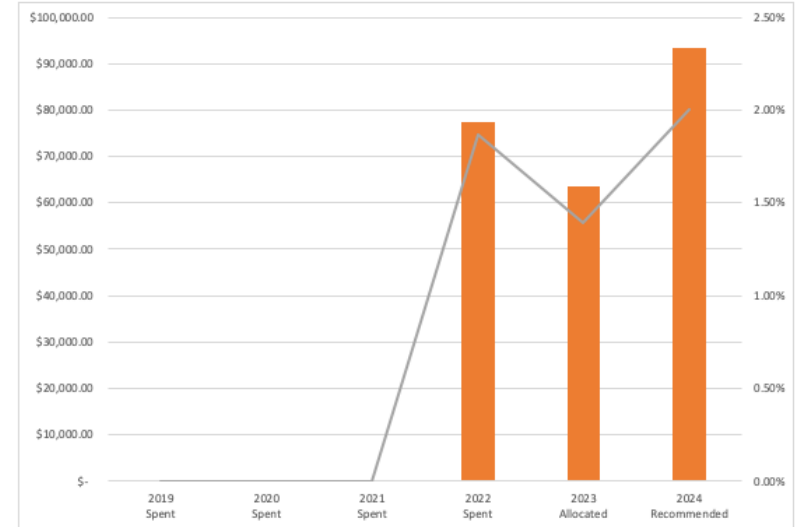
| | Total RW Clients | Total Clients Served | % of Clients Utilized Service | Total Spent During Grant Year | Cost Per Client | % of Award | | |
|-------------------------|------------------|----------------------|-------------------------------|-------------------------------|-----------------|--------------|--------------------|--------------|
| 2019 Spent | 3047 | NF | NF | NF | NF | NF | Low | 0.88% |
| 2020 Spent | 2651 | 1398 | 52.73% | \$ 41,680.72 | \$ 29.81 | 0.98% | High | 0.98% |
| 2021 Spent | 2463 | 1329 | 53.96% | \$ 37,777.91 | \$ 28.43 | 0.88% | Average | 0.93% |
| 2022 Spent | 2647 | 1567 | 59.20% | \$ 39,603.25 | \$ 25.27 | 0.96% | Recommended | 1.00% |
| 2023 Allocated | | | | \$ 39,952.00 | | 0.88% | Other | |
| 2024 Recommended | | | | \$ 46,742.32 | | 1.00% | | |



Notes:

**Emergency Housing Services (Formula / Supplemental)
GY2024 Priority Setting Worksheet**

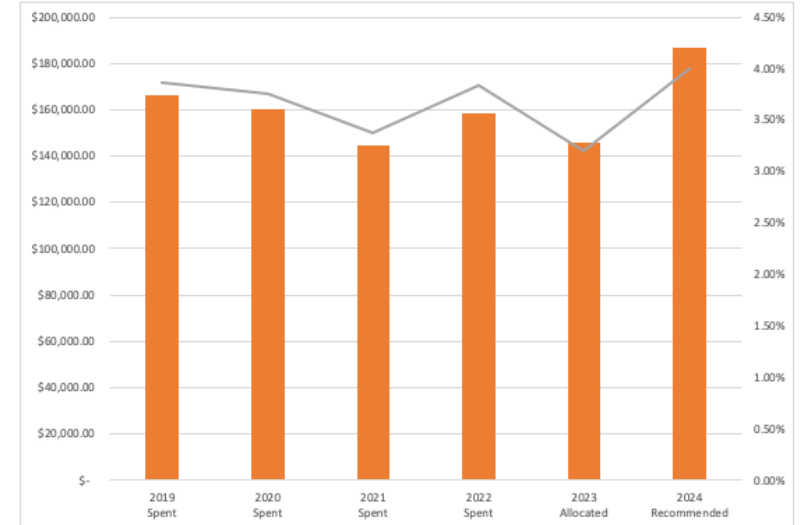
| | Total RW Clients | Total Clients Served | % of Clients Utilized Service | Total Spent During Grant Year | Cost Per Client | % of Award | | |
|-------------------------|------------------|----------------------|-------------------------------|-------------------------------|-----------------|------------|-------------|--------------|
| 2019 Spent | 3047 | NF | NF | NF | NF | NF | Low | 1.39% |
| 2020 Spent | 2651 | NF | NF | NF | NF | NF | High | 1.87% |
| 2021 Spent | 2463 | NF | NF | NF | NF | NF | Average | 1.63% |
| 2022 Spent | 2647 | 31 | 1.17% | \$ 77,269.00 | \$2,492.55 | 1.87% | Recommended | 2.00% |
| 2023 Allocated | | | | \$ 63,494.00 | | 1.39% | Other | |
| 2024 Recommended | | | | \$ 93,484.64 | | 2.00% | | |



