

# Compendium of Services: CARE Act Part A

Government of the District of Columbia  
Department of Health  
HIV/AIDS Administration

Effective Date: September 2021

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# Introduction

The Compendium of Services: Ryan White CARE Act Part A and Part B is intended to establish a clear and firm foundation for the important work of providing services to individuals with HIV/AIDS, and to assist sub-grantees of CARE Act Part A or Part B funds to plan and provide the necessary services to enroll and retain customers in care, all with the goal of improving the health of those served.

In May 2007, the federal Health Resources and Services Administration (HRSA) released a list of services that can be supported with CARE Act Part A or Part B funding. This compendium provides for each service category the service definition, key goals, and priorities, as well as guidance for developing successful applications.

The HIV/AIDS, Hepatitis, STD and TB Administration (HAHSTA) remains committed to active, ongoing partnership with each provider of HIV care and treatment services and will assist any provider in their efforts to achieve the maximum benefit for customers in need.

A note on numbering: Service categories included in this Compendium are those supported through the CARE Act Part A and/or Part B programs of the District of Columbia. Gaps in sequential numbering are a result of omitted service categories that are permissible, but not available for funding in the Washington DC Eligible Metropolitan Area at this time.

## Category 1: Outpatient and Ambulatory Medical Services

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

Allowable activities include:

- Medical history taking
  - Physical examination
  - Diagnostic testing (including HIV confirmatory and viral load testing), as well as laboratory testing
- Treatment and management of physical and behavioral health conditions
- Behavioral risk assessment, subsequent counseling, and referral
  - Preventive care and screening
  - Pediatric developmental assessment
  - Prescription and management of medication therapy
  - Treatment adherence
  - Education and counseling on health and prevention issues
  - Referral to and provision of specialty care related to HIV diagnosis, including audiology and ophthalmology

Applicants proposing to provide outpatient ambulatory health services must describe their proposed program components and detail how they will support the service category program activities.

Proposals should include:

A description of an established a clinical management plan that, at a minimum, addresses confirming HIV status, completing medical assessments, and details developing individualized treatment plans;

A description of the agency's treatment triage plan that includes provisions for addressing any delay of access to primary medical care;

A description of the agency's "Treatment Adherence Support Policy" that defines the roles and responsibilities of the customer and each staff position partnered in the care of the customer (e.g. primary care providers, case managers, nutritionists, mental health professionals, substance abuse counselors, and other staff or volunteers);

The current approved protocol for outpatient/ambulatory medical care can be found at

<https://clinicalinfo.hiv.gov/en/guidelines/adult-and-adolescent-arv/whats-new-guidelines>. The guidelines are titled "Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents Living with HIV".

A description of the agency's proposed program components and demonstrate consistency with U.S. Public Health Service guidelines;

A description of the project implementation of an expedited care and treatment services (Red Carpet (re)Entry, Rapid ART (re)Start) as core activities of this service category. Red Carpet Entry into primary care is expected to ensure the ease of enrollment of new customers, and re-enrollment of returning customers. There are three criteria for being a Red Carpet Entry provider in the DC EMA: the commitment to providing appointments for newly diagnosed or previously diagnosed but out of care appointments within 72 hours of contact; a Red Carpet concierge that can be contacted to set up the appointment and navigate the customer through the clinic system; and a phrase for these customers to use when they first arrive for services to ease their transition into care such as "I am here to see Dr. White" or "I am here for Red Carpet Services". Recommended activities to facilitate implementation of this program are additional clinic hours and a dedicated Red Carpet Entry telephone line. Rapid ART ensures that customers are not only linked to medical care expeditiously, but prescribed ART the same day (no later than 7 days). All successful applicants will demonstrate their capacity and commitment to these activities.

A description of the agency's Re-Engagement plan which may be included as a service activity in the service categories ambulatory outpatient medical care, mental health, substance abuse and medical case management. This activity is meant to identify customers whose ongoing treatment plan has lapsed for reasons unknown to the service provider, and support activities designed to contact the customer and encourage the customer to resume services. Also included in this activity is any set of actions designed to identify the customer in care at another site or service provider.

A description of how customers will have regular and routine access to the services of a psychiatric provider that is able to prescribe psychotropic medications to those for whom it is clinically indicated.

A description of previous experience providing OAHs services, to include a description of the planned continuum of care for the target population.

## Category 2: Medical Case Management Services

Medical Case Management is the provision of a range of customer-centered activities focused on improving health outcomes in support of the HIV care continuum. Activities may be prescribed by an interdisciplinary team that includes other specialty care providers. Medical Case Management includes all types of case management encounters (e.g., face-to-face, phone contact, and any other forms of communication).

Key activities include:

Initial assessment of service needs

Development of a comprehensive, individualized care plan

Timely and coordinated access to medically appropriate levels of health and support services and continuity of care

Continuous customer monitoring to assess the efficacy of the care plan

Re-evaluation of the care plan at least every 6 months with adaptations as necessary

Ongoing assessment of the customer's and other key family members' needs and personal support systems

Treatment adherence counseling to ensure readiness for and adherence to complex HIV treatments

Customer-specific advocacy and/or review of utilization of services

Applicants proposing to provide Medical Case Management services must describe their proposed program components and detail how it will support the service category program activities.

Proposals should include:

Proposed program components and detail how it will provide guidance and assistance in improving access to and delivery of needed services;

Proposed "Treatment Adherence Support Policy" that defines the roles and responsibilities of the customer and each staff position partnered in the care of the customer (e.g. primary care providers, case managers, nutritionists, mental health professionals, substance abuse counselors, and other staff or volunteers).

