

Iowa Ryan White Part B Annual Report 2024

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Acknowledgements

Thank you to all the Ryan White Part B staff located across the state! Your dedication to serving Iowans living with HIV is commendable and appreciated. Thank you for continuing to provide high-quality services.

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Executive Summary

The Iowa Ryan White Part B Program (RWPB) is funded by the Health Resources and Services Administration (HRSA) to provide services to low-income Iowans living with HIV. The program is authorized by the Ryan White HIV/AIDS Treatment Extension Act of 2009.

The Ryan White Part B Program directly contracted with nine agencies across the state to provide services to people living with HIV (PLHIV) in 2024. Two additional agencies were subcontracted to provide RWPB services.

The RWPB Program uses viral suppression as the primary measure to monitor the health outcomes of clients. Viral suppression is the reduction of the amount of HIV in the blood and elsewhere in the body to very low levels and is defined as less than 200 copies/mL. Viral suppression is a critical measure for PLHIV as it results in the best health outcomes as well as decreased transmission of HIV through sexual contact. The goal is to have at least 95% of clients achieve viral suppression.

RWPB case management and other support services offered in Iowa have a strong impact on viral suppression. Among Iowans living with HIV who enrolled in case management, 91% achieved viral suppression compared to 70% of Iowans who did not enroll in case management. The benefits are even greater when looking at disproportionately affected populations such as Latino and Black/African American.

The RWPB Program comprises the Client Services Program and the Benefits Drug Assistance Program (BDAP, formerly the AIDS Drug Assistance Program [ADAP]). The Client Services Program provides funding for a variety of services designed to help clients engage and remain in medical care. BDAP provides access to medications by purchasing medications and health insurance for clients or by wrapping around clients' existing health insurance plans (e.g., assisting with co-pays and deductible costs).

A total of 2,657 PLHIV received RWPB services in 2024. This represents approximately 77% of all Iowans diagnosed and living with HIV. Most clients identified as White (49%), followed by Black (31%) and Latino (14%). Most clients were between the ages of 25 and 64 years old (86%).

The RWPB Program takes a person-centered, holistic, trauma-informed-healing centered approach to service delivery. Available services address medical and psychosocial needs of clients. The most utilized services were food assistance, transportation assistance, health insurance, emergency financial assistance, and medical or pharmacy visits.

Thirty-six percent (36%) of PLHIV in Iowa utilized BDAP services in 2024. Among those, 41% received insurance assistance (i.e., assistance with insurance premiums, medication copayments, coinsurance, and deductible costs), 16% received medication assistance (i.e., received medications due to lack of access or eligibility for health insurance) and 43% received both insurance and medication assistance. In 2020, BDAP launched a new initiative to provide medications to PLHIV incarcerated in county jails. Seventy-eight (78) PLHIV received medications through the BDAP Jail Assistance in 2024.

The RWPB Program partners with the Data-to-Services initiative to engage Iowans living with HIV who are out-of-care or at risk of falling out-of-care. In 2024, the Data-to-Services initiative received 93 referrals and conducted investigations for all referrals. There were 19 case consultations and 11 PLHIV successfully re-engaged in care.

List of Acronyms

ADAP	AIDS Drug Assistance Program
BDAP	Benefits and Drug Assistance Program
BCM	Brief Contact Management
CASS	Cedar AIDS Support System
CDC	Centers for Disease Control and Prevention
DIS	Disease Intervention Specialist
DTS	Data to Services
DTSC	Data to Services Coordinator
DVNA	Dubuque Visiting Nurse Association
FTE	Full-time equivalent
HAB	HIV/AIDS Bureau
HRSA	Health Resources and Services Administration
Iowa HHS	Iowa Department of Health and Human Services
LCCS	Linn County Community Services
MCM	Medical Case Management
MEPD	Medicaid for Employed Persons with Disabilities
MOSS	Maintenance Outreach Support Services
MSM	Men who have sex with men
NAP	Nebraska AIDS Project
NICAO	North Iowa Community Action Organization
Non-MCM	Non-Medical Case Management
PHC	The Project of Primary Health Care
PLHIV	People/person living with HIV
REMI System	Ryan White Electronic Management Information System
RHCHC	River Hills Community Health Center
RWPB	Ryan White Part B
RWHAP	Ryan White HIV/AIDS Program
SCHC	Siouxland Community Health Center
TPQC	The Project of the Quad Cities
UIHC	University of Iowa Hospitals and Clinics

Ryan White Part B Program Description

In 1990, Congress enacted the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act, which provides a comprehensive system of care for low-income people living with HIV (PLHIV) who are uninsured or underserved. It has been reauthorized four times (in 1996, 2000, 2006 and 2009) and has since been renamed the Ryan White HIV/AIDS Treatment Extension Act.

The Health Resources and Services Administration (HRSA) HIV/AIDS Bureau (HAB) is responsible for administering the Ryan White HIV/AIDS Program. The legislation is divided into five parts. For more information on the legislation please visit **Public Law 111-87 (Ryan White HIV/AIDS Treatment Extension Act of 2009).**

The Iowa Department of Health and Human Services (Iowa HHS) is the RWPB recipient for the State of Iowa. In 2024, there were 11 agencies that provided RWPB services to PLHIV in Iowa. Iowa HHS directly contracted with 9 agencies across the state. Two agencies were subcontracted sites. Figure 1, below, displays the 11 agency locations. The Iowa RWPB Program comprises the Client Services Program and the Benefits and Drug Assistance Program (BDAP), formerly known as AIDS Drug Assistance Program (ADAP). The Client Services Program provides funding for a variety of services designed to engage and retain clients in medical care. A complete list of funded services can be found in Appendix A—RW Part B Services. BDAP provides access to medications by purchasing medications and health insurance for clients or by wrapping around clients' existing health insurance plans (i.e., assisting with co-pays and deductible costs). Iowa HHS contracted with one centralized pharmacy located in Pleasant Hill, Iowa, to provide pharmacy-related services.

