Instructions for Preparing:

Part A Grant Program Allocations Report
Part A Grant Program Expenditures Report

PUBLIC BURDEN STATEMENT: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB number. The OMB control number for this project is 0915-xxxx. Public reporting burden for this collection of information is estimated to be 8 hours per response for Part A and 4 hours per response for the Part A MAI report. These estimates include the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments to HRSA Reports Clearance Officer, Health Resources and Services Administration, Room 10-33, 5600 Fishers Lane, Rockville, MD. 20857.

INTRODUCTION

Grantees that received fiscal year Part A-related awards under the Ryan White HIV/AIDS Treatment Modernization Act must submit two reports to HRSA describing 1) how these funds were allocated and 2) how these funds were spent.[1] Grantees must submit an electronic copy of each report using the MS Excel templates provided no later than the due dates shown below:

1) **Part A & MAI *Allocations* Report**
   a. Part A section only - due 90 days after the Part A grant budget period start date.
   b. MAI section (must include the previously completed Part A section) - due 60 days after the Part A MAI grant budget period start date.

2) **Part A & MAI *Expenditures* Report**
   a. Part A section only - due 150 days after the Part A grant budget period end date.
   b. MAI section (must include the previously completed Part A section) - due 60 days after the Part A MAI grant budget period end date.

GETTING STARTED

1) **Log into the HRSA Electronic Handbook (EHB):** Log into the EHB to locate the report that is due.

   a. On the Login page, enter your username and password. Click Login.
   b. On the Home page, click View Portfolio (on the left side menu).
   c. Locate your grant in the list. Click Open Grant Handbook. {If you do not see your grant, you need to complete the grant portfolio registration. See the help on the screens}
   d. Click Other Submissions (left side menu). {If you do not see the link on the left side menu, you do not have the appropriate permissions. Refer to the instructions on the grant handbook home page}
   e. Locate the report. Note that for each grant there will be two different links for Allocations and Expenditures. Click Start Submission for the appropriate report.
   f. Click Download to download the report template. Follow the instructions below to open, rename and save the file.

2) **File formats:** Both report templates were created with Excel-XP, but can be opened using an earlier version of Excel.

[1] Please see the Conditions of Award attached to your Notice of Grant Award.

3) **Open, rename and save the files:** Open the file and save it using a name that will identify your organization, the fiscal year, and the report name (e.g. Chicago EMA FY11 Part A and MAI Allocations Report or Chicago EMA FY11 Part A and MAI Expenditures Report). This will enable HRSA to distinguish and track your report submissions.

   a. After you open the file, click on File on your toolbar and select Save As.
   b. When the dialogue box opens, click on the drop-down button next to Save In and choose the directory location and file folder where you want to store your file. If possible, choose a location on a secure network that is automatically and routinely backed up.
   c. Point and click in the File Name box to create a new name for your file, and when you are finished click Save.

4) **Familiarize yourself with the worksheets:** The spreadsheet contains one worksheet that will be printed as one page.

   The "Freeze Frame" function is turned on in both worksheets. This means the column headings will remain visible on the screen as you move down each column entering data. When you need to go back to the top of the worksheet at any time, click on the up/down arrows on the right side of your screen; or, use the up/down arrows on your keyboard. To move back and forth across the columns, click on the right or left arrows at the bottom of your screen, or use the right/left arrows on your keyboard.

   When you open the file the first time, your cursor will most likely be at the top of the worksheet. If you are not where you need to be, use the arrows to the right of your screen or on your keyboard to locate the correct cell; then point and click in the cell. Once you begin entering data and save your file, the next time you open it your cursor will be in the last place you were working when you **saved** the file.

5) **Formatting, formulas, and data restrictions:** Point and click or use the arrows on your keyboard to move the cursor into the cell where you want to begin or continue entering data. Note the following:

   a) The cells are already formatted for currency. For example, if you type in 100000 and hit the enter key, it will appear as $100,000.00 on your screen. Use the decimal point only if the number is not a whole dollar amount.
   b) Data cannot be entered in cells that contain formulas. Those cells will calculate percentages and totals and cannot be changed.
   c) Data cannot be entered in blocked-out cells. Data can only be entered in cells that are empty.
   d) Percentages will be generated as you enter amounts in each column, but will be inaccurate until ALL amounts are entered. The generated percentages should match those set by the EMA / TGA through their priority setting and allocations procedures.
   e) Do NOT leave any blank cells. If no funds were allocated to a service/activity, then enter zero (0).