How staff will assess customer enrollment in medical care, and, if the customer is not receiving medical care the strategies to ensure that the customer receives medical care. Note: The plan should include strategies for new customers, as well as strategies to address the needs of customers who have fallen out of care;

Successful applicants will use the acuity scale developed by HAHSTA to assess the level of need by customers for medical case management. Following the current guidelines for HIV MCM services can be found at <http://doh.dc.gov/sites/default/files/dc/sites/doh/publication/attachments/MCM%202ND%20EDITION%202014.pdf>;

Describe efforts to retain and re-engage customers lost to care. This activity is intended to identify customers whose ongoing treatment plan has lapsed for reasons unknown to the service provider, and support activities designed to contact the customer and encourage the customer to resume services. Also included in this activity is any set of actions designed to identify the customer in care at another site or service provider;

Provide a baseline assessment of total number of current customers; percentages of current customers are on ART; and subsequent percentages of customers with an undetectable viral load. Targets for compliance with care and for viral suppression for those on ART should be set and strategies to reach them from this baseline assessment should be included;

Describe how level of care is assessed and categorized, and how customers are moved from one level to another over time. Please provide data on existing customers (the number and percentages) at which levels of need. Describe techniques to maintain customers in care and to recapture those who have fallen out of care or been lost to follow-up; and

Detail the proposed strategy for supervision, quality improvement, and customer service. Describe what systems are implemented and with what frequency to evaluate quality and performance of case managers. Describe trainings or interventions provided to support quality improvement routinely and when deficiencies are identified. Quantify stability of case managers (what percentage of current case managers have been with the proposing organization two years or more) as well as retention strategies for case managers. Describe performance expectations for timeliness of return of customer calls, timeliness and completeness of follow up on paperwork submission, etc.

### Category 3: Mental Health Services

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

Key activities include:

- Intake
- Initial Assessment of Service Needs
- Treatment Plan
- Referrals
- Reassessment
- Transition & Discharge
- Case Closure

Applicants proposing to provide mental health services must describe their proposed program components and detail how it will support the service category program activities.

Proposal should include:

A description of how outpatient mental health services will be provided including diagnostic and treatment services to ensure a continuum of mental health services for persons living with HIV with an emphasis on those persons who are dually or triply diagnosed with HIV and mental illness and/or substance abuse;

A description of how customers will have routine access to the services of a licensed psychiatric provider, to

include a nurse practitioner, that is able to prescribe psychotropic medications to those for whom it is clinically indicated;

A description of how customers will have routine access to the services of a licensed psychologist or licensed therapist;

A description of how customers will be screened and further assessed (using the Global Appraisal of Individual Needs or GAIN Short Screener or another instrument) for mental health services;

A description of how culturally and linguistically competent mental health professionals for individual psychotherapy sessions with non-English speaking customers will be made available either through linkage or direct provision;

A description of strategies to ensure joint medical management with HIV primary care, substance abuse, and case management providers, including any routine communications or case conferences; this includes specific attention to understanding the medical management needs of customers with regards to ART adherence and viral suppression when applicable, as well as ensuring that primary medical providers are aware of mental health treatment plan. Barriers to such joint medical management should be clearly described and solutions proposed. Linkages with specific providers should be clearly detailed.

A description of the agency's Retention and Re-Engagement plan which may be included as a service activity in the service categories ambulatory outpatient medical care, mental health, substance abuse and medical case management. This activity is meant to identify customers whose ongoing treatment plan has lapsed for reasons unknown to the service provider, and support activities designed to contact the customer and encourage the customer to resume services. Also included in this activity is any set of actions designed to identify the customer in care at another site or service provider;

Current and proposed strategy to support retention in mental health and care services. This should include current loss to care rate, tracking, reminder, and support system to minimize no-show rate and most of all minimize loss to follow-up. Retention and no-show rates for scheduled appointments should be provided as baseline and targets.

A certification from the DC Department of Behavioral Health to provide and seek reimbursement for services. Proposals from agencies that are not certified by the Department of Behavioral Health should indicate their plan and timeline to secure certification. Describe Medicaid certification for mental health services;

A description of current and proposed strategies to include core HIV prevention and harm reduction messages in routine care services. This should include any plans to routinely provide: risk screening and counseling; condoms and other safer sex products; linkages to prevention-for-positive programs; services geared towards compulsive behaviors; provision of or linkages to harm reduction programs such as needle exchange services if appropriate; and consideration of emphasize on ART compliance and viral suppression as a risk reduction strategy; and

Following the current resources for mental health services found at <https://www.samhsa.gov/find-help/disorders>

## Category 4: Oral Health Care

Oral Health Care services must be provided by fully registered dental health care professionals authorized to perform dental services under the laws and regulations of the jurisdictions of the Washington, District of Columbia Eligible Metropolitan Area.

Key activities include:

- Initial examinations
- Cleanings
- Fillings
- Extractions
- Root canals
- Linkages to referral sources to provide portions of services not provided by applicant

The following are priorities for HIV oral health treatment:

1. Prevention of oral and/or systemic disease where the oral cavity serves as an entry point
2. Elimination of presenting symptoms
3. Elimination of infection
4. Preservation of dentition and restoration of functioning (Dentures)

Applicants proposing to provide oral health care services must describe their proposed program components and detail how it will support the service category program activities.

Proposal should include:

1. A description of how oral health care services will be provided including diagnostic and treatment services to ensure a continuum of oral health care services for persons living with HIV.
2. A description of how oral health care services will be provided including outpatient diagnosis, prevention, and therapy provided by dental health care professionals, including general dental practitioners, dental specialists, dental hygienists, and licensed dental assistants.
3. A description of how oral health care services will be provided in accordance with the American Dental Association Dental Practice Parameters, is based on an oral health treatment plan, and adheres to specified service caps as appropriate and defined by HIV/AIDS, Hepatitis, STD and TB Administration (HAHSTA).
4. A description of how oral health care services will address the burden placed on the immune system caused by oral infection and support positive health outcomes.
5. A description of how culturally and linguistically competent oral health care professionals will be made available either through linkage or direct provision;



6. A description of the agency's Retention and Re-Engagement plan which may be included as a service activity. This activity is meant to identify customers whose ongoing treatment plan has lapsed for reasons unknown to the service provider, and support activities designed to contact the customer and encourage the customer to resume services. Also included in this activity is any set of actions designed to identify the customer in care at another site or service provider;

Services shall include (but not be limited to):