Figure 1. Iowa Ryan White Part B Agencies in 2024

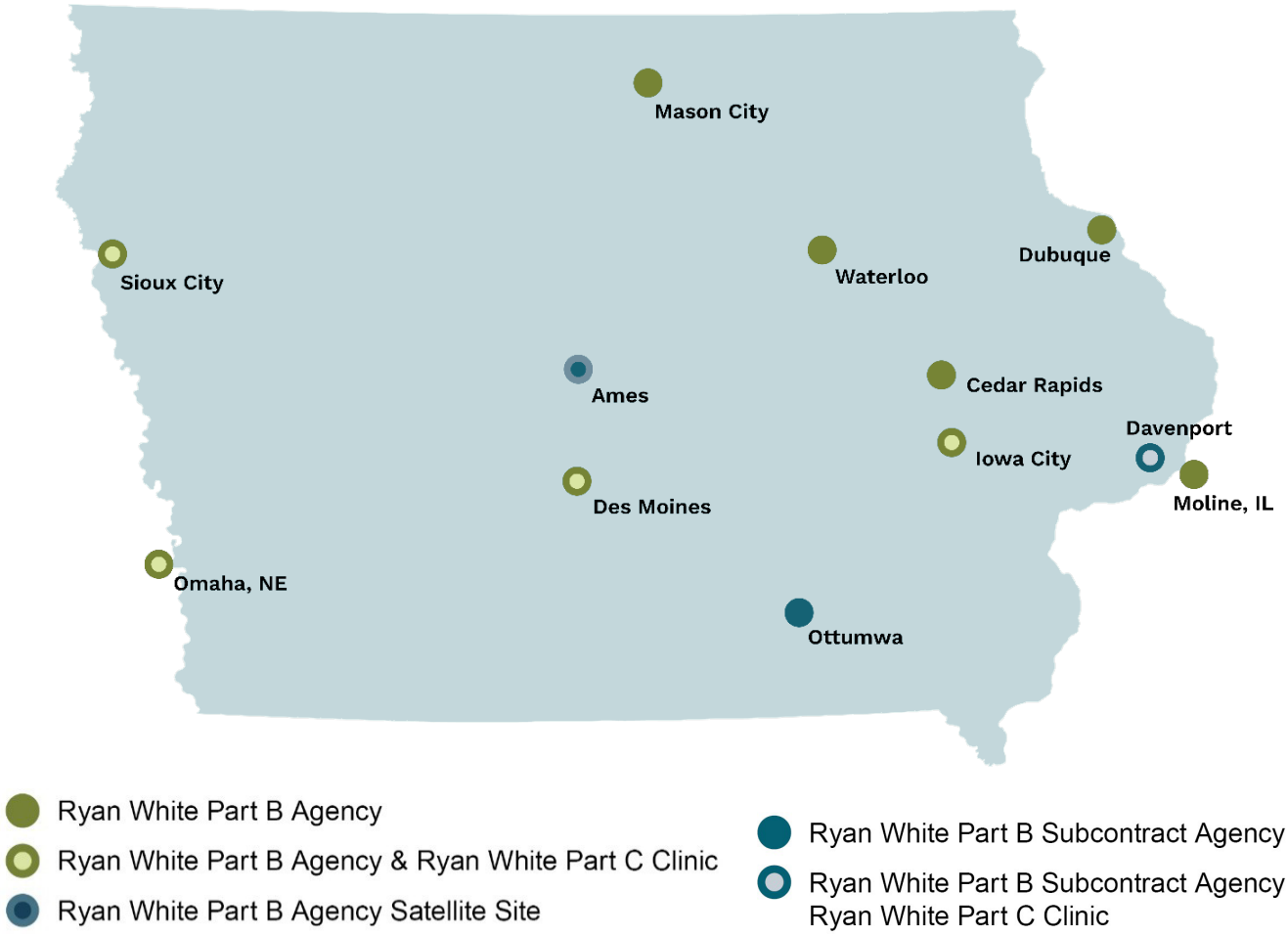


Figure 1. *Iowans living with HIV could access services from 11 agencies across the state. Four agencies were also funded as Ryan White Part C clinics. One agency was co-located in the same city (Omaha, NE) as a RW Part C clinic. One agency had a satellite site. Two agencies were subcontracted sites.*

Funding Overview

In 2024, the Iowa RWPB Program was funded by three federal grants from HRSA/HAB as well as both pharmaceutical rebates and program income:

- The **HIV Part B and ADAP Formula** grant is awarded to states and territories for developing and/or enhancing access to comprehensive high-quality HIV care and treatment for low-income PLHIV. A formula is used to determine each recipient's award amounts, and the grant year is April 1–March 31.
- The **Ryan White Part B Supplemental** grant is awarded to eligible states and territories to supplement their formula-based funding provided by the HIV Part B and ADAP base award. Applicants must demonstrate that supplemental funding is necessary to provide comprehensive HIV care and treatment services for PLHIV in the state/territory. The grant year is September 30–September 29.
- The **ADAP Emergency Relief Funding** grant is awarded to states and territories that demonstrate the need for additional resources to prevent, reduce, or eliminate ADAP waiting lists. ADAP waiting lists are implemented when adequate funding is not available to provide medications to eligible PLHIV requesting enrollment in the ADAP. The grant year is April 1–March 31.
- **Pharmaceutical Rebate Funding** is solicited from pharmaceutical companies by the state's BDAP through the 340B Drug Pricing Program (340B Program). The 340B Program is a federal drug-pricing program administered by HRSA's Office of Pharmacy Affairs that provides eligible entities (including ADAPs) with access to discounted prices on medications.
- **Pharmaceutical Program Income** is the "surplus" or profit leftover after a prescription is filled using the 340B Drug Pricing Program. It is calculated by taking the total insurance reimbursement the pharmacy receives and subtracting the actual cost of buying the drug, as well as the administrative and dispensing fees. Whatever money remains after covering those costs is considered *program income* that must be tracked and reinvested into Ryan White Part B eligible services and activities, with ADAP the priority.

Continuum of Care

The goals of HIV treatment are to improve health outcomes, quality of life and prevent transmission of HIV. The best marker of successful treatment is reducing the amount of HIV in the blood and elsewhere in the body to very low levels, such that it can't be detected or passed to sexual partners. This is called viral suppression. The HIV continuum of care outlines the required steps to achieving viral suppression.

Iowa's 2024 Continuum of Care

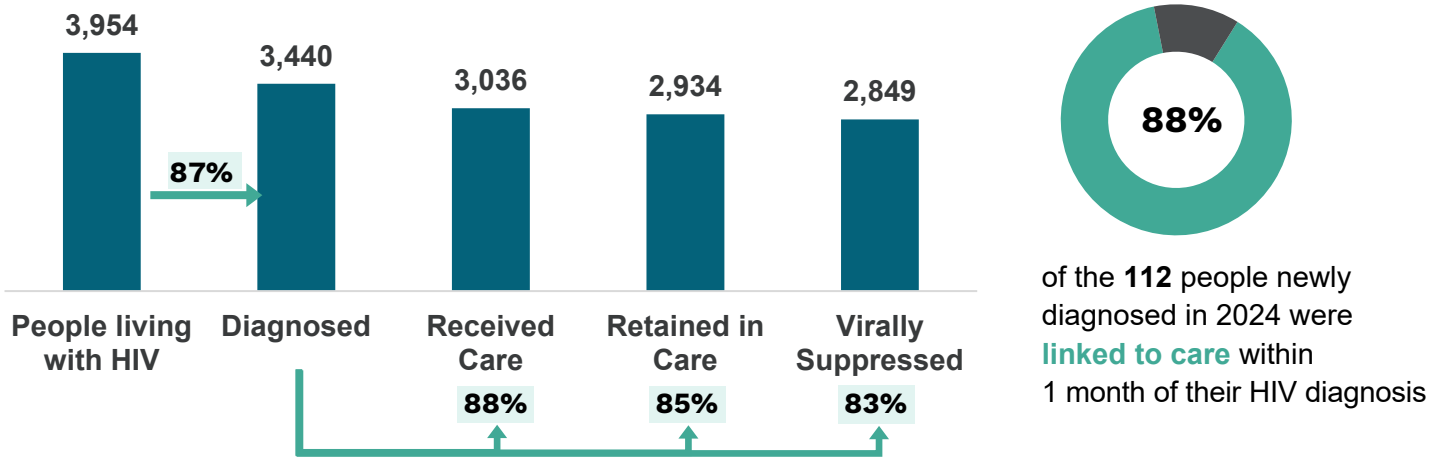


Figure 2. Iowa HIV continuum of care—2024. *There were an estimated 3,954 PLHIV in Iowa in 2024. Of those, 87% have been diagnosed with HIV. Among those diagnosed and living with HIV, 85% were retained in care, and 83% achieved viral suppression at their last test. There were 112 people newly diagnosed with HIV in 2024, and 88% of those individuals were linked to medical care within one month of their diagnosis.*

Definitions:

People living with HIV (PLHIV): The estimated total number of people living with HIV, which includes an estimated 13% (or 1 in 7) who are unaware of their HIV status or are undiagnosed.

Diagnosed: The total number of people living with HIV whose infections have been diagnosed.

Received Care: The total number of people who are diagnosed with HIV and had at least CD4 or viral load test within the measurement year.

Retained in Care: The total number of people who are diagnosed with HIV and had two or more CD4 or viral load tests, performed at least three months apart, or who had one or more of those tests and are also suppressed in the measurement year.

Virally Suppressed: The total number of people who are diagnosed with HIV who also had a viral load test result of <200 copies/mL at the most recent viral load test in the measurement year.

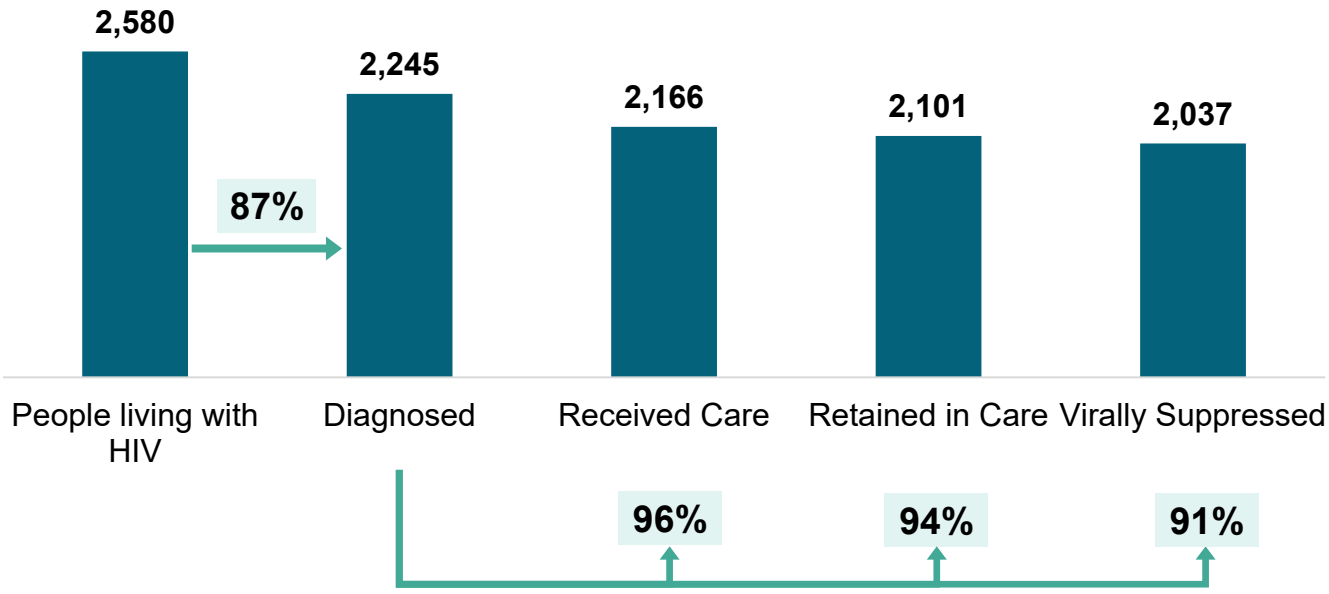
Linked to Care: The percentage of people receiving a new diagnosis of HIV in 2024 who had one or more documented CD4 or viral load tests within 30 days (1 month) of diagnosis.