ENTERING DATA

1) **Allocations Report**

   a) In Section A, enter the name of the grantee, the preparer's name, the preparer's phone number, and the preparer's email address.
   b) In Section B, enter the amount of your total Part A grant award when reporting your Part A allocations and your Part A MAI grant request/award when reporting your Part A MAI allocations.
   c) In Section C, in column 1, enter the amount of your total Part A award that was allocated to each

category. If you receive a Part A MAI award, you will also be asked to complete column 2 of this same form within 60 days of the MAI award budget period start date.

d) Prior to submitting your report, click on the worksheet titled CHECKLIST. You do not need to complete this worksheet. It is provided so that you can check so see that you have met specific legislative spending requirements.
e) You must allocate your entire award.
f) DO NOT include funds from prior fiscal years. Those funds (referred to as "Carryover") should only be recorded in the *Expenditures Report*.
g) For definitions of service categories, see Appendix A.

2) **Expenditures Report**

a) In Section A, enter the name of the grantee, the preparer's name, the preparer's phone number, and the preparer's email address.
b) In Section B, enter the amount of your total Part A grant award when reporting your Part A expenditures and your Part A MAI grant award when reporting your Part A MAI expenditures. Also report any ***approved*** carryover funds from the prior fiscal year.
c) In Section C, under PART A AWARD, enter the amount of FY11 Part A award and any ***approved*** carryover funds from the prior fiscal year that were spent in each category. If you receive a Part A MAI award, you will also be asked to complete the MAI AWARD section of this same form within 60 days of the MAI award budget period end date.
d) Prior to submitting your report, click on the worksheet titled CHECKLIST. You do not need to complete this worksheet. It is provided so that you can check so see that you have met specific legislative spending requirements.
e) Unlike in the *Allocations Report*, the total expenditures do not need to equal the amount of the Part A and Part A MAI Awards. However, the total expenditures in each carryover column should equal the amount of the requested and approved carryover funds.
f) For definitions of service categories, see Appendix A.

REVIEWING AND SAVING YOUR WORK

1) **Preview your worksheets**: Click on File and select Print Preview. Use the Zoom on your toolbar for a close-up view. When finished, click "Close" to return to the worksheet.

2) **Save your files**: It is a good idea to set the defaults in Excel so that a backup will be created automatically when you save the file with any new information. To do that, click on Tools on the toolbar and choose Options from the drop-down menu. When the dialogue box opens, click on the General tab and select the Always create backup check box. Click OK, and then click Save. We also suggest saving your file periodically as you work, in case of an unexpected power or system failure. Finally, make sure you save the file before you close it each time.

HOW TO SUBMIT THE REPORTS

Log into HRSA's Electronic Handbook (EHB) and upload your report.
https://grants.hrsa.gov/webexternal/Login.asp

a. On the Login page, enter your username and password. Click Login.
b. On the Home page, click View Portfolio (on the left side menu).

c. Locate your grant in the list. Click Open Grant Handbook.
d. Click Other Submissions (left side menu).
e. Locate the Allocations or Expenditures report as needed. Click Edit Submission.
f. Under Attached Documents, click Attach.
g. Navigate to the directory location and file folder where you saved the report file.
h. Select the file. Click OK.

HOW THIS DATA IS USED

The allocation and expenditure information reported by Part A grantees is used by HRSA to prepare an annual *Report to Congress on the Use of Part A Funds* as required, as well as to respond to inquiries from the Congress, Department of Health and Human Services, grantees, the media and the public-at-large.

MORE INFORMATION

If you need additional assistance or have questions about the allocation and expenditure reporting requirements, please contact your project officer.

APPENDIX A: SERVICE CATEGORY DEFINITIONS

Core Services

1. **Outpatient/Ambulatory medical care (health services)** is the provision of professional diagnostic and therapeutic services rendered by a physician, physician's assistant, clinical nurse specialist, or nurse practitioner in an outpatient setting. Settings include clinics, medical offices, and mobile vans where clients generally do not stay overnight. Emergency room services are not outpatient settings. Services includes diagnostic testing, early intervention and risk assessment, preventive care and screening, practitioner examination, medical history taking, diagnosis and treatment of common physical and mental conditions, prescribing and managing medication therapy, education and counseling on health issues, well-baby care, continuing care and management of chronic conditions, and referral to and provision of specialty care (includes all medical subspecialties). Primary medical care for the treatment of HIV infection includes the provision of care that is consistent with the Public Health Service's guidelines. Such care must include access to antiretroviral and other drug therapies, including prophylaxis and treatment of opportunistic infections and combination antiretroviral therapies. NOTE: Early Intervention Services provided by Ryan White Part C and Part D Programs should be included here under Outpatient/ Ambulatory medical care.