- Identifying appropriate patients for HIV oral health care services through eligibility screening
- Obtaining a comprehensive medical history and consulting primary medical providers as necessary
- Providing educational, prophylactic, diagnostic and therapeutic dental services to patients with a written confirmation of HIV disease
- Providing medication appropriate to oral health care services, including all currently approved drugs for HIV related oral manifestations
- Providing or referring patients, as needed, to health specialists including, but not limited to, periodontists, endodontists, oral surgeons, oral pathologists, oral medicine practitioners and registered dietitians
- Maintaining individual patient dental records in accordance with current standards
- Complying with infection control guidelines and procedures established by the different jurisdictions in the DC EMA Occupation Safety and Health Administration (OSHA)

## Category 5: Non-Medical Case Management

Non-Medical Case Management Services Description: Non-Medical Case Management Services (NMCM) is the provision of a range of client-centered activities focused on improving access to and retention in needed core medical and support services. NMCM provides coordination, guidance, and assistance in accessing medical, social, community, legal, financial, employment, vocational, and/or other needed services.

NMCM Services may also include assisting eligible customers to obtain access to other public and private programs for which they may be eligible, such as Medicaid, Children's Health Insurance Program, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, Department of Labor or Education-funded services, other state or local health care and supportive services, or private health care coverage plans. NMCM Services includes all types of case management encounters (e.g., face-to-face, telehealth, phone contact, and any other forms of communication).

Key activities include:

- Initial assessment of service needs
- Development of a comprehensive, individualized care plan
- Timely and coordinated access to medically appropriate levels of health and support services and continuity of care
- Client-specific advocacy and/or review of utilization of services
- Continuous customer monitoring to assess the efficacy of the care plan
- Re-evaluation of the care plan at least every 6 months with adaptations as necessary
- Ongoing assessment of the customer's and other key family members' needs and personal support systems

Applicants proposing to provide non-medical case management services must describe their proposed program components and detail how it will support the service category program activities.

Proposal should include:

1. A description of how non-medical case management services will provide coordination, guidance and assistance in improving access to and retention in needed medical and support services to mitigate and eliminate barriers to HIV care services.
2. A description of how non-medical case management services will provide guidance and assistance in accessing medical, social, community, legal, financial, and other needed services. Under this service category, you can provide NMCM services, Benefits and Entitlement Counseling, and/or Re-entry Planning.
3. A description of how non-medical case management services will provide benefits counseling that assists eligible customers in obtaining access to other public and private programs for which they may be eligible, such as Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, other state or local health care and supportive services, and health insurance plans through health insurance Marketplaces/Exchanges.
4. A description of how non-medical case management services will be provided through the use of several methods of communication including face-to-face, phone contact, and any other forms of communication deemed appropriate by the recipient.
5. A description of how non-medical case management services will provide transitional case management for incarcerated persons as they prepare to exit the correctional system. Non-Medical Case Management Services have as their objective providing guidance and assistance in improving access to needed services whereas Medical Case Management services have as their objective improving health care outcomes. This service category does not include the provision of Treatment Adherence Services.

## Category 6: Health Insurance Premium & Cost Sharing Assistance

Health Insurance Premium and Cost Sharing Assistance (HIPCA) provides financial assistance for eligible customers living with HIV to maintain continuity of health insurance or to receive medical and pharmacy benefits under a health care coverage program. For purposes of this service category, health insurance also includes standalone dental insurance.

Applicants proposing to provide health insurance premium and cost sharing assistance must describe their proposed program components and detail how it will support the service category program activities.

Proposal should include:

1. A description of how health insurance premium and cost sharing assistance will pay health insurance premiums to provide comprehensive HIV Outpatient/Ambulatory Health Services, and pharmacy benefits that provide a full range of HIV medications for eligible customers;

2. A description of how health insurance premium and cost sharing assistance will pay standalone dental insurance premiums to provide comprehensive oral health care services for eligible customers;
3. A description of how health insurance premium and cost sharing assistance will pay cost sharing on behalf of the customer.
4. A description of how health insurance premium and cost sharing assistance will use RWHAP funds for health insurance premium assistance (not standalone dental insurance assistance).

***A RWHAP recipient must implement a methodology that incorporates the following requirements:***

- RWHAP recipients must ensure that customers are buying health coverage that, at a minimum, includes at least one drug in each class of core antiretroviral therapeutics from the Department of Health and Human Services (HHS) treatment guidelines along with appropriate HIV outpatient/ambulatory health services.
- RWHAP recipients must assess and compare the aggregate cost of paying for the health insurance option versus paying for the full cost for medications and other appropriate HIV outpatient/ambulatory health services to ensure that purchasing health insurance is cost effective in the aggregate and allocate funding to HIPCA only when determined to be cost effective.

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

- RWHAP recipients must assess and compare the aggregate cost of paying for the standalone dental insurance option versus paying for the full cost of HIV oral health care services to ensure purchasing standalone dental insurance is cost effective in the aggregate and allocate funding to HIPCA on when determined to be cost effective.
- Key Services Components and Activities Provision of Health Insurance Premium and Cost-sharing Assistance that provides a cost - effective alternative to ADAP by: a) Purchasing health insurance that provides comprehensive primary care and pharmacy benefits for low income customers that provide a full range of HIV medications , b)Paying co-pays (including co-pays for prescription eyewear for conditions related to HIV infection) and deductibles on behalf of the customer , c)Providing funds to contribute to a customer’s Medicare Part D true out-of-pocket (TrOOP) costs

## Category 7: Early Intervention Services (Hi-V)

### **Early Intervention Services (aka Regional Early Intervention Services)**

Early Intervention Services (EIS) is the bridge in the continuum of care that joins HIV prevention to care services. The goal is to identify persons with HIV that are unaware of their status and link them to medical care and treatment. For this RFA, the only Early Intervention Services programs available for funding will be status neutral, Regional Early Intervention Services programs that employ the use of the Hi-V model.