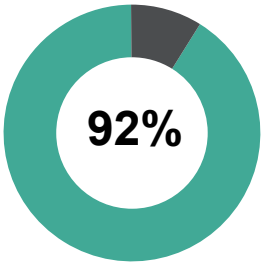
Iowa's Ryan White Part B 2024 Continuum of Care

The RWPB Program's 2024 continuum of care is shown below in Figure 4. Iowans living with HIV who received RWPB services continue to have improved health outcomes compared to all PLHIV in Iowa. Linkage, retention and suppression rates were all higher for RWPB clients compared to all Iowans living with diagnosed HIV.

Furthermore, out of the 112 new HIV diagnoses in 2024, 79% spoke with a RWPB case manager within 30 days of diagnosis. This highlights the strong collaboration between the Disease Intervention Specialist (DIS) and RWPB case management teams ensuring Iowans newly diagnosed with HIV are informed about services the RWPB program offers.

Figure 3. Ryan White Part B Care Continuum - 2024





of the **79** people newly diagnosed in 2024 were **linked to care** within 1 month of their HIV diagnosis.

Figure 3. *There were 79 people newly diagnosed with HIV who received a RWPB service, and 92% were linked to medical care within one month. Among those diagnosed and living with HIV who received a RWPB service, 91% were retained in care (N=2,512) and 88% achieved viral suppression (N=2,532).*

Viral Suppression Among RWPB Clients Who Are Case Managed vs. Iowans Diagnosed and Living with HIV and Not Case Managed

RWPB case management services have a strong impact on viral suppression among Iowans diagnosed and living with HIV. This is especially true among Black/African American and Latino populations. The following figures display viral suppression among Iowans diagnosed and living with HIV who enrolled in case management compared to those who did not enroll in case management. Please refer to **Appendix B: Ryan White Part B Viral Suppression Measures** for additional viral suppression data points.

Figure 4. Viral Suppression Rates of Iowans Diagnosed and Living with HIV who Enrolled in Case Management in 2024 vs. Those Who Did Not

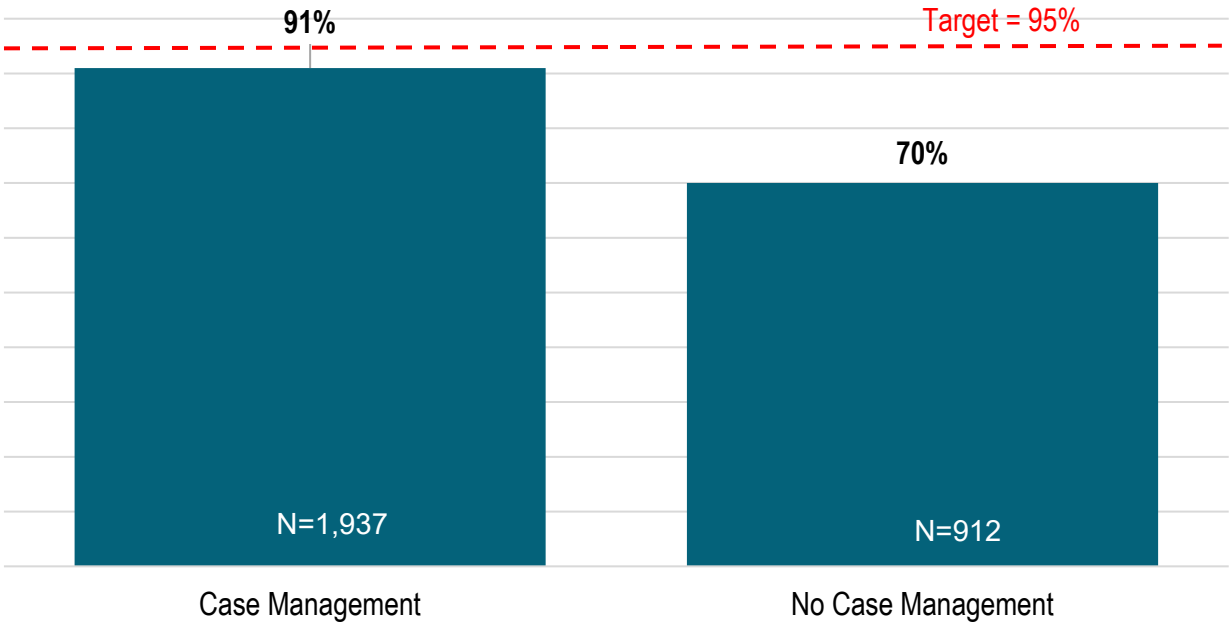


Figure 4. *Iowans who enrolled in case management services were more likely to achieve viral suppression (91%) compared to Iowans who did not (70%).*

Figure 5. Rates of Viral Suppression in U.S.-born & Non-U.S.-born Black/African American Iowans Diagnosed and Living with HIV: Case Management vs. No Case Management

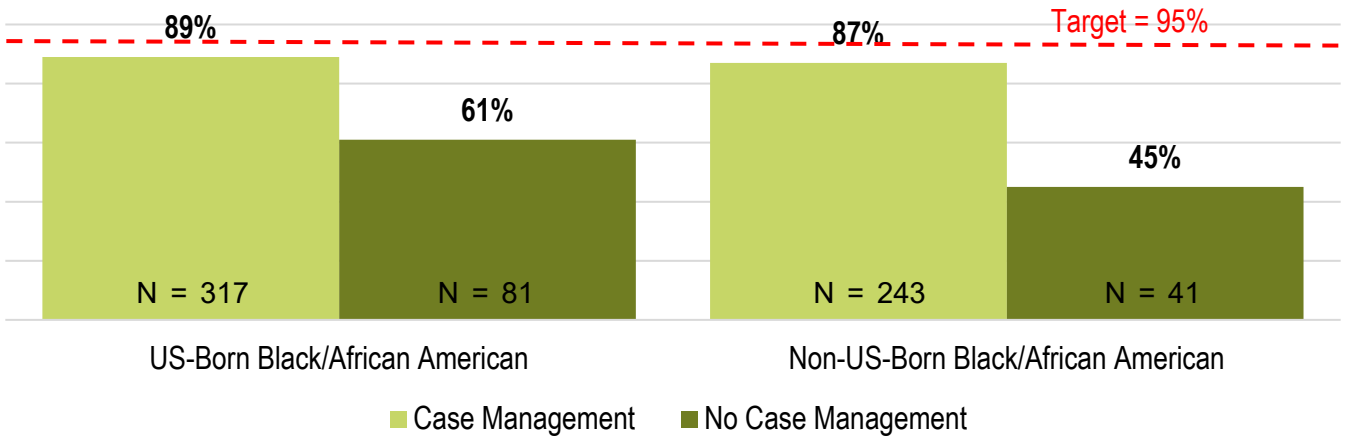


Figure 5. *Among Black/African American PLHIV in Iowa, those who enrolled in case management were more likely to achieve viral suppression compared to those who did not enroll in case management. US-born Black/African American PLHIV who enrolled in case management were the most likely to achieve viral suppression (89%), while non-US-born Black/ African American PLHIV who did not enroll in case management were the least likely to achieve viral suppression (45%).*

Figure 6. Rates of Viral Suppression in U.S.-born & Non-U.S.-born Latino Iowans Diagnosed and Living with HIV: Case Management vs. No Case Management