2. **AIDS Drug Assistance Program (ADAP treatments)** is a State-administered program authorized under Part B of the Ryan White Program that provides FDA-approved medications to low-income individuals with HIV disease who have limited or no coverage from private insurance, Medicaid, or Medicare.

3. **AIDS Pharmaceutical Assistance (local)** includes local pharmacy assistance programs implemented by Part A or Part B Grantees to provide HIV/AIDS medications to clients. This assistance can be funded with Part A grant funds and/or Part B base award funds. Local pharmacy assistance programs are not funded with ADAP earmark funding.

4. **Oral health care** includes diagnostic, preventive, and therapeutic services provided by general dental practitioners, dental specialists, dental hygienists and auxiliaries, and other trained primary care providers.

5. **Early intervention services (EIS)** include counseling individuals with respect to HIV/AIDS; testing (including tests to confirm the presence of the disease, tests to diagnose to extent of immune deficiency, tests to provide information on appropriate therapeutic measures); referrals; other clinical and diagnostic services regarding HIV/AIDS; periodic medical evaluations for individuals with HIV/AIDS; and providing therapeutic measures. **NOTE:** EIS provided by Ryan White Part C and Part D Programs should NOT be reported here. Part C and Part D EIS should be included under Outpatient/ Ambulatory medical care.

6. **Health Insurance Premium & Cost Sharing Assistance** is the provision of financial assistance for eligible individuals living with HIV to maintain a continuity of health insurance or to receive medical benefits under a health insurance program. This includes premium payments, risk pools, co-payments, and deductibles.

7. **Home Health Care** includes the provision of services in the home by licensed health care workers such as nurses and the administration of intravenous and aerosolized treatment, parenteral feeding, diagnostic testing, and other medical therapies.

8. **Home and Community-based Health Services** include skilled health services furnished to the individual in the individual's home based on a written plan of care established by a case management team that includes appropriate health care professionals. Services include durable medical equipment; home health aide services and personal care services in the home; day treatment or other partial hospitalization services; home intravenous and aerosolized drug therapy (including prescription drugs administered as part of such therapy); routine diagnostics testing administered in the home; and appropriate mental health, developmental, and rehabilitation services. Inpatient hospitals services, nursing home and other long term care facilities are NOT included.

9. **Hospice services** include room, board, nursing care, counseling, physician services, and palliative therapeutics provided to clients in the terminal stages of illness in a residential setting, including a non-acute-care section of a hospital that has been designated and staffed to provide hospice services for terminal clients.

10. **Mental health services** are psychological and psychiatric treatment and counseling services offered to individuals with a diagnosed mental illness, conducted in a group or individual setting, and provided by a mental health professional licensed or authorized within the State to render such services. This typically includes psychiatrists, psychologists, and licensed clinical social workers.

11. **Medical nutrition therapy** is provided by a licensed registered dietitian outside of a primary care visit and includes the provision of nutritional supplements. Medical nutrition therapy provided by someone other than a licensed/registered dietitian should be recorded under psychosocial support services.

12. **Medical Case management services** (including treatment adherence) are a range of client-centered services that link clients with health care, psychosocial, and other services. The coordination and follow-up of medical treatments is a component of medical case management. These services ensure timely and coordinated access to medically appropriate levels of health and support services and continuity of care, through ongoing assessment of the client's and other key family members' needs and personal support systems. Medical case management includes the provision of treatment adherence counseling to ensure readiness for, and adherence to, complex HIV/AIDS treatments. Key activities include (1) initial assessment of service needs; (2) development of a comprehensive, individualized service plan; (3) coordination of services required to implement the plan; (4) client monitoring to assess the efficacy of the plan; and (5) periodic re-evaluation and adaptation of the plan as necessary over the life of the client. It includes client-specific advocacy and/or review of utilization of services. This includes all types of case management including face-to-face, phone contact, and any other forms of communication.

13. **Substance abuse services outpatient** is the provision of medical or other treatment and/or counseling to address substance abuse problems (i.e., alcohol and/or legal and illegal drugs) in an outpatient setting, rendered by a physician or under the supervision of a physician, or by other qualified personnel.

