

Office of HIV Planning
HIV Integrated Planning Council: Ryan White Part A
Allocations 2023

Recipient Supplemental Report:
March 1, 2022–February 28, 2023 EMA Utilization for Funded
Service Categories

Food Bank/Home-Delivered Meals:

The number of clients receiving meals under Part A remained relatively stable this year, with **13 (-0.6%)** fewer clients compared to FY21. The number of meals provided, however, increased by **51,860 (146.3%)** meals.

Expenditures increased by **38.1%**, while the average cost per unit of service decreased by **44% (\$14.50 to \$8.13)**.

Emergency Financial Assistance:

All other available community resources must be exhausted prior to applying for these funds. **60 (14.4%)** more clients received services under EFA in comparison to the previous year, and utilization increased by **136 units (26.3%)**.

Expenditures increased in this category in FY22 by **18.4%**.

The cost per unit of service declined from **\$1,847 to \$1,731 (-6%)**.

Housing Services:

The number of clients who received housing services increased by **185 clients (46%)** compared to FY21, and utilization increased by **513 units (5.6%)**. Meanwhile, expenditures increased by **37.8%**.

Housing services fund emergency short-term rental assistance (EFA), supportive services, group housing, and legal assistance.

Medical Case Management:

192 (-3.5%) fewer clients received Part A/MAI MCM services this year, while documented service units saw a small decrease of **6,644 units (-1.7%)**. Total expenditures decreased by **3.1%**.

Studies have shown that clients enrolled in Medical Case Management tend to be more adherent to HIV Medical Care. In 2022, **85.4%** of new MCM clients were linked to medical care.

Medical Nutrition Therapy:

1 (0.3%) more client received Nutrition Therapy between FY21 and FY22, whereas service units increased by **1,458 (152.4%)**. Expenditures increased accordingly, with an increase of **12.7%**.

The cost per unit of service declined from **\$61.22** to **\$27.34 (-55.3%)**.

In-person medical nutrition services has increased. Moreover, the unit definition changed from 1-hour sessions to 15-minute increments.

Medical Transportation Services:

In FY22, **263 (-13.6%)** fewer clients received **9,514 (-41.4%)** fewer one-way or round trips than in the previous year. Expenditures also decreased by **13.5%**.

In FY22, subrecipients were required to begin entering one unit of service per one-way trip or round trip, instead of one unit for a one-way trip and two units per round trip. This contributed to the decline in units.

Mental Health Services:

49 (3.1%) more clients utilized mental health services, with an increase of **5,221 (64.3%)** Mental Health outpatient sessions since the previous year. Unit definitions were revised at the start of FY22 to reflect 1 unit per quarter hour instead of one unit per hour. This contributed to the increase in units. Expenditures increased by **6.5%**.

It should be noted that most subrecipients utilize the Behavioral Health Consultant model which provides short term, decision support for mental health treatment planning.

Medications:

19 (-8.6%) fewer clients had **326 (-26.8%)** fewer 30-day Prescriptions filled. Accordingly, expenditures declined by **19.0%**. Meanwhile, the cost of a unit of service in this category increased from **\$347.36** to **\$384.37(10.7%)**.

Due to more expedient processes related to SPBP and Medicaid, the need for this service continues to decline year over year.

Other Professional Services (Legal):

In FY 2022, clients in this service category stayed relatively stable with **9 (1.2%)** additional clients accessing Legal Services. Service units increased by **915 (5.2%)**. Meanwhile, expenditures fell by **2.7%**.

The biggest increase in units was in services provided in New Jersey. This is due to limited resources in NJ, as a result, clients must access legal services more often.

Oral Health Care:

This service saw an increase in utilization in 2022. **156 (11.6%)** more clients accessed Oral Health Care than in 2021, with an increase of **293 (4.6%)** dental visits. Expenditures also increased slightly, with a **2.9%** change since FY2021. This continues the pattern of increased utilization over the past several years, with a 30.4% increase in clients and a 49.5% increase in units since FY 2020.

Outpatient Ambulatory Health Services:

Part A funds 24 HIV medical care programs in the EMA. These outpatient/ambulatory care providers are located in hospitals, comprehensive services agencies, Federally Qualified Health Centers and in the City of Philadelphia Health Centers.

Service utilization declined slightly this year, with **165 (-1.5%)** fewer clients accessing Part A/MAI HIV medical services. Meanwhile, the number of Part A/MAI medical visits decreased by **1,663 (-5.1%)** in comparison to FY 2021. There was a **0.4%** decrease in expenditures.

VL Suppression in the EMA increased from **85%** to **86%** during this period, likely due to more viral load tests being conducted as patients continued to return to in-person visits.

Referral for Health Care/Supportive Services:

This service includes a confidential helpline and computer lab with digital health literacy classes focused on entitlements and benefits information. Client Services Unit Medical Case Management intakes are also included in this service category.

The number of clients utilizing these services increased by **135 (10.9%)** since the previous year, and **649 (39.5%)** more encounters and quarter hours were provided. However, expenditures declined by **0.7%**.

Substance Abuse Services – Outpatient:

Clients active in addiction are less likely to take HIV ARV medications, attend medical visits as scheduled, and are more likely to be involved in the criminal justice system.

The Office of Addiction Services (OAS) provides the bulk of these services in Philadelphia.

301 (-49.3%) fewer clients received this service this year, and service utilization for those clients decreased by **1,340 (-11.1%)**.