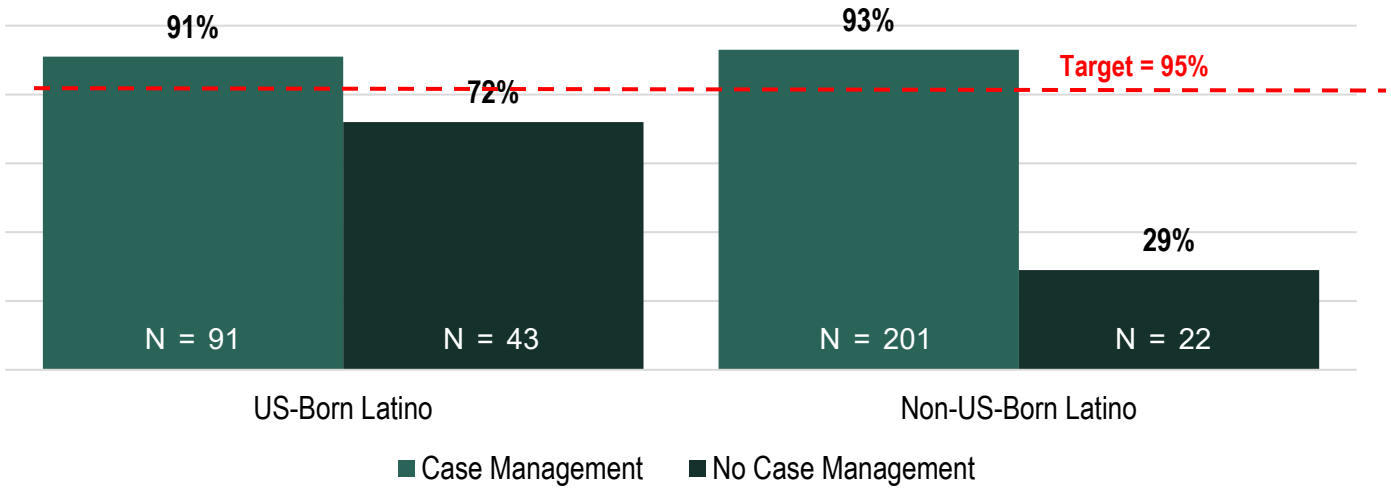


Figure 6. *Among both US-Born and Non-US-Born Latino PLHIV in Iowa, those who enrolled in case management were more likely to achieve viral suppression than those who did not enroll in case management. Non-US-born Latino PLHIV who enrolled in case management were the most likely to achieve viral suppression (93%), while non-US-born Latino PLHIV who did not enroll in case management were the least likely to achieve viral suppression (29%). Over 90% of US-Born Latino PLHIV who enrolled in case management achieved viral suppression.*

Client Services

The RWPB Client Services Program funded nine agencies across the state to provide four levels of case management, as well as several core medical and support services. A description of the services provided by RWPB agencies can be found in **Appendix A—RWPB Services.**

Client Characteristics

A total of 2,657 PLHIV received RWPB services in 2024. The following figures display the trends for the overall percentage of Iowan's living with HIV case managed in the RWPB program and demographics of the RWPB clients.

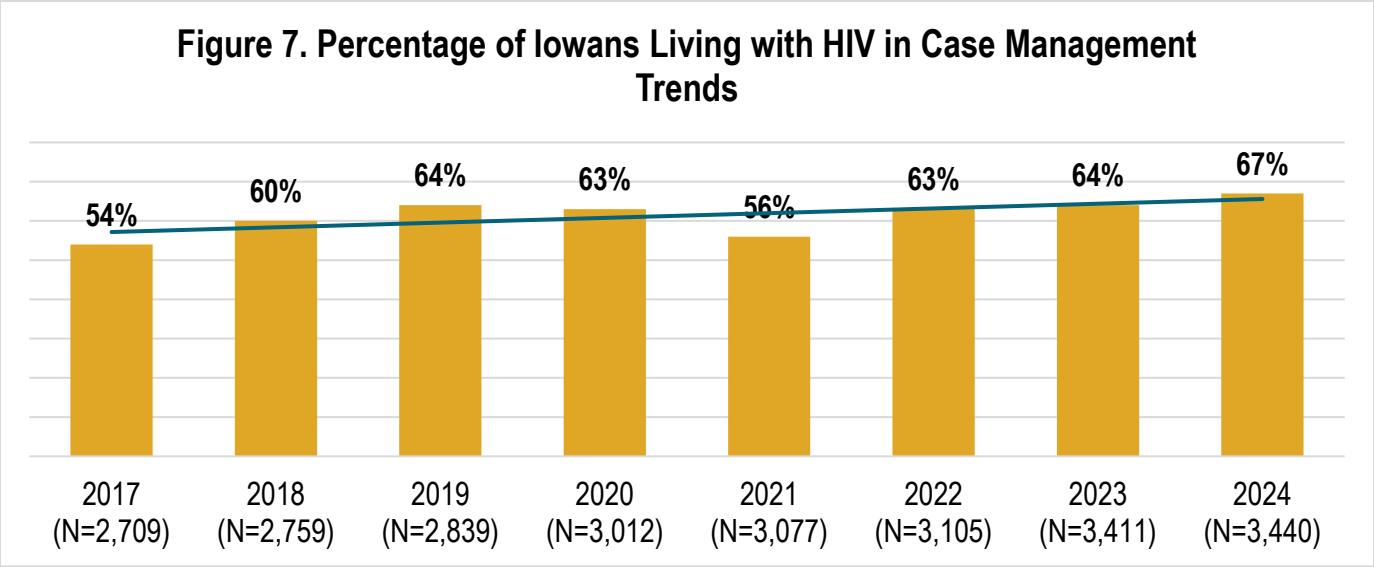


Figure 7. *The percentage of all Iowans diagnosed and living with HIV in Iowa who are case managed has increased since 2017 with a significant increase from 2021-2024. PLHIV who are case managed have better health outcomes, such as higher viral suppression when compared to those who are not case managed.*

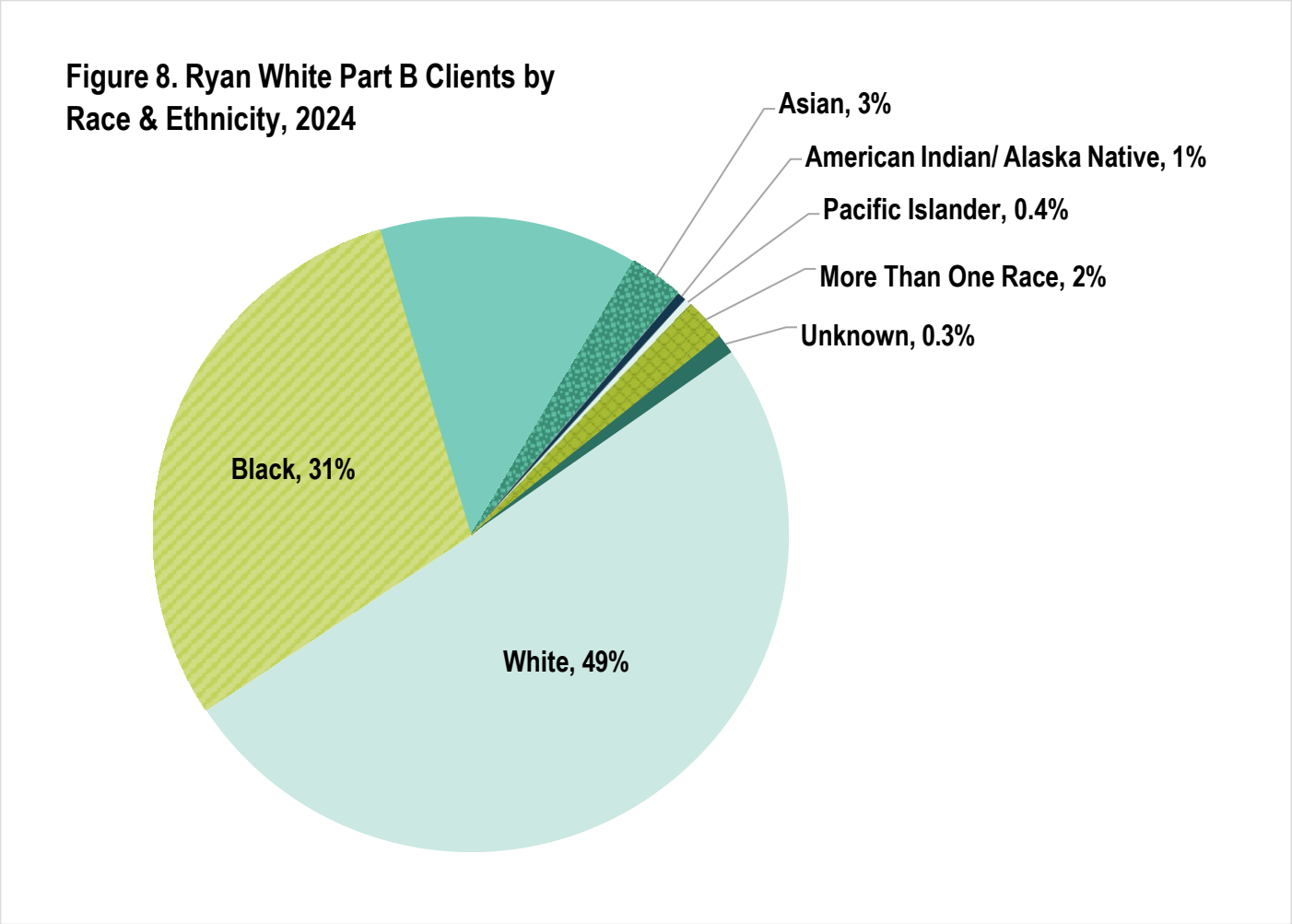


Figure 8. *The race and ethnicity of RWPB clients in 2024 closely mirrored that of all PLHIV in Iowa, except that Black or African American PLHIV were overrepresented in RWPB (31% of RWPB clients vs 24% of all PLHIV in Iowa) and White clients were underrepresented (49% of RWPB clients vs 56% of all PLHIV in Iowa).*