Support Services

1. **Acupuncture Therapy**
   Funds awarded under the Ryan White HIV/AIDS Program may only be used to support limited acupuncture services for HIV-positive clients as part of Ryan White HIV/AIDS Program funded Substance Abuse Treatment Services (outpatient or residential), provided the client has received a written referral from his/her primary health care provider. All acupuncture therapy must be provided by certified or licensed practitioners and/or programs, wherever State certification or licensure exists.

2. **Benefits and Entitlement Counseling**
   Funds awarded under the Ryan White HIV/AIDS Program may be used to refer or assist eligible clients to obtain access to other public and private programs for which they may be eligible, e.g. Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, and other State or local health care and supportive services.

   Such benefits/entitlement counseling and referral activities may be provided as a component of three allowable Ryan White HIV/AIDS Program support service categories: "Medical Case Management," "Case Management (Non Medical)" and/or "Referral for Health Care/Supportive Services."

3. **Child Care Services**
   Child Care Services are an allowable Ryan White HIV/AIDS Program support service for the children of HIV-positive clients, while the clients attend medical or other appointments or Ryan White HIV/AIDS Program-related meetings, groups or training. More specifically, funds may be used to provide Child Care Services in these instances:

   a. To support a licensed or registered child care provider to deliver intermittent care that will enable an HIV-positive adult or child to secure needed medical or support services, or to participate in Ryan White HIV/AIDS Program-related activities described above;

   b. To support informal child care provided by a neighbor, family member, or other person (with the understanding that existing Federal restrictions prohibit giving cash to individuals to pay for these services).

   In those cases where funds are allocated for Child Care Services, as described under (b) above, such allocations should be limited and carefully monitored to assure compliance with the prohibition on direct payments to eligible individuals. Such arrangements may also raise liability issues for the funding source which should be carefully weighed in the decision-making process.

4. **Clothing**
   Ryan White HIV/AIDS Program funds may NOT be used to purchase clothing.

5. **Employment and Employment-Readiness Services**
   Ryan White HIV/AIDS Program funds may NOT be used to support employment, vocational, or employment-readiness services. However, funds may be used to pay for occupational therapy as a component of allowable Rehabilitation Services.

6. **Developmental Services for HIV Positive Children**
   Ryan White HIV/AIDS Program funds may be used to provide clinician prescribed developmental support services for HIV-positive infants/children when such services are not otherwise covered by specific State and Federal legislation that mandates health care coverage for all children with developmental disabilities.

7. **Emergency Financial Assistance**
   Ryan White HIV/AIDS Program funds may be used to provide Emergency Financial Assistance (EFA) as an allowable support service.

   a) The decision-makers deliberately and clearly must set priorities and delineate and monitor what part of the overall allocation for emergency assistance is obligated for transportation, food, essential utilities, and/or prescription assistance. Careful monitoring of expenditures within a category of "emergency assistance" is necessary to assure that planned amounts for specific services are being implemented, and to indicate when reallocations may be necessary.

   b) In addition, Grantees and planning councils/consortia must develop standard limitations on the provision of Ryan White HIV/AIDS Program funded emergency assistance to eligible individuals/households and mandate their consistent application by all contractors. It is expected that all other sources of funding in the community for emergency assistance will be effectively utilized and that any allocation of Ryan White HIV/AIDS Program funds to these purposes will be the payer-of-last-resort, and for limited amounts, limited use and limited periods of time.

8. **Funeral and Burial Expenses**
   Ryan White HIV/AIDS Program funds may NOT be used for funeral, burial, cremation, or related expenses.

9. **Health Insurance Co-payments and Deductibles**
   Funds awarded under Parts A, B and C of the Ryan White HIV/AIDS Program may be used to support a Health Insurance Premium and Cost-Sharing Assistance Program, a core medical service, for eligible low-income HIV-positive clients.

   - Under this service category, funds may be used as the payer-of-last-resort to cover the cost of public or private health insurance premiums, as well as the insurance deductible and co-payments.
   - The exception is that Ryan White HIV/AIDS Program funds may NOT be used to cover a client's Medicare Part D "true out-of-pocket" (i.e. TrOOP or donut hole)" costs.
   - Consistent with the Ryan White HIV/AIDS Program, "low income" is to be defined by the EMA/TGA, State or Part C Grantee. Important: Grantees should refer to the HAB Policy Notice-07-05, "The Use of Ryan White HIV/AIDS Program Part B ADAP Funds to Purchase Health Insurance" http://hab.hrsa.gov/law.htm .

