
FY2022 ALLOCATIONS DECISIONS & DIRECTIVES

Recipient Response

August 2022

NEW JERSEY COUNTIES:

(Burlington, Camden, Gloucester, and Salem Counties)

- **LEVEL**
 - All funded service categories are to be proportionally decreased based on the reduction of \$16,950 within the New Level Funding Budget.
- **5% INCREASE**
 - All funded service categories are to be proportionately increased based on the New Level Funding Budget increase of \$113,364.
- **5% DECREASE:**
 - All funded service categories are to be proportionally decreased by \$137,899 with the exception of EFA-Housing and Mental Health Therapy/Counseling which are to be held at their FY2021 Level Funding Budget amounts.
- **DIRECTIVES TO THE RECIPIENT:**
 - AACO is to report back to the Comprehensive Planning Committee with progress and updates on the currently implemented EFA-Housing Model.

Recipient Response: *The HIPC has allocated \$107,000 to this category. These funds have been awarded to PHMC for EFA/Housing in New Jersey.*

- In accordance with federal treatment guidelines, increase access to immediate ART initiation (within 96 hours) from diagnosis unless otherwise clinically indicated and recorded.

Recipient Response: *Increasing access to iART has been part of the HRSA EHE initiative for Philadelphia. The Recipient has organized an HIV Learning Collaborative as part of the EHE initiative. The first work group of the Collaborative was on implementing iART. HRSA 20-078 and CDC PS20-2010 grantees were required to participate but the work group was open to all RW Part A subrecipients. EHE funded Philadelphia-based agencies are developing and implementing plans for iART. Requirements for Part A outpatient ambulatory care providers to implement iART will be rolled out across the system in FY23 and FY24. Additional funds to implement are only available as part of EHE efforts and those funds can only be awarded to providers in Philadelphia. RW Part A providers in NJ are*

encouraged to implement iART with their current Part A funds.

- Expand operating hours to include evening and weekend appointments for HIV medical care in community and hospital-based HIV treatment sites.

Recipient Response: *Expanded operating hours is also being implemented as part of EHE efforts. Additional funds to implement are only available to Philadelphia-based providers through HRSA EHE funding and those funds can only be awarded to providers in Philadelphia. RW Part A providers in NJ are encouraged to expand operating hours with their current Part A funds.*

PENNSYLVANIA COUNTIES: ***(Bucks, Delaware, Chester, and Montgomery Counties)***

- **LEVEL:**
 - All funded service categories are to be proportionally increased based on the increase of \$299,524 within the New Level Funding Budget.
- **5% INCREASE:**
 - Working from the New Level Funding Budget, the 5% increase of \$153,550 is to be split in half and distributed evenly between Mental Health Therapy/Counseling and Housing Assistance.
- **5% DECREASE:**
 - Working from the FY2021 Level Funding Budget, all funded service categories are to be proportionally increased by \$135,701.
- **DIRECTIVES TO THE RECIPIENT:**
 - In accordance with federal treatment guidelines, increase access to immediate ART initiation (within 96 hours) from diagnosis unless otherwise clinically indicated and recorded.

Recipient Response: *Increasing access to iART has been part of the HRSA EHE initiative for Philadelphia. The Recipient has organized an HIV Learning Collaborative as part of the EHE initiative. The first work group of the Collaborative was on implementing iART. HRSA 20-078 and CDC PS20-2010 grantees were required to participate but the work group was open to all RW Part A subrecipients. EHE funded Philadelphia-based agencies are developing and implementing plans for iART. Requirements for Part A outpatient ambulatory care providers to implement iART will be rolled out across the system in FY23 and FY24. Additional funds to implement are only available as part of EHE efforts and those funds can only be awarded to providers in Philadelphia. RW Part A providers in PA are*

encouraged to implement iART with their current Part A funds.

- Expand operating hours to include evening and weekend appointments for HIV medical care in community and hospital-based HIV treatment sites.

Recipient Response: *Expanded operating hours is also being implemented as part of EHE efforts. Additional funds to implement are only available to Philadelphia-based providers through HRSA EHE funding and those funds can only be awarded to providers in Philadelphia. RW Part A providers in PA are encouraged to expand operating hours with their current Part A funds.*

- Ascertain the need for increased mental health services in the PA counties, including surveying existing mental health providers and their accessibility.

Recipient Response: *The currently funded subrecipients in the PA counties provide non-Ryan White funded mental health services on site. There is also a mechanism in place for subrecipients to request additional funding from the recipient if additional services are needed. These additional services would be funded through PA State Rebate monies administered by the recipient. There were two additional funding requests for these services in FY 2021, that the recipient was able to fund.*

- Evaluate the need for home healthcare services and various non-RW funding streams that may be available.

Recipient Response: *The recipient currently funds home health services through a different funding stream. Utilization has decreased dramatically over the last several years due to less client need and expanded Medicaid coverage. Home health is a Medicaid funded service.*

PHILADELPHIA COUNTY:

- **LEVEL:**
 - All funded service categories are to be proportionally decreased based on the reduction of \$282,573 within the New Level Funding Budget.
- **5% INCREASE:**
 - Working from the FY2021 Level Funding Budget, all funded service categories are to be proportionally increased by \$323,692.
- **5% DECREASE:**
 - Working from the FY2021 Level Funding Budget, all funded service categories are to be proportionally decreased by \$929,400.
- **DIRECTIVES TO THE RECIPIENT:**
 - Increase access to and awareness of transportation options to medical and social service care; Request more information on transportation services provided and their utilization to determine improved health outcomes.

***Recipient Response:** The recipient will make a plan to advertise options for transportation services and will report back to the HIPC. In addition, we will review transportation data to identify unmet needs.*

- Ascertain the average wait time for people to be connected to Case Managers.

From August 1, 2021 - July 31, 2022 - The average time between the CSU intake date and the referral to an MCM agency was 1.56 days.