The “**Hi-V (high five) model**” consists of five (5) pillars (*find ‘em, teach ‘em, test ‘em, link ‘em, keep ‘em* as detailed below) of client-centered services that promote equity, whole person health, and eliminate barriers (e.g. employment, housing, and behavioral health) to prevention and/or treatment services. These services will be delivered to focus populations that: are at very high risk of HIV infection, have demonstrated high HIV prevalence, have inconsistent engagement in care and treatment, and/or are at increased risk of falling out of care and treatment.

**Key Considerations:**

***Status-Neutral Approach***

In order to maximize a whole person-based approach, this RFA prioritizes the engagement of both people living with HIV and persons with risk behavior for HIV through a status-neutral approach. This approach focuses on activities that meet the needs of populations overall, rather than dividing services into either HIV prevention or HIV care. Programs should provide all customers with the same level of ongoing, individualized services regardless of their HIV status and will be held to the same level of responsibility and expected outcomes.

***HIV-Affected Minority Populations***

Substantial disparities continue to exist within the current system. Programs must provide services that are responsive to the needs of focus populations most affected by HIV. HAHSTA aims to identify, test, and scale up creative solutions for engaging and mobilizing individuals within these populations for the purpose of supporting innovative programs.

***Returning Citizens***

The transition from incarceration back to the community is a critical time when individuals can experience factors that can interrupt adherence to treatment. It also represents an opportunity to engage individuals in healthcare access. HAHSTA is highly interested in addressing the needs of individuals experiencing reentry into the community using proven best practices and increasing the accessibility to treatment and an effective transition-to-community services for returning citizens.

**Key activities must include the following components:**

1. Identification of a focus population
  - a. Focus populations may be identified through available regional data or through organizational experience as evidenced through current program data.
  - b. Each proposed service model must be tailored to the specific needs of a focus population.
2. Intentional, innovative outreach
  - a. Outreach methods proposed must be able to demonstrate effectiveness in the chosen focus population of focus or have an element of historical effectiveness or promise amongst the focus population.
3. Proposed service models will use the “**Hi-V**” (*high-five*) pillars that promote equity, eliminate barriers, and improve whole-person health for customers:

- a. *Find'em* –identify individuals from the focus population unaware of their status
  - b. *Teach'em* –educate individuals from the focus population about HIV, STI, Hepatitis C virus, risk reduction strategies, health literacy, healthcare access, and U=U. All proposed programs must integrate U=U into their clinical and non-clinical services and communication with individuals
  - c. *Test'em* –test individuals from the focus population for HIV, STIs, and hepatitis C, and initiate drug therapy as appropriate
  - d. *Link'em* –link individuals from the focus population to quality culturally competent
    - i. services as needed
  - e. *Keep'em* –retain individuals from the focus population through active engagement in individualized services designed to eliminate barriers and promote optimal outcomes for overall wellness
4. All proposed programs must be developed from a Status Neutral approach, delivering the same level of service to individuals from focus populations regardless of current HIV status of the individuals served.
  5. Rapid Treatment Initiation: the preference is to start HIV anti-retroviral therapy (ART) on the same day as HIV diagnosis (strong recommendation of the World Health Organization and HAHSTA) with no later than 7-days for all persons newly diagnosed with HIV or are treatment naïve and ready to start treatment.
  6. Initiate Pre-Exposure Prophylaxis (PrEP) same day or within 7 days, as appropriate, or Post-Exposure Prophylaxis (PEP).
  7. Comprehensive harm and risk reduction. Harm reduction refers to policies, programs and practices that aim to minimize negative health, social and legal impacts associated with risk behaviors. Harm reduction is grounded in justice and human rights. It focuses on positive change and on working with people without judgment, coercion, discrimination, or requiring that they stop the risky behavior as a pre-condition of support. Risk reduction is a public health strategy employing client-centered techniques to help persons at risk for HIV transmission identify their personal risk behaviors and develop and implement plans for reducing or eliminating those risks.
  8. The use of innovative branding and/or marketing strategies to increase the focus population's awareness of the Hi-V program.
  9. Innovative use of technology to promote or provide early intervention services. Applicants proposing to provide Regional Early Intervention Services must describe their proposed program components and detail how they will support the service category program activities.

Applicants proposing to provide Early Intervention Services must describe their proposed program components and detail how they will support the service category program activities.

Proposals should include:

1. A description of the proposed program's population of focus, the geographic area where the focus population is found, the need for services, the demographic characteristics of the population and barriers to care experienced by the intended focus population.

2. A description of the program’s proposed innovative and tailored strategies to reach the focus population and increase awareness around HIV, STIs, Hepatitis C, and risk reduction strategies, to include a justification or rationale for the methods selected.
3. A detailed and clear plan to use the status neutral approach in an effort to move customers along the prevention to care continuum using the Hi-V model: Find ‘em; Teach ‘em; Test ‘em; Link ‘em; Keep ‘em.
4. A detailed and clear plan to ensure that customers are effectively provided directly or linked with primary medical care and offered Rapid ART or PrEP same day as diagnosis or test result and no later than 7 days, as appropriate.
5. A description of the proposed process for identifying and addressing customers’ need for comprehensive harm and risk reduction services;
6. A description of innovative branding and/or marketing strategies designed to increase the focus population’s awareness of the Hi-V program.

## Category 7: Early Intervention Services (MAI)

Early Intervention Services (EIS) will emphasize ensuring the movement of customers along the prevention to care continuum – specifically ensuring retention in care and improved health outcomes. These services will be targeted to vulnerable populations either at very high risk of HIV infection or with demonstrated high rates of HIV prevalence or poor engagement in care or at increased risk of loss to care.

Applicants proposing to provide EIS are required to utilize the Anti-Retroviral Treatment and Access to Services (ARTAS) intervention. ARTAS is an individual-level, multi-session, time-limited intervention with the goal of linking recently diagnosed persons with HIV to medical care soon after receiving their positive test result. ARTAS is based on the Strengths-based Case Management (SBCM) model, which is rooted in Social Cognitive Theory (particularly self-efficacy) and Humanistic Psychology. SBCM is a model that encourages the customer to identify and use personal strengths; create goals for himself/herself; and establish an effective, working relationship with the Linkage Coordinator. ARTAS Goals:

- Help the customer overcome barriers to being linked to medical care.
- Build a trusting, effective relationship between customer and the Linkage Coordinator.
- Facilitate the customer's ability to create an action plan for being linked to medical care.