10. **Hospice Care**
    Hospice Services are an allowable Ryan White HIV/AIDS Program core medical service. Funds may be used to pay for hospice care by providers licensed in the State in which services are delivered. Hospice services may be provided in a home or other residential setting, including a non-acute care section of a hospital that has been designated and staffed to provide hospice care to terminal patients. A physician must certify that a patient is terminal, defined under Medicaid hospice regulations as having a life expectancy of 6 months or less. Counseling services provided in the context of hospice care must be consistent with the definition of mental health counseling. Palliative therapies must be consistent with those covered under respective State Medicaid Programs.

11. **Legal Services**
    Legal Services are an allowable support service under the Ryan White HIV/AIDS Program. Funds awarded under the Ryan White HIV/AIDS Program may NOT be used for any criminal defense, or for class-action suits unrelated to access to services eligible for funding under the Ryan White HIV/AIDS Program. Funds may be used for legal services directly necessitated by an individual's

HIV/AIDS serostatus.

These services include but are not limited to:

a) Preparation of Powers of Attorney, Living Wills

b) 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 Ryan White HIV/AIDS Program, and

c) Permanency planning for an individual or family where the responsible adult is expected to pre-decease a dependent (usually a minor child) due to HIV/AIDS; includes the provision of social service counseling or legal counsel regarding (1) the drafting of wills or delegating powers of attorney, and (2) preparation for custody options for legal dependents including standby guardianship, joint custody or adoption.

12. **Maintenance of Privately Owned Vehicles**
Funds awarded under the Ryan White HIV/AIDS Program may NOT be used for direct maintenance expense (tires, repairs, etc.) of a privately owned vehicle or any other costs associated with a vehicle, such as lease or loan payments, insurance, or license and registration fees. This restriction does not apply to vehicles operated by organizations for program purposes.

13. **Medical Transportation**
Medical Transportation is an allowable support service under the Ryan White HIV/AIDS Program. Funds may be used to provide transportation services for an eligible individual to access HIV-related health services, including services needed to maintain the client in HIV/AIDS medical care. Transportation should be provided through:

a) A contract(s) with a provider(s) of such services;

b) Voucher or token systems;

c) Mileage reimbursement that enables individuals to travel to needed medical or other support services may be supported with Ryan White HIV/AIDS Program funds, but should not in any case exceed the established rates for Federal Programs. Federal Joint Travel Regulations provide further guidance on this subject.

d) Use of volunteer drivers (through programs with insurance and other liability issues specifically addressed); or

e) Purchase or lease of organizational vehicles for client transportation programs. [See also No. 12 above, Maintenance of Privately Owned Vehicles, for further information.]

Note: Grantees must receive prior approval for the purchase of a vehicle.

14. **Pastoral Counseling**
Funds awarded under the Ryan White HIV/AIDS Program may be used to provide "Psychosocial Support Services" that include pastoral care/counseling services, provided that the pastoral counseling is provided by an institutional pastoral care program (e.g., components of AIDS interfaith networks, separately incorporated pastoral care and counseling centers, or as a component of services provided by a licensed provider, such as a home care or hospice provider). Programs are to be licensed or accredited wherever such licensure or accreditation is either required or available. In addition, Ryan White HIV/AIDS Program funded pastoral counseling MUST be available to all individuals eligible to receive Ryan White HIV/AIDS Program services, regardless of their religious or denominational affiliation.

15. **Property Taxes**
    Funds awarded under the Ryan White HIV/AIDS Program may NOT be used to pay local or State personal property taxes (for residential property, private automobiles, or any other personal property against which taxes may be levied).

16. **Purchase of Non-Food Products**
    Funds awarded under the Ryan White HIV/AIDS Program may be used to purchase essential non-food household products as part of a Ryan White HIV/AIDS Program funded Food Bank support service. These include essential items such as:

    - Personal hygiene products,
    - Household cleaning supplies, and/or
    - Water filtration/ purification devices (either portable filter/pitcher combinations or filters attached to a single water tap) in communities/areas where recurrent problems with water purity exist. Such devices (including their replacement filter cartridges) purchased with Ryan White HIV/AIDS Program funds must meet National Sanitation Foundation standards for absolute cyst removal of particles less than one micron. This policy does not permit installation of permanent systems for filtration of all water entering a private residence.

      Funds may NOT be used for household appliances, pet foods or other non-essential products.

17. **Recreational and Social Activities**
    Funds awarded under the Ryan White HIV/AIDS Program may be used for recreational and social activities as part of a Child Care or Respite Care support service provided in a licensed or certified provider setting, including drop-in centers in primary care or satellite facilities. Funds should NOT be used for off-premise social/recreational activities or to pay for a client's gym membership.

