

Statutory Notes and Related Subsidiaries**EFFECTIVE DATE OF 2009 AMENDMENT; REVIVAL OF SECTION**

For provisions that repeal by section 2(a)(1) of Pub. L. 111-87 of section 703 of Pub. L. 109-415 be effective Sept. 30, 2009, and that the provisions of this section as in effect on Sept. 30, 2009, be revived, see section 2(a)(2), (3)(A) of Pub. L. 111-87, set out as a note under section 300ff-11 of this title.

EFFECTIVE DATE OF 1996 AMENDMENT

Amendment by Pub. L. 104-146 effective Oct. 1, 1996, see section 13 of Pub. L. 104-146, set out as a note under section 300ff-11 of this title.

§ 300ff-23. Grants to establish HIV care consortia**(a) Consortia**

A State may, subject to subsection (f), use amounts provided under a grant awarded under section 300ff-21 of this title to provide assistance under section 300ff-22(a) of this title to an entity that—

(1) is an association of one or more public, and one or more nonprofit private,¹ (or private for-profit providers or organizations if such entities are the only available providers of quality HIV care in the area)¹ health care and support service providers and community based organizations operating within areas determined by the State to be most affected by HIV/AIDS; and

(2) agrees to use such assistance for the planning, development and delivery, through the direct provision of services or through entering into agreements with other entities for the provision of such services, of comprehensive outpatient health and support services for individuals with HIV/AIDS, that may include—

(A) essential health services such as case management services, medical, nursing, substance abuse treatment, mental health treatment, and dental care, diagnostics, monitoring, prophylactic treatment for opportunistic infections, treatment education to take place in the context of health care delivery, and medical follow-up services, mental health, developmental, and rehabilitation services, home health and hospice care; and

(B) essential support services such as transportation services, attendant care, homemaker services, day or respite care, benefits advocacy, advocacy services provided through public and nonprofit private entities, and services that are incidental to the provision of health care services for individuals with HIV/AIDS including nutrition services, housing referral services, and child welfare and family services (including foster care and adoption services).

An entity or entities of the type described in this subsection shall hereinafter be referred to in this subchapter as a “consortium” or “consortia”.

¹ So in original. The comma probably should follow parenthetical phrase.

(b) Assurances**(1) Requirement**

To receive assistance from a State under subsection (a), an applicant consortium shall provide the State with assurances that—

(A) within any locality in which such consortium is to operate, the populations and subpopulations of individuals and families with HIV/AIDS have been identified by the consortium, particularly those experiencing disparities in access and services and those who reside in historically underserved communities;

(B) the service plan established under subsection (c)(2) by such consortium is consistent with the comprehensive plan under section 300ff-27(b)(4) of this title and addresses the special care and service needs of the populations and subpopulations identified under subparagraph (A); and

(C) except as provided in paragraph (2), the consortium will be a single coordinating entity that will integrate the delivery of services among the populations and subpopulations identified under subparagraph (A).

(2) Exception

Subparagraph (C) of paragraph (1) shall not apply to any applicant consortium that the State determines will operate in a community or locality in which it has been demonstrated by the applicant consortium that—

(A) subpopulations exist within the community to be served that have unique service requirements; and

(B) such unique service requirements cannot be adequately and efficiently addressed by a single consortium serving the entire community or locality.

(c) Application**(1) In general**

To receive assistance from the State under subsection (a), a consortium shall prepare and submit to the State, an application that—

(A) demonstrates that the consortium includes agencies and community-based organizations—

(i) with a record of service to populations and subpopulations with HIV/AIDS requiring care within the community to be served; and

(ii) that are representative of populations and subpopulations reflecting the local incidence of HIV and that are located in areas in which such populations reside;

(B) demonstrates that the consortium has carried out an assessment of service needs within the geographic area to be served and, after consultation with the entities described in paragraph (2), has established a plan to ensure the delivery of services to meet such identified needs that shall include—

(i) assurances that service needs will be addressed through the coordination and expansion of existing programs before new programs are created;

(ii) assurances that, in metropolitan areas, the geographic area to be served by

the consortium corresponds to the geographic boundaries of local health and support services delivery systems to the extent practicable;

(iii) assurances that, in the case of services for individuals residing in rural areas, the applicant consortium shall deliver case management services that link available community support services to appropriate specialized medical services; and