<https://effectiveinterventions.cdc.gov/en/highimpactprevention/publichealthstrategies/ARTAS.aspx>

**Definition**

Counseling individuals with respect to HIV; testing (including tests to confirm the presence of the disease, to diagnose the extent of immune deficiency, and to provide information on appropriate therapeutic measures); referrals; other clinical and diagnostic services regarding HIV; periodic medical evaluations for individuals with HIV; and provision of therapeutic measures.

The elements of EIS often overlap with other service category descriptions; however, EIS is the combination of such services rather than a stand-alone service.

**EIS does not include general awareness or education efforts or broad based testing.**

Successful applicants must demonstrate their ability to identify Youth of Color for early intervention services.

**Key activities must include the following four components:**

1. Targeted HIV testing to help the unaware learn of their HIV status and receive referral to HIV care and treatment services if diagnosed with HIV.
  - **HIV testing efforts must be provided through a source of funding other than RWHAP Parts A or B.**
2. Referral services to improve HIV care and treatment services at key points of entry.
3. Access and linkage to HIV care and treatment services such as Outpatient/Ambulatory Health Services, Medical Case Management, and Substance Abuse Care.
4. Outreach Services and Health Education/Risk Reduction related to HIV diagnosis that will provide outreach and education services to increase linkage to primary care and supportive services for youth of color between the ages of (13-30) not engaged in care and have not been in primary care for six or more months.

Key minority populations include and are limited to: *Youth of Color ages 13-30 and the inclusive sub-populations of (1) African-American/Hispanic/Latino MSM; (2) African-American Heterosexual Men; (3) African-American/Hispanic/Latino Transgender Women; and (4) African-American Women.*

Applicants proposing to provide EIS must describe their proposed program components and detail how it will support the service category program activities.

Proposals should include:

1. A detailed and clear plan to move customers along the prevention to care continuum: early diagnosis, linkage to care and other services, offering of antiretroviral treatment, adherence to medication and medical care, retention in medical care, re-engagement in care and improved health outcomes;
2. A detailed and clear plan to ensure that customers from among the target populations are effectively linked with HIV primary medical care, medical case management, mental health and substance abuse services as appropriate;
3. A description of services/activities to be implemented with the use of community health workers as patient navigators in order to reach the target population;
4. A description of how identified barriers will be addressed to increase linkage to primary care and supportive services for the target population not engaged in care and have not been in primary care for six or more months.
5. A description of performance measures that demonstrate how the planned service objectives will contribute to the accomplishment of planned outcomes;
6. A description of how the ARTAS intervention will be utilized to serve the target population and any prior use of the ARTAS intervention as applicable;
7. A detailed plan to ensure program managers will be trained on all components of the ARTAS intervention; and
8. Formal agreements with organizations if the plan for delivering any required early intervention services relies on working cooperative with one or more other organizations, including identified point(s) of entry. Such agreements will outline respective responsibilities for engaging the customer in care and methods of ongoing coordination.

## Category 8: Emergency Financial Assistance

Emergency Financial Assistance (EFA) provides limited, one-time or short-term payments to assist Ryan White HIV/AIDS Program customers with an urgent need for essential items or services necessary to improve health outcomes, including utilities, housing, food (including groceries and food vouchers), transportation, and medication not covered by an AIDS Drug Assistance Program or AIDS Pharmaceutical Assistance or another HRSA RWHAP allowable cost needed to improve health outcomes.

EFA activities are composed of the following eligible services:

1. Emergency rental assistance (first month's rent, past due rent)
2. Emergency utility payments (gas, electric, oil and water)
3. Emergency telephone services payments
4. Emergency food vouchers
5. Emergency moving assistance
6. Emergency medication



Applicants proposing to provide emergency financial assistance must describe their proposed program components and detail how it will support the service category program activities.

Proposal should include:

1. A description of how emergency financial assistance will provide limited, one-time or short-term payments to assist Ryan White HIV/AIDS Program customers with an urgent need for essential items or services necessary to improve health outcomes.
2. A description of how emergency financial assistance will provide services as a direct payment to an agency or through a voucher program.
3. A description of how emergency financial assistance will be provided in accordance with the Washington DC EMA EFA Service Standard.

EFA Application Tracking System:

1. The EFA provider must develop, implement and maintain a comprehensive tracking system that documents a customer's EFA application status from start to finish; i.e., incomplete draft, complete, submitted, pending, approved, denied, error, requested service provided, etc.
2. EFA provider must establish frequent communication guidelines for staff to communicate application status at each stage with the case manager who submitted the application.
3. EFA provider agencies must also maintain effective methods of communication with other HIV providers in the jurisdiction to ensure that there is widespread knowledge and understanding of the EFA benefits available for customers.
4. Incomplete Applications: EFA provider staff must contact the case manager who submitted the application within 24 hours of receipt to convey the incomplete status. EFA provider staff and case managers must work together to ensure that the application is completed. If the application is incomplete over seven business days, the EFA provider agency can deny the application and the case manager must re-submit.
5. EFA provider agencies must develop policies, procedures and forms that reflect all requirements of the EFA Service Standards.

**Program Guidance:** Emergency Financial Assistance funds used to pay for otherwise allowable HRSA RWHAP services must be accounted for under the Emergency Financial Assistance category. Direct cash payments to customers are not permitted. Continuous provision of an allowable service to a customer must not be funded through Emergency Financial Assistance.

## Category 9: Substance Abuse Outpatient Care

Substance Use - Outpatient Provision of medical and/or counseling services to address substance abuse issues (including the abuse of alcohol, and/or legal and illegal drugs/substances) in an outpatient setting; these services are to be rendered by licensed professional as specified by the licensing/regulatory body in the jurisdiction in which the services are provided.