18. **Respite Care**
    Respite Care is an allowable support service under the Ryan White HIV/AIDS Program. Funds may be used for periodic respite care in community or home-based settings that includes non-medical assistance designed to provide care for an HIV infected client in order to relieve the primary caregiver who is responsible for the day-to-day care of an adult or minor living with HIV/AIDS.

    In those cases where funds are allocated for home-based respite care, such allocations should be carefully monitored to assure compliance with the prohibition on direct payments to eligible individuals. Such arrangements may also raise liability issues for the funding source which should be carefully weighed in the decision-making process.

19. **Substance Abuse Treatment**

    a) Substance Abuse Treatment Services-Outpatient is an allowable core medical service. Funds used for outpatient drug or alcohol substance abuse treatment, including expanded HIV-specific capacity of programs if timely access to treatment and counseling is not available, must be rendered by a physician or provided under the supervision of a physician or other qualified/licensed personnel. Such services should be limited to the following:

       - Pre-treatment/recovery readiness programs
       - Harm reduction

- Mental health counseling to reduce depression, anxiety and other disorders associated with substance abuse
- Outpatient drug-free treatment and counseling
- Opiate Assisted Therapy
- Neuro-psychiatric pharmaceuticals; and
- Relapse prevention.

b) Syringe Exchange: Will be addressed in future policy issuances.

c) Substance Abuse Treatment Services-Residential is an allowable support service under the Ryan White HIV/AIDS Program. The following limitations apply to use of Ryan White HIV/AIDS Program funds for residential services:

- Because of the Ryan White HIV/AIDS Program limitations on inpatient hospital care (see sections 2604(c)(3)(L) and 2612(b)(3)(L) of the Public Health Service Act), Ryan White HIV/AIDS Program funds may not be used for inpatient detoxification in a hospital setting.
- However, if detoxification is offered in a separate licensed residential setting (including a separately-licensed detoxification facility within the walls of a hospital), Ryan White HIV/AIDS Program funds may be used for this activity.
- If the residential treatment service is in a facility that primarily provides inpatient medical or psychiatric care, the component providing the drug and/or alcohol treatment must be separately licensed for that purpose.

20. **Vision Care**

a) Ryan White HIV/AIDS Program funds may be used for Outpatient/Ambulatory Medical Care (health services), which is a core medical service, that includes specialty ophthalmic and optometric services rendered by licensed providers.

b) Funds also may be used for Rehabilitation Services that include low-vision training by licensed provided or authorized professionals.

c) Funds also may be used to purchase corrective prescription eye wear for conditions related to HIV infection, through either of these allowable services:

- To cover the co-pay for prescription eye wear for eligible clients under a Ryan White HIV/AIDS Program supported Health Insurance Premium and Cost Sharing Assistance; or
- To pay the cost of corrective prescription eye wear for eligible clients through a Ryan White HIV/AIDS Program supported Emergency Financial Assistance Program.

21. **Medical Case Management Services**
Medical case management services must be provided by trained professionals, including both medically credentialed and other health care staff who provide a range of client-centered services that result in a coordinated care plan which links clients to medical care, psychosocial, and other services. These services ensure timely and coordinated access to medically appropriate levels of health and support services and continuity of care, through an ongoing assessment/reassessment of the client and other key family members' needs and personal support systems. Medical case management may also include the provision of treatment

adherence counseling to ensure readiness for, and adherence to, complex HIV/AIDS treatments. Key activities include: (1) initial assessment of service needs; (2) development of a comprehensive, individualized care plan; (3) coordination of services required to implement the care plan; (4) continuous client monitoring to assess the efficacy of the care plan; and (5) periodic reevaluation and adaptation of the care plan, at least every 6 months, as necessary during the enrollment of the client.

22. **Medical Nutrition Therapy Services**
Medical Nutrition Therapy Services including nutritional supplements provided by a licensed registered dietitian outside of a primary care visit is an allowable core medical service under the Ryan White HIV/AIDS Program. The provision of food may be provided pursuant to a physician's recommendation and a nutritional plan developed by a licensed, registered dietician.

Nutritional services and nutritional supplements not provided by a licensed, registered dietician shall be considered a support service under the Ryan White HIV/AIDS Program. Food not provided pursuant to a physician's recommendation and a nutritional plan developed by a licensed, registered dietician also shall be considered a support service.