Notes:

**Emergency Financial Assistance (Formula / Supplemental)
GY2024 Priority Setting Worksheet**

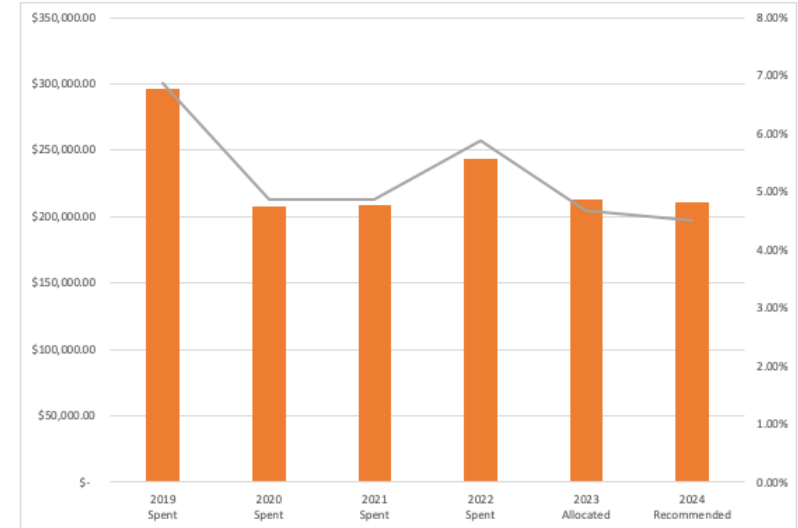
| | Total RW Clients | Total Clients Served | % of Clients Utilized Service | Total Spent During Grant Year | Cost Per Client | % of Award | | |
|-------------------------|------------------|----------------------|-------------------------------|-------------------------------|-----------------|------------|-------------|--------------|
| 2019 Spent | 3047 | 137 | 4.50% | \$ 166,098.00 | \$1,212.39 | 3.86% | Low | 3.20% |
| 2020 Spent | 2651 | 99 | 3.73% | \$ 160,092.33 | \$1,617.09 | 3.75% | High | 3.86% |
| 2021 Spent | 2463 | 99 | 4.02% | \$ 144,770.15 | \$1,462.32 | 3.38% | Average | 3.60% |
| 2022 Spent | 2647 | 117 | 4.42% | \$ 158,112.42 | \$1,351.39 | 3.83% | Recommended | 4.00% |
| 2023 Allocated | | | | \$ 145,491.00 | | 3.20% | Other | |
| 2024 Recommended | | | | \$ 186,969.28 | | 4.00% | | |



Notes:

**Medical Transportation Services (Formula / Supplemental)
GY2024 Priority Setting Worksheet**

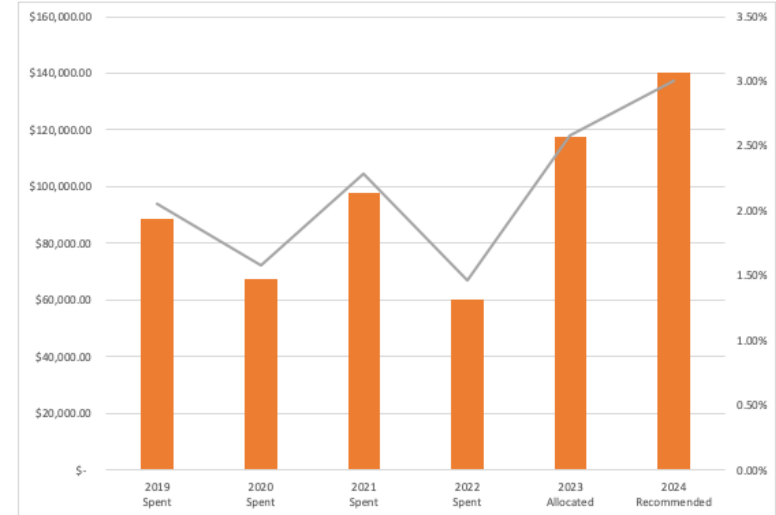
| | Total RW Clients | Total Clients Served | % of Clients Utilized Service | Total Spent During Grant Year | Cost Per Client | % of Award | | |
|-------------------------|------------------|----------------------|-------------------------------|-------------------------------|-----------------|------------|-------------|--------------|
| 2019 Spent | 3047 | 473 | 15.52% | \$ 296,093.00 | \$625.99 | 6.87% | Low | 4.68% |
| 2020 Spent | 2651 | 314 | 11.84% | \$ 207,791.93 | \$661.76 | 4.86% | High | 6.87% |
| 2021 Spent | 2463 | 307 | 12.46% | \$ 208,493.35 | \$679.13 | 4.87% | Average | 5.43% |
| 2022 Spent | 2647 | 327 | 12.35% | \$ 243,449.97 | \$744.50 | 5.89% | Recommended | 4.50% |
| 2023 Allocated | | | | \$ 213,239.00 | | 4.68% | Other | |
| 2024 Recommended | | | | \$ 210,340.44 | | 4.50% | | |



Notes:

**Food Bank/Home Delivered Meals (Formula / Supplemental)
GY2024 Priority Setting Worksheet**

| | Total RW Clients | Total Clients Served | % of Clients Utilized Service | Total Spent During Grant Year | Cost Per Client | % of Award | | |
|-------------------------|------------------|----------------------|-------------------------------|-------------------------------|-----------------|------------|--------------------|--------------|
| 2019 Spent | 3047 | 312 | 10.24% | \$ 88,550.00 | \$283.81 | 2.06% | Low | 1.46% |
| 2020 Spent | 2651 | 356 | 13.43% | \$ 67,592.00 | \$189.87 | 1.58% | High | 2.58% |
| 2021 Spent | 2463 | 169 | 6.86% | \$ 97,931.54 | \$579.48 | 2.29% | Average | 1.99% |
| 2022 Spent | 2647 | 218 | 8.24% | \$ 60,242.00 | \$276.34 | 1.46% | Recommended | 3.00% |
| 2023 Allocated | | | | \$ 117,692.00 | | 2.58% | Other | |
| 2024 Recommended | | | | \$ 140,226.96 | | 3.00% | | |



Notes:

Norfolk TGA Ryan White Part A

2024 Resource Allocation by Service Category

Approved by the Norfolk TGA Planning Council on 8/24/2023

| Service Category | 2024 Request | 2024 % Request |
|---|---------------------|----------------|
| AIDS Pharmaceutical Assistance Local | | |
| Medical Case Management | | |
| Health Insurance Premium/CSA | | |
| Mental Health Services | | |
| Oral Health Services | | |
| Outpatient/Ambulatory Medical Care | | |
| Substance Abuse Services (Outpatient) | | |
| Early Intervention Services | | |
| Case Management Non-medical | | |
| Housing (Emergency) | | |
| Referral for Healthcare and Support Services | | |
| Emergency Financial Assistance | | |
| Medical Transportation | | |
| Food Bank /Home Delivered Meals | | |
| | | |
| | | |
| Total Request for Services Formula/Supplemental | \$ 4,674,232 | |
| 15% Grantee Administration | \$ 865,078 | |
| TOTAL REQUEST FOR FORMULA/SUPPLEMENTAL | \$ 5,767,184 | |

| MAI Service Category | 2024 Request | 2024 % Request |
|---|-------------------|----------------|
| Early Intervention Services - MAI | | |
| | | |
| Total Request for Services Minority AIDS Initiative | \$ 470,768 | |
| 15% Grantee Administration | \$ 83,077 | |
| TOTAL REQUEST FOR MAI | \$ 553,845 | |

| | |
|--|---------------------|
| Total Grant Request for Services including MAI | \$ 5,372,875 |
| 15% Grantee Administration | \$ 948,154 |
| TOTAL GRANT REQUEST | \$ 6,321,029 |

| | | |
|--|-------------------------|--|
| | Core Services | |
| | Support Services | |