Substance Abuse Outpatient Care is the provision of outpatient services for the treatment of drug or alcohol use disorders.

Activities under Substance Abuse Outpatient Care service category include:

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

Applicants proposing to provide substance abuse outpatient care must describe their proposed program components and detail how it will support the service category program activities.

Proposal should include:

1. A description of current and proposed strategies to support ART readiness for those not on treatment and ART adherence and treatment outcomes for those currently on treatment; Customers with current or recent substance use often face unique challenges with medical providers in ART initiation, and often suffer from low treatment expectations of providers and occasionally themselves.
2. A description of strategies for skills-building with customers to demonstrate stability and reliability to providers to overcome misperceptions—this may include regular attendance with medical appointments/focus on eliminating no-shows;
3. A description of strategies for routinely reviewing documented viral load outcomes with customers on ART to provide specific feedback and support for successful outcomes;
4. A description of how behavior change models with a focus on reshaping sexual behaviors and substance use will be implemented.
5. A description of strategies to ensure joint medical management with HIV primary care, mental health, and case management providers; This includes specific attention to understanding the support needs of customers with regards to ART adherence and viral suppression when applicable, as well

as ensuring that primary medical providers are aware of substance use issues and progress when applicable. Barriers to such joint medical management should be clearly described and solutions proposed. Linkages with specific providers should be clearly detailed.

6. A description of how services will be developed and implemented for dually diagnosed customers (substance abuse and HIV) delivered by Certified Supervised Counselors (CSC- AD) or Certified Associate Counselors (CAC-AD) under the supervision of Certified Professional Counselors – Alcohol and Drugs (CPC-AD), or under the supervision of Licensed Clinical Professional Alcohol and Drug Counselors (LCPC); or delivered by CPC-AD or LCPC;
7. A description of the agency’s Retention and Re-Engagement plan which may be included as a service activity in the service categories ambulatory outpatient medical care, mental health, substance abuse and medical case management. This activity is meant to identify customers whose ongoing treatment plan has lapsed for reasons unknown to the service provider, and support activities designed to contact the customer and encourage the customer to resume services. Also included in this activity is any set of actions designed to identify the customer in care at another site or service provider;
8. The substance abuse services supported in this service category are those services that are reimbursable by Medicaid. All substance abuse services will be provided by individuals with the necessary credentials and licenses required for Medicaid reimbursement.
9. Current and projected ability to gain access to and retain customers in care. Define baseline number and targets for customers served, measures of success, retention in services, and frequency and duration of services. Describe strategies to ‘recapture’ past customers who have been lost to follow up.
10. A description of the agency’s harm reduction strategies that incorporate a spectrum of safer use, of drugs to managed use with the goal of abstinence. Harm reduction strategies meet drug users "where they're at," addressing conditions of use along with the use itself.
11. A description of the agency’s current and proposed use of the Department of Behavioral Health’s approved substance abuse assessment tools: GAIN (targeted for youth assessment, official certification available) and ASI (Addiction Severity Index). Agencies that are not currently using the Department of Behavioral Health-recommended tools should include a plan and timeline for adopting them or explain thoroughly why they are not applicable to the proposed services. Any additional standardized tools routinely used for assessment and monitoring should be described; and
12. A description of the agency’s current and proposed strategies to include core prevention and harm reduction messages in routine care services. This should include risk analysis and perception; provision of condoms and other safer sex products; linkages to prevention-for-positive programs for those with need; linkages to services and peer support interventions for persons with compulsive behaviors; provision of or linkages to harm reduction programs such as needle exchange services if applicable; and consideration of emphasize on ART compliance and viral suppression as a risk reduction strategy.

## Category 12: Medical Transportation

The goal of Medical Transportation is to provide non-emergency transportation services to eligible customers in the Washington, DC Eligible Metropolitan Area (EMA) that enables them to access or be retained in core medical and support services.

Medical transportation may be provided through:

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

Subrecipient shall not bill the Ryan White program for the following unallowable costs:

- Direct cash payments or cash reimbursements to customers
- Direct maintenance expenses (tires, repairs, etc.) of a privately-owned vehicle
- Any other costs associated with a privately-owned vehicle such as lease, loan payments, insurance, license, or registration fees

Applicants proposing to provide medical transportation services must describe their proposed program components and detail how they will support the service category program activities.

Proposal should include:

1. A description of the proposed program components and detail how it will support the service category program activities;
2. A description of how HIV-related services will be complemented by the medical transportation services, and the likely contribution of the addition of medical transportation services to improved health outcomes of the customers served;
3. A description of how the population to be served by the medical transportation services, including target number of customers, average frequency and duration of support;
4. Detail the method and approach for supporting transportation, such as direct provision, vouchers, or reimbursement. Proposal may include requests to support clinic transport services;
5. A description of the use of non-traditional transportation methods such as rideshare services that are HIPAA compliant and allows hospitals and other healthcare professionals to request, manage, and pay for rides for others, at scale.
6. A description of the capacity to assess for and link customers to other District-wide transport options,

to ensure that the full-range of low-cost, efficient transportation options are considered and used to address the medical transportation services needs of customers; and

7. A description of the role of the medical transportation services in re-engaging and recapturing customers who have been previously lost to follow up for care.

## Category 13: Food Bank and Home-Delivered Meals

The goal of Food Bank and Home-Delivered Meals (FB/HDM) is to provide nutritionally appropriate meals or groceries to HIV+ individuals who are nutritionally compromised in order to improve health outcomes and support the ability of these consumers to remain in their homes and in medical care.

Food bank & home-delivered meals include the provision of actual food or meals. The provision of essential household supplies such as hygiene items and household cleaning supplies may be included. Vouchers to purchase food may be included. Cash disbursements or allotments are not permissible. Pet products, alcohol, tobacco products or other restricted items are not permissible.

Home Delivered Food key activities include:

- Providing home delivered meals;
- The collection and delivery of perishable and nonperishable food items;
- Development of meal plans by registered dietitians;
- Providing information on safe drinking water; and
- Referrals to other food programs.