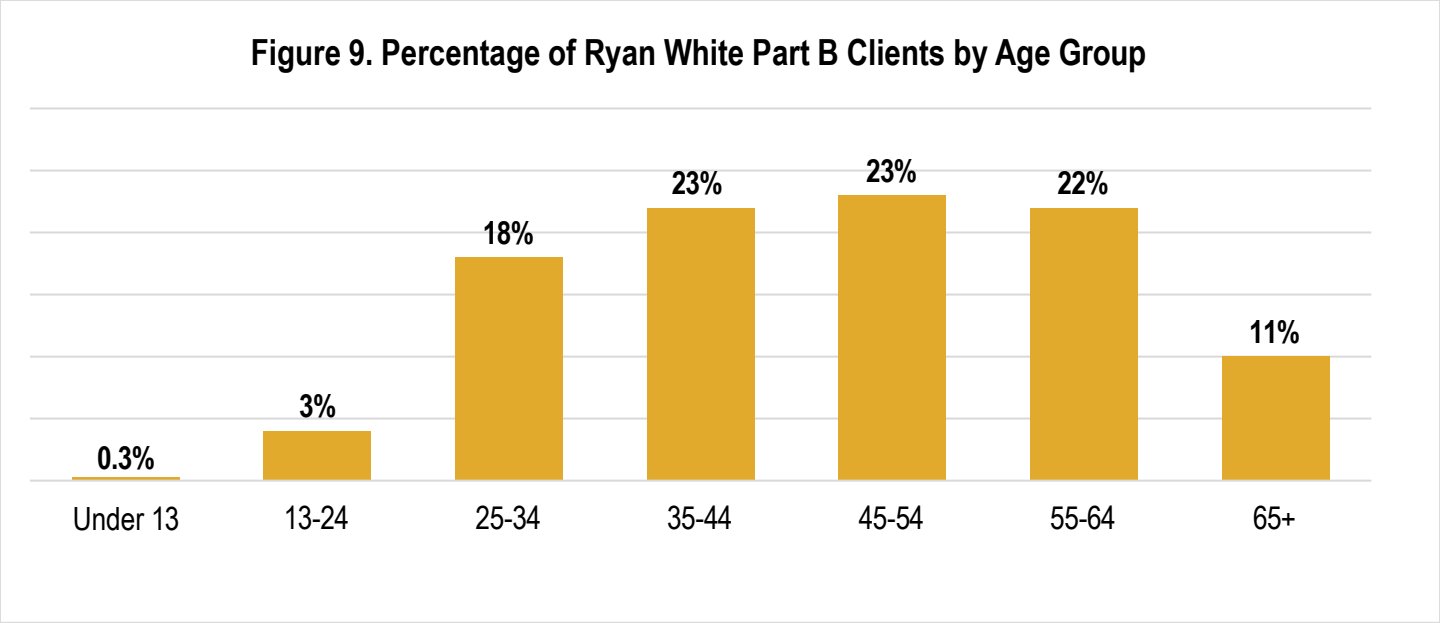


Figure 9. *RWPB clients aged 35-44, 45-54 and 55-64 each represented about 25% of the total client population. Slightly fewer clients were between the ages of 25-34 (18%). Only 11% of clients were 65 years or older and less than 5% were under the age of 25. Clients aged 25-34 and 35-44 were overrepresented in RWPB (18% of RWPB clients vs. 15% of all PLHIV in Iowa) and (23% of RWPB clients vs. 21% of all PLHIV in Iowa). Furthermore, clients aged 55-64 and 65+ were underrepresented in RWPB (22% of RWPB clients vs. 24% of all PLHIV in Iowa) and (11% of RWPB clients vs. 15% of all PLHIV in Iowa).*

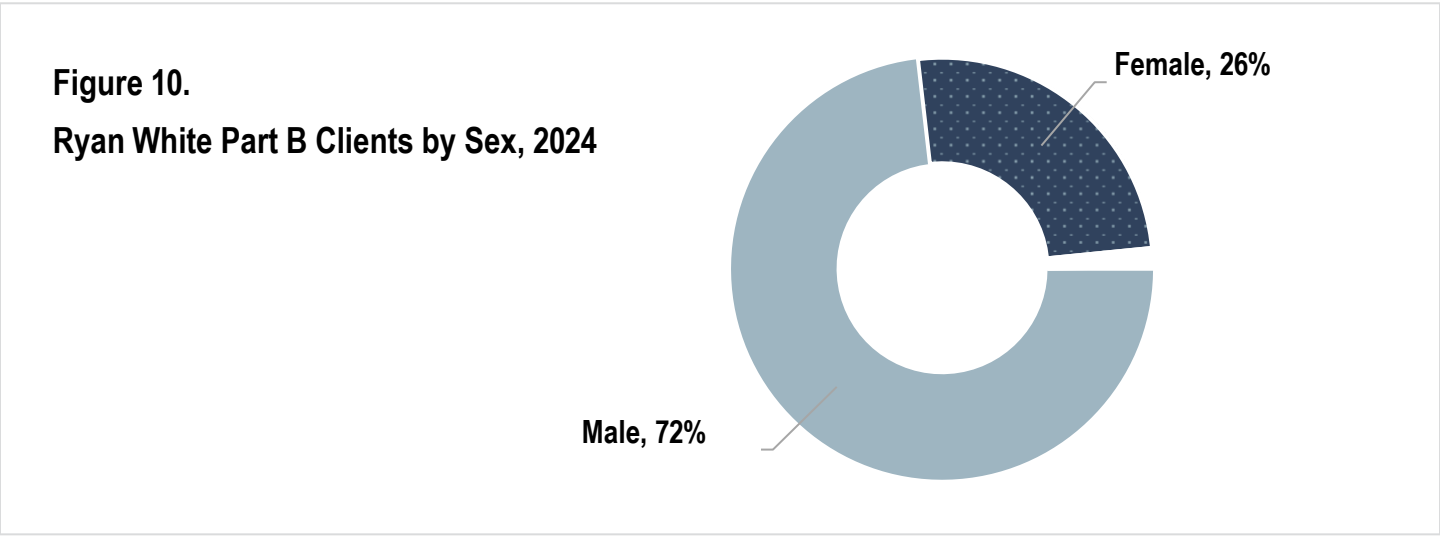


Figure 10. *Almost three quarters of RWPB clients were male and one quarter were female. Female clients are overrepresented in RWPB (26% of RWPB clients vs. 23% of all PLHIV in Iowa). Male clients are underrepresented in RWPB (72% of RWPB clients vs. 77% of all PLHIV in Iowa).*