Food Bank key activities include:

- Providing food items, including fresh produce, poultry and fish;
- Improved coordination of services;
- Provision of services that include a mechanism for the delivery of food and/or filtered water to the homebound;
- Providing a minimal amount of safe drinking water in the event of a water emergency as declared by the jurisdiction's department of health; and
- Providing information on safe drinking water on a regular basis as a part of ongoing services.

Applicants proposing to provide food bank & home-delivered meals services must describe their proposed program components and detail how it will support the service category program activities.

Proposal should include:

1. A description of the proposed program components and detail how it will support the service category program activities;

2. A description of the proposed program will provide home-delivered meals, which shall include the delivery of prepared foods to homebound individuals and their dependents who are unable to prepare meals for themselves;
3. A description of the proposed program will collect and deliver perishable and nonperishable food items, personal care and/or household items and condiments for persons living with HIV/AIDS and their dependents that are homebound or shelter bound or unable to prepare meals for themselves or access other food programs like food banks;
4. A description of the proposed program will provide information on safe drinking water on a regular basis as part of ongoing services; and
5. A description of the proposed program will develop meal plans by registered dietitians in coordination with the customers' caregivers, case managers and physicians;

## Category 14: Psychosocial Support Services

Peer Navigation. Newly diagnosed people with HIV are frequently challenged by the unfamiliarity and complexity of the services available and may be overwhelmed by trying to learn the system of services. A peer support model can improve the ability of customers to understand the service systems and to consume service more effectively. This is a 'learning the ropes' model of peer support and should include focus on skills-building for self-advocacy for a lifetime of care.

### **Definition**

Psychosocial support services provide group or individual support and counseling services to assist eligible people living with HIV to address behavioral and physical health concerns.

Psychosocial support services are the provision of support and counseling activities, child abuse and neglect counseling, HIV support groups, pastoral care, caregiver support, and bereavement counseling. It includes nutrition counseling provided by a non-registered dietician but excludes the provision of nutritional supplements.

**Funds under this service category may not be used to provide nutritional supplements (See Food Bank and Home-Delivered Meals).**

**Funds may not be used for social/recreational activities or to pay for a customer's gym membership.**

**Key activities include:** (1) completion of a comprehensive psychosocial assessment and linking customer with counseling services as needed; (2) HIV support group services led or co-led by peer-facilitators; (3) child abuse and neglect counseling; (4) bereavement counseling inclusive of spiritual support to persons with HIV; and (5) pastoral care/counseling services.

Applications must clearly indicate the type of psychosocial services to be offered and state how these services will facilitate the movement of customers along the prevention to care continuum: early diagnosis, linkage to care and other services, offering of antiretroviral treatment, adherence to medication and medical care, retention in medical care, re-engagement in care and improved health outcomes.

Applicants proposing to provide psychosocial support services must describe their proposed program components and detail how it will support the service category program activities.

Proposals should include:

1. A description of the population to be served by psychosocial support services, include proposed customer numbers, frequency, and duration of activities; and
2. A description of how the wellness coaching or group sessions will be provided.

## Category 14: Psychosocial Support (MAI) Services

Peer Navigation. Newly diagnosed people with HIV are frequently challenged by the unfamiliarity and complexity of the services available and may be overwhelmed by trying to learn the system of services. A peer support model can improve the ability of customers to understand the service systems and to consume service more effectively. This is a ‘learning the ropes’ model of peer support and should include focus on skills-building for self-advocacy for a lifetime of care.

### **Definition**

Psychosocial support services provide group or individual support and counseling services to assist eligible people living with HIV to address behavioral and physical health concerns.

Psychosocial support services are the provision of support and counseling activities, child abuse and neglect counseling, HIV support groups, pastoral care, caregiver support, and bereavement counseling. It includes nutrition counseling provided by a non-registered dietician but excludes the provision of nutritional supplements.

**Funds under this service category may not be used to provide nutritional supplements (See Food Bank and Home-Delivered Meals).**

**Funds may not be used for social/recreational activities or to pay for a customer’s gym membership.**

**Key activities include:** (1) completion of a comprehensive psychosocial assessment and linking customer with counseling services as needed; (2) HIV support group services led or co-led by peer-facilitators; (3) child abuse and neglect counseling; (4) bereavement counseling inclusive of spiritual support to persons with HIV; (5) pastoral care/counseling services; and (6) nutrition counseling provided by a non-registered dietitian (*see* Medical Nutrition Therapy Services).

Applications must clearly indicate the type of psychosocial services to be offered and state how these services will facilitate the movement of customers along the prevention to care continuum: early diagnosis, linkage to care and other services, offering of antiretroviral treatment, adherence to medication and medical care, retention in medical care, re-engagement in care and improved health outcomes.

Applicants proposing to provide psychosocial support services must describe their proposed program

components and detail how it will support the service category program activities. Proposals should include:

1. Describe the population to be served by psychosocial support services, include proposed customer numbers, frequency, and duration of activities; and
2. Describe a plan to ensure that peer counselors are appropriately trained and prepared to provide peer counseling and are provided with regular clinical supervision.

## Category 15: Medical Nutrition Therapy (MNT)

The goal of Medical Nutrition Therapy is to correct and prevent malnutrition in people living with HIV and reduce the risk of other diseases/comorbidities.

Medical Nutrition Therapy includes:

- Nutrition assessment and screening
- Dietary/nutritional evaluation
- Food and/or nutritional supplements per medical provider's recommendation
- Nutrition education and/or counseling These services can be provided in individual and/or group settings and outside of HIV Outpatient/Ambulatory Health Services.

Program Guidance:

All services performed under this service category must be pursuant to a medical provider's referral and based on a nutritional plan developed by the registered dietitian/nutritionist or other licensed nutrition professional. Services not provided by a registered/licensed dietitian/nutritionist should be considered Psychosocial Support Services under the RWHAP.

Applicants proposing to provide medical nutrition therapy must describe their proposed program components and detail how it will support the service category program activities.

Proposal should include:

1. A description of services that include culturally appropriate nutrition education as well as referral to food assistance programs such as food stamps, the special supplemental food program for women, infants and children (WIC), the Commodity Supplemental Food Program, food banks, home-delivered meals and emergency food;
2. A description of nutritional services that are integrated with outpatient HIV primary medical care programs and provide information regarding medication interactions and side effects;
3. Include a description of the population to be served, including how customers are identified and what linkages exist with primary care and case management providers; and
4. Provide baseline and targets of number of customers to be served, and with what frequency



and duration should be specifically included.

## Category 18: Outreach Services

The Outreach Services category has as its principal purpose identifying PLWH who either do not know their HIV status, or who know their status but are not currently in care.

Outreach Services provide the following activities: 1) identification of people who do not know their HIV status and/or 2) linkage or re-engagement of PLWH who know their status into HRSA RWHAP services, including provision of information about health care coverage options.

Outreach Services must:

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

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

### **Program Guidance:**

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

Outreach Services must not include outreach activities that exclusively promote HIV prevention education. Proposal should include:

1. A description of the applicant's proposed program components and detail how it will support the service category program activities.
2. A description of the population of focus
3. A description of how the proposed program will identify people who do not know their HIV status and/or 2) linkage or re-engagement of PLWH who know their status into HRSA RWHAP services, including provision of information about health care coverage options.

## Category 19: Home and Community-Based Health Services

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

Services include:

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

Inpatient hospitals services, nursing home and other long-term care facilities are NOT included.

***Special focus should be given to people who are homeless and to people with mental health and/or substance abuse diagnoses who may or may not have access to services on a daily basis.***

Applicants proposing to provide home and community-based health services must describe their proposed program components and detail how it will support the service category program activities.

Applicants proposing to provide home and community-based care must describe their proposed program components and detail how it will support the service category program activities.

Proposal should include:

1. Describe the methodology by which providers ensure customers are linked to, engaged and receiving regular and quality HIV medical care;
2. A description of how the proposed program will provide medically related services that may include: medical rehabilitation services such as physical therapy, occupational therapy, and assistance to individuals with HIV-related visual impairments; mental health and substance abuse interventions, training in wellness and independent living skills, vocational, recreational, and support services.
3. Detail the proposed strategies to ensure strong linkages to other care and support services;
4. Provide a description of hours of operation and why they are most appropriate for target population; At a minimum, applicants must provide programs that operate from 8:00 a.m. to 5:00 p.m., five days per week unless otherwise approved to operate during hours that meet the needs of the target population. Note: applicants can propose to provide services to customers on a full-time or part-time basis.
5. Describe the location and accessibility of services;

6. Detail the communication strategies to make other service providers aware of this service for referral of their customers; and
7. Provide baseline and proposed target numbers of customers served with which services, including duration of participation in these services, what the criteria are for the transition of customers out of the program and how transition out of these services is effectively supported.

## Category 20: Linguistics Services

**Linguistic Services Description:** Linguistic Services include interpretation and translation activities, both oral and written, to eligible customers. These activities must be provided by qualified linguistic services providers as a component of HIV service delivery between the healthcare provider and the customer. These services are to be provided when such services are necessary to facilitate communication between the provider and customer and/or support delivery of HRSA RWHAP-eligible services. Linguistic Services provided must comply with the National Standards for Culturally and Linguistically Appropriate Services (CLAS).

### Key Activities:

- Eligibility determination
- Providing linguistically appropriate services
- Assessment of interpretation and/or translation needs
- Coordinating use of volunteers

Applicants proposing to provide linguistic services must describe their proposed program components and detail how it will support the service category program activities.

Proposal should include:

1. Provide a description of the HIV-related services that will be value added through the provision of Linguistic Services, and the impact of Linguistic Services to the improvement of health outcomes of the customers served;
2. Describe the role of Linguistic Services in re-engaging customers who have been previously lost to care;
3. Describe how the program will ensure the provision of translators and interpreters with knowledge of HIV terminology and the technical language and knowledge of health care terms;
4. Describe the necessary and appropriate experience, skills, standards, licenses and certifications required by those individuals providing direct interpretation or translation services of medical information. Services provided under this service category will be performed by licensed and/or certified professionals. In the event that no license or certification is required within a given jurisdiction, the applicant will describe the standard to be applied when selecting an interpreter or translator;

5. Demonstrate the capacity to routinely provide or rapidly mobilize translation services in Spanish, Amharic, Chinese, French, Korean, and Vietnamese;
6. Demonstrate the capacity to routinely provide or rapidly mobilize American Sign Language interpretation; and
7. Provide a baseline and target of customers to be served, with a description of how customers are assessed or referred to services.

## Category 24: Other Professional Services

Other Professional Services allow for the provision of professional and consultant services rendered by members of professions licensed and/or qualified to offer such services by local governing authorities.

Services include:

1. Legal services provided to and/or on behalf of the individual living with HIV and involving legal matters related to or arising from their HIV disease, including:
  - Assistance with public benefits such as Social Security Disability Insurance (SSDI)
  - Interventions necessary to ensure access to eligible benefits, including discrimination or breach of confidentiality litigation as it relates to services eligible for funding under the RWHAP

Preparation of:

- Healthcare power of attorney
  - Durable powers of attorney
  - Living wills
2. Permanency planning to help customers/families make decisions about the placement and care of minor children after their parents/caregivers are deceased or are no longer able to care for them, including:
    - Social service counseling or legal counsel regarding the drafting of wills or delegating powers of attorney
    - Preparation for custody options for legal dependents including standby guardianship, joint custody, or adoption
  3. Income tax preparation services to assist customers in filing Federal tax returns that are required by the Affordable Care Act for all individuals receiving premium tax credits

Applicants proposing to provide other professional services must describe their proposed program components and detail how it will support the service category program activities.

Proposal should include:

1. A description of the baseline and target of customers to be served, with a description of how customers are assessed or referred to services.

2. A description of the estimated (targets) of the service needs of customers by category/topic.
3. A description of the communications or linkages plan that allows the provision of other professional services to serve as an entry point to accessing care when it becomes known that a customer is not currently in care.