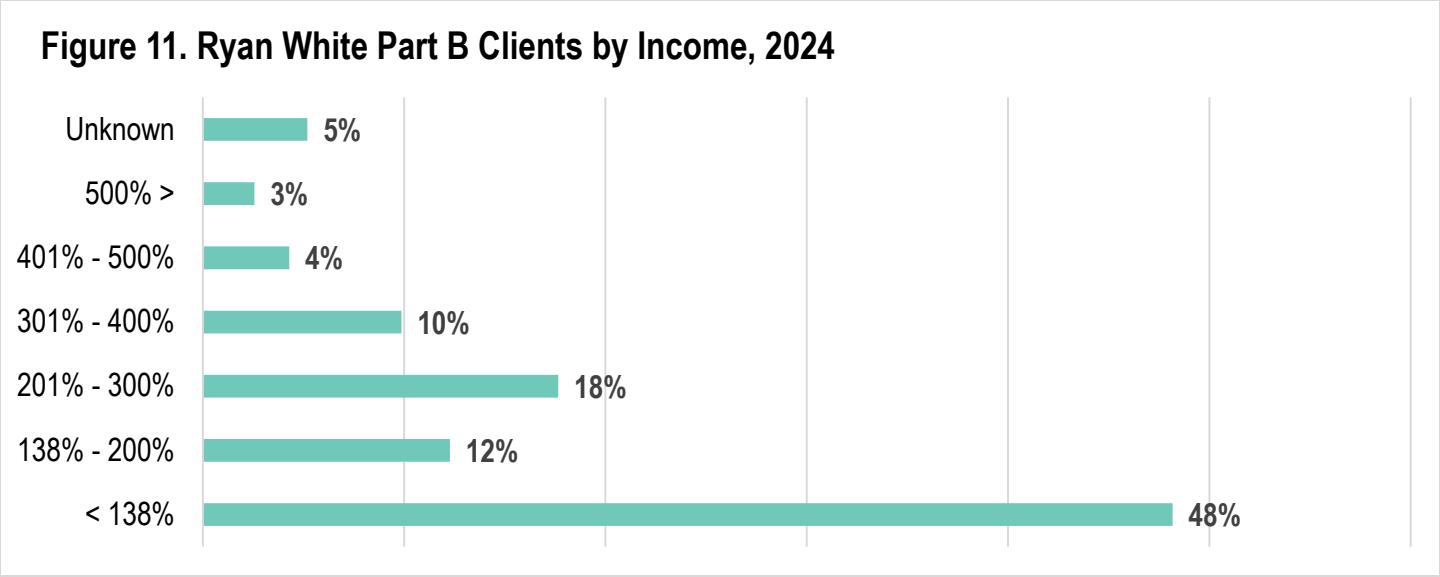


Figure 11. *Nearly half of RWPB clients had incomes under 138% FPL. Five percent (5%) of clients did not have their income recorded in 2024, likely because they discontinued services very early in the year.*

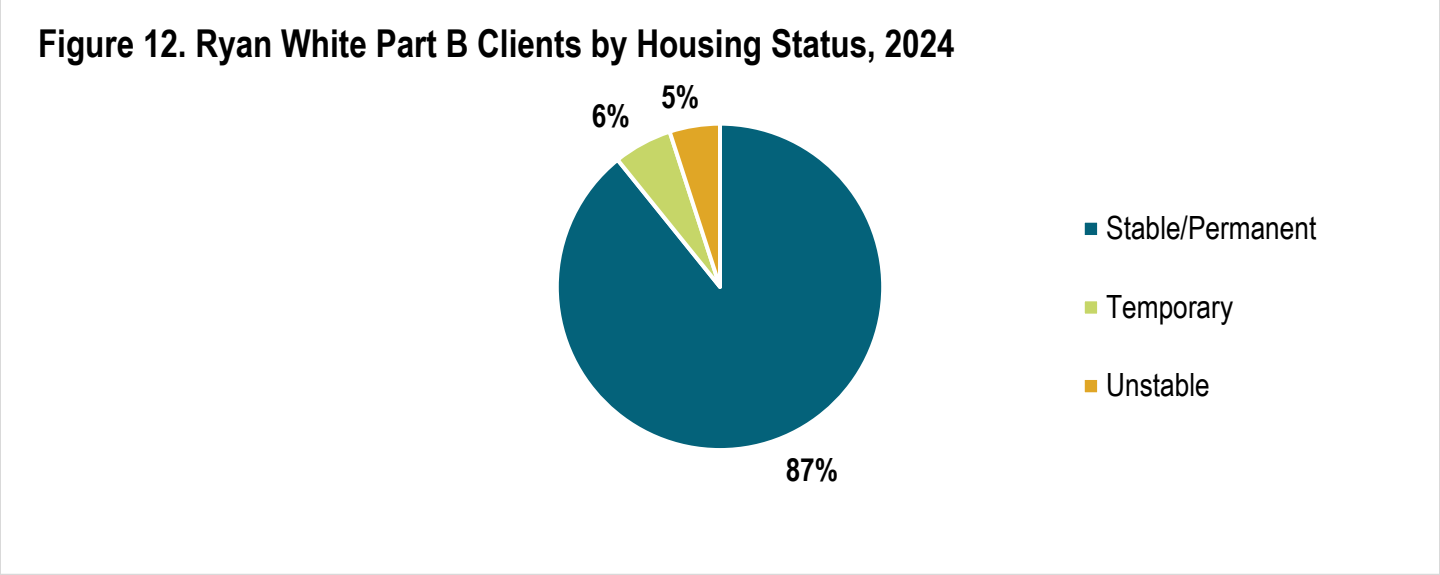


Figure 12. *Almost 90% of the RWPB clients had a Stable/Permanent housing status. Eleven percent (11%) had a Temporary or Unstable housing status. Data was missing for three percent (3%) of clients.*

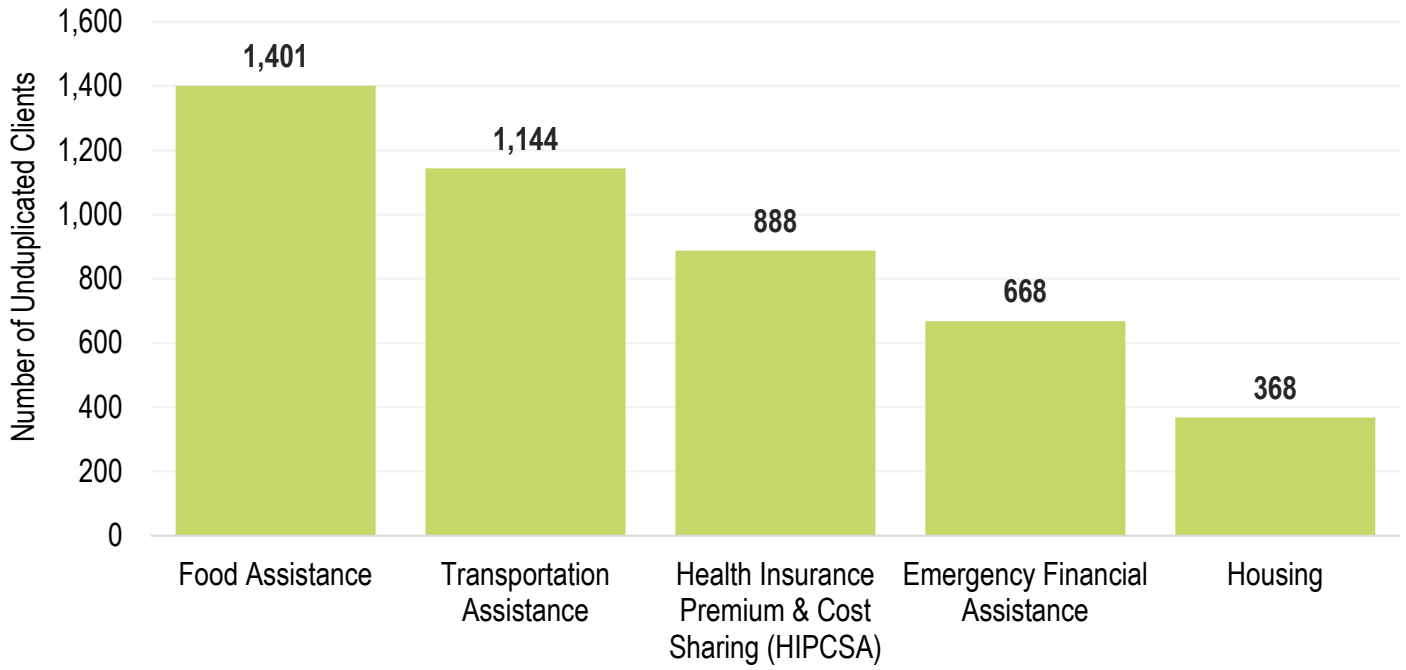
Services

All nine directly funded RWPB agencies offered case management services. Agencies who provided case management also offered the following services:

- **Health Insurance Assistance**—Wrap-around financial assistance for health insurance costs (e.g., assistance with copays, deductibles, and premiums).
- **Housing Assistance**—Short-term financial assistance for housing costs (e.g., rent, application fees, emergency lodging, etc.).
- **Medical Transportation Assistance**—Assistance with costs associated with transportation to ensure access to core medical and support services (e.g., gas card, bus pass, etc.) and the provision of transportation by a RW staff member.
- **Emergency Financial Assistance**—Limited one-time or short-term payments to assist with an urgent need for essential items or services necessary to improve health outcomes (e.g., medication costs, utility costs, etc.).
- **Food Assistance**—Provision of vouchers to grocery stores or the actual provision of food items.

The top five most utilized financial assistance services in 2024 are shown in Figure 13, below.

Figure 13. Top Five Most Utilized Financial Assistance Services in 2024



Benefits & Drug Assistance Program

Iowa's Benefits and Drug Assistance Program (BDAP), formerly and nationally known as the AIDS Drug Assistance program (ADAP), was renamed in 2023 based on community feedback. BDAP provides medications and insurance assistance to eligible RWPB clients:

- Medications are provided directly to BDAP clients who do not have or are not eligible for healthcare insurance coverage—generally because insurance enrollment (i.e., open enrollment) is not currently available.
- For those who have healthcare insurance or are eligible for enrollment into a health plan, BDAP assists with insurance premiums, medication copayments, coinsurance and deductible costs.

RWPB clients enrolled in Iowa Medicaid are ineligible for BDAP (except those with Medicaid for Employed Persons with Disabilities—or MEPD).

In 2024, 1,239 RWPB clients utilized BDAP services. That equates to 36% of RWPB clients receiving BDAP benefits. This is a 26% increase from 2022, most likely due to the Medicaid unwinding process (i.e., state Medicaid resumed eligibility reviews after a two-year pause, resulting in individuals being disenrolled). Figure 14, below, shows the distribution of BDAP clients by program in 2024.

Clients who received Medication Assistance were typically between insurance plans or missed enrollment for other insurances. Clients who received Insurance Assistance were either enrolled in a private health insurance plan (e.g., through their employer or Healthcare.gov, etc.) or had Medicare Part D or MEPD.

In 2024, BDAP transitioned from Rebate funding to a Program Income model, a key milestone. Prior to the shift in July, BDAP collected approximately $7.5 million in pharmaceutical rebates through the 340B Drug-Pricing Program, which historically contributed a significant portion of RWPB funding. The Program Income model is expected to enhance revenue generation and strengthen long-term sustainability. In 2024 overall, BDAP revenue totaled approximately $23 million. Figure 15, below, further breaks down revenue generated between Rebates and Program Income.

Figure 14. Distribution of BDAP Clients by Program in 2024

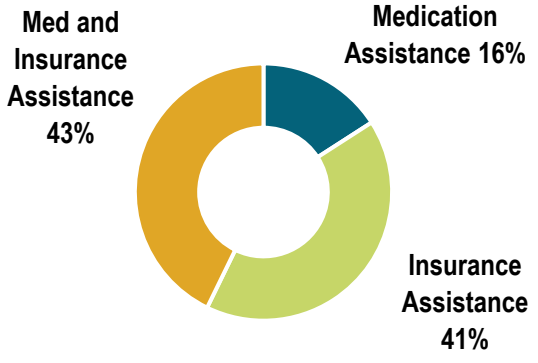


Figure 15. BDAP Program Revenue 2024

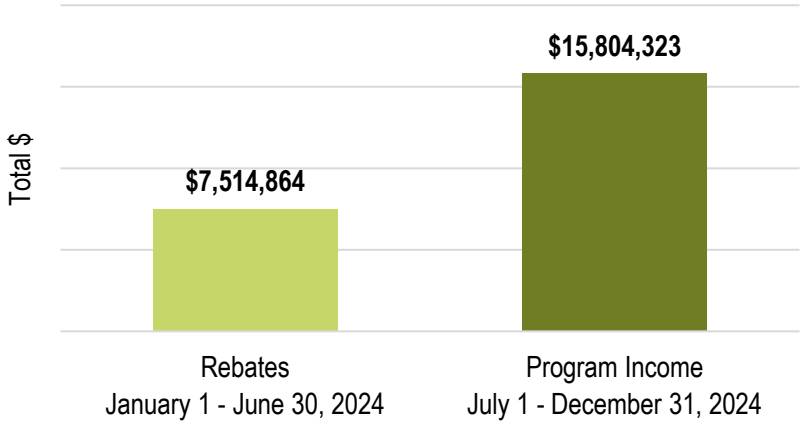


Figure 14. *Most BDAP clients received Medication & Insurance Assistance (43%); fewer received Medication Assistance only (16%).*
Figure 15. *BDAP revenue under the Program Income model ($15.8 million) was more than double revenue under the rebate model.*

BDAP Jail Assistance

In 2024, BDAP continued to provide medications to PLHIV incarcerated in county jails. When a PLHIV is incarcerated, a county jail may apply to BDAP for assistance with medication costs. Each approval provides one 30-day supply of medications for the client. Jails may continue to submit monthly applications for the duration of the individual's incarceration. Medications are sent directly to the jail and are the property of the person who is incarcerated.

When the request for BDAP Jail Assistance involves a client who is enrolled in case management, BDAP staff notifies the client's case manager. If the client has not enrolled in case management, then BDAP staff notifies the Data-to-Services Coordinator (DTSC). The DTSC then ensures the individual is linked to HIV medical care upon their release.

In 2024, 78 PLHIV received services through the BDAP Jail Assistance program throughout 28 county jails in Iowa. This is an increase from 2023 in which 61 clients received services through the jail assistance program and 23 county jails participated. Figure 16 below shows the county jails that participated in 2024.

Figure 16. Participating Counties in the BDAP Jail Assistance Program – 2024

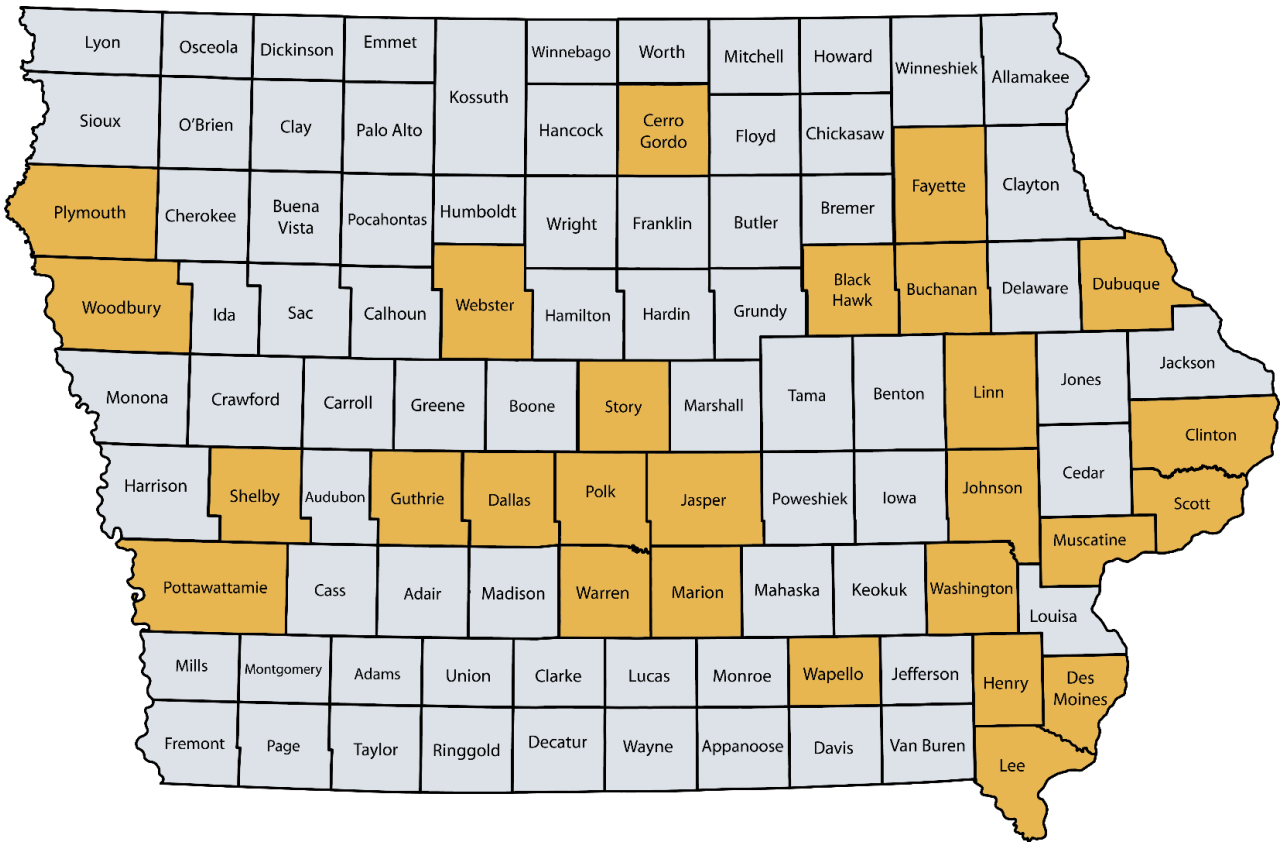


Figure 16. *PLHIV who were incarcerated at the highlighted 28 county jails accessed the BDAP Jail Assistance program for full payment of medication.*

BDAP Programmatic Highlights

In 2024, the BDAP team achieved several significant milestones, ranging from increased jail assistance utilization to improved revenue generation. Each advancement strengthened services for PLHIV in Iowa and expanded the Iowa RWPB's capacity to support clients. The milestones include:

Improved Access to Medication and Insurance Support

BDAP saw a notable rise in medication and insurance utilization among PLHIV. The program covered HIV medication costs for clients whose insurance plans did not, easing their financial burden. Additionally, 17 more clients received medication through the jail assistance program.



Jail Assistance Program Expansion

The Jail Assistance Program grew in both reach and collaboration. More jails participated, and partnerships with Disease Intervention Specialists (DIS) and RWPB case managers deepened to ensure incarcerated PLHIV have access to medications. BDAP staff cannot directly contact jails- even when aware of an incarcerated PLHIV- therefore, these partnerships are essential. BDAP meets quarterly with the Bureau of HIV, STI and Hepatitis's Regional Health Specialists (RHS) to share updates. RHS, in turn, present on the program and engage sheriff's offices at health fairs. BDAP also proactively contacts county jails that have not used the program to raise awareness.

Success Story: Overcoming Barriers

One standout instance involved a county jail that faced multiple barriers to providing care coordination, including logistical challenges. Working closely with a case manager, BDAP confirmed the client would be incarcerated for an extended period and successfully worked with jail staff to address challenges for the client to receive lab work and medication. This collaboration ensured the client remained engaged in care during incarceration, supporting continuity of treatment and better health outcomes.

Transition to Program Income Model

In 2024, BDAP transitioned from a Rebate to a Program Income Model (See Figure 24). This change is expected to increase revenue generation and increase resources available to reinvest in allowable Ryan White services to improve the health of PLHIV.

Re-Engagement in 2024

The Bureau of HIV, STI and Hepatitis employs a Data-to-Service Coordinator (DTSC) to facilitate the re-engagement program. Using data to services (DTS) public health strategies, Iowa developed a comprehensive, multidisciplinary and multi-pronged approach to identifying PLHIV who are out of care.

The DTS initiative streamlines a process by routing all referrals and outreach planning through the DTSC. Referrals (i.e., people who are out of care) come from case managers, nurses, private medical providers and the HIV surveillance office at Iowa HHS.

To ensure PLHIV with the highest needs are addressed quickly, those who identify as one or more of the following are prioritized for re-engagement services:

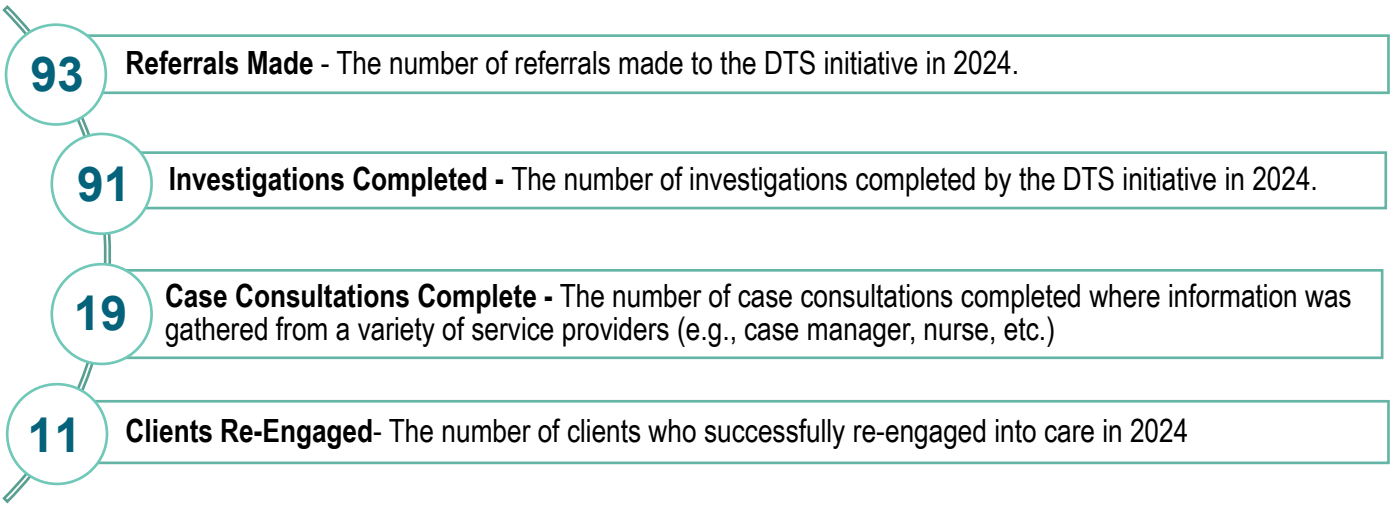


- High viral load/low CD4+ cell count
- Women under 40 years of age
- Men who have sex with men (MSM) under 35 years of age
- Black/African American people

Because of the unique population distribution of PLHIV in Iowa, the DTS initiative quickly learned that it takes a community-based team approach for outreach and re-engagement services. Case managers, nurses, Disease Intervention Specialists (DIS) and the DTSC all play roles in outreach efforts to re-engage PLHIV who are out of care.

When a PLHIV is determined to be prioritized for re-engagement services, a case consultation team is assembled to discuss the client's situation. The team also determines who will reach out to the client based on the client's needs and who has the best chance of success helping the client to re-engage. Figure 17, below, shows a breakdown of the DTS initiative activities in 2024.

Figure 17. Data to Services Activities – 2024



Appendix A—Ryan White Part B Services

RWPB agencies in Iowa provided the following services:

Case Management—A client-focused process that expands and coordinates, where appropriate, existing services to clients. The primary activities of case management are to assess client needs and arrange for services to address those needs. Based on the annual assessment, clients are enrolled in either Medical Case Management, Non-medical Case Management, Brief Contact Management or Maintenance Outreach Support Services.

Core Medical Services

Iowa Ryan White Part B Agencies provided assistance to Iowans living with HIV through the following core medical services:

Health Insurance Premium and Cost Sharing Assistance (Health Insurance Assistance)—Provides financial assistance for eligible clients living with HIV to maintain continuity of health insurance or to receive medical and pharmacy benefits under a health care coverage program, including stand-alone dental insurance.

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

Home Health Care—The provision of services in the home that are appropriate to an eligible client's needs and are performed by licensed professionals.

Medical Nutrition Therapy—Activities provided by a registered dietician that may include nutrition assessment and screening, dietary/nutritional evaluation, food and/or nutritional supplements per medical provider's recommendation, and nutrition education and/or counseling.

Mental Health Services—The provision of outpatient psychological and psychiatric screening, assessment, diagnosis, treatment and counseling services offered to clients living with HIV. Services are based on a treatment plan, conducted in an outpatient group or individual session and provided by a mental health professional licensed or authorized within the state of Iowa to render such services.

Oral Health Care—Includes outpatient diagnosis, prevention, and therapy provided by dental health care professionals (general dental practitioners, dental specialists, dental hygienists and licensed dental assistants).

Outpatient/Ambulatory Health Services (OAHS)—The provision of diagnostic and therapeutic-related activities directly to a client by a licensed healthcare provider in an outpatient medical setting.

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

Support Services

Iowa Ryan White Part B Agencies provided assistance to Iowans living with HIV through the following support services:

Emergency Financial Assistance—Limited one-time or short-term payments to assist a Ryan White-eligible client with an urgent need for essential items or services necessary to improve health outcomes.

Food Bank/Home Delivered Meals—The provision of actual food items, hot meals, or vouchers to purchase food (includes personal hygiene products and household cleaning supplies).

Health Education/Risk Reduction—The provision of education to clients living with HIV about HIV transmission and how they can the risk of HIV transmission.

Housing—The provision of transitional, short-term or emergency housing assistance to enable a client or family to gain or maintain outpatient/ambulatory health services and treatment, including temporary assistance necessary to prevent homelessness and to gain or maintain access to medical care.

Linguistic Services—Includes interpretation and translation activities, both oral and written, to eligible clients.

Medical Transportation—The provision of non-emergency transportation that enables an eligible client to access and/or to remain engaged in core medical and support services.

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

Outreach Services—Includes identification of people who do not know their HIV statuses and/or linkage or re-engagement of PLHIV who know their statuses into Ryan White Part B services.

Psychosocial Support Services—The provision of group or individual support and counseling services to assist eligible PLHIV to address behavioral and physical health concerns.

Referral for Health Care and Support Services—In-person or telephone, written or other types of communication that directs a client to needed core medical or support services.

Substance Abuse Services (residential)—Activities provided for the treatment of drug or alcohol use disorders in a residential setting to include screening, assessment, diagnosis and treatment of substance use disorder.