(iv) assurances that the assessment of service needs and the planning of the delivery of services will include participation by individuals with HIV/AIDS;

(C) demonstrates that adequate planning has occurred to meet the special needs of families with HIV/AIDS, including family centered and youth centered care;

(D) demonstrates that the consortium has created a mechanism to evaluate periodically—

(i) the success of the consortium in responding to identified needs; and

(ii) the cost-effectiveness of the mechanisms employed by the consortium to deliver comprehensive care;

(E) demonstrates that the consortium will report to the State the results of the evaluations described in subparagraph (D) and shall make available to the State or the Secretary, on request, such data and information on the program methodology that may be required to perform an independent evaluation; and

(F) demonstrates that adequate planning occurred to address disparities in access and services and historically underserved communities.

(2) Consultation

In establishing the plan required under paragraph (1)(B), the consortium shall consult with—

(A)(i) the public health agency that provides or supports ambulatory and outpatient HIV-related health care services within the geographic area to be served; or

(ii) in the case of a public health agency that does not directly provide such HIV-related health care services such agency shall consult with an entity or entities that directly provide ambulatory and outpatient HIV-related health care services within the geographic area to be served;

(B) not less than one community-based organization that is organized solely for the purpose of providing HIV-related support services to individuals with HIV/AIDS;

(C) grantees under section 300ff-71 of this title, or, if none are operating in the area, representatives in the area of organizations with a history of serving children, youth, women, and families living with HIV; and

(D) the types of entities described in section 300ff-12(b)(2) of this title.

The organization to be consulted under subparagraph (B) shall be at the discretion of the applicant consortium.

(d) “Family centered care” defined

As used in section 300ff-21 of this title, the term “family centered care” means the system

of services described in this section that is targeted specifically to the special needs of infants, children, women, and families. Family centered care shall be based on a partnership between parents, professionals, and the community designed to ensure an integrated, coordinated, culturally sensitive, and community-based continuum of care for children, women, and families with HIV/AIDS.

(e) Priority

In providing assistance under subsection (a), the State shall, among applicants that meet the requirements of this section, give priority—

(1) first to consortia that are receiving assistance from the Health Resources and Services Administration for adult and pediatric HIV-related care demonstration projects; and then

(2) to any other existing HIV care consortia.

(f) Allocation of funds; treatment as support services

For purposes of the requirement of section 300ff-22(b)(1) of this title, expenditures of grants under section 300ff-21 of this title for or through consortia under this section are deemed to be support services, not core medical services. The preceding sentence may not be construed as having any legal effect on the provisions of subsection (a) that relate to authorized expenditures of the grant.

(July 1, 1944, ch. 373, title XXVI, §2613, as added Pub. L. 101-381, title II, §201, Aug. 18, 1990, 104 Stat. 586; amended Pub. L. 104-146, §3(c)(2), May 20, 1996, 110 Stat. 1354; Pub. L. 106-345, title II, §203, Oct. 20, 2000, 114 Stat. 1331; Pub. L. 109-415, title II, §§201(b), 204(a), title VII, §§702(3), 703, Dec. 19, 2006, 120 Stat. 2787, 2796, 2820; Pub. L. 111-87, §2(a)(1), (3)(A), Oct. 30, 2009, 123 Stat. 2885.)

Editorial Notes

CODIFICATION

Another section 3(c)(2) of Pub. L. 104-146 amended section 300ff-22 of this title.

PRIOR PROVISIONS

A prior section 2613 of act July 1, 1944, was successively renumbered by subsequent acts and transferred, see section 2387 of this title.

AMENDMENTS

2009—Pub. L. 111-87 repealed Pub. L. 109-415, §703, and revived the provisions of this section as in effect on Sept. 30, 2009. See 2006 Amendment note and Effective Date of 2009 Amendment; Revival of Section note below.

2006—Pub. L. 109-415, §703, which directed repeal of this section effective Oct. 1, 2009, was itself repealed by Pub. L. 111-87, §2(a)(1), effective Sept. 30, 2009.

Pub. L. 109-415, §702(3), substituted “HIV/AIDS” for “HIV disease” wherever appearing.

Subsec. (a). Pub. L. 109-415, §204(a), substituted “section 300ff-21 of this title” for “this part” in introductory provisions.

Pub. L. 109-415, §201(b)(1), in introductory provisions substituted “may, subject to subsection (f), use” for “may use” and “section 300ff-22(a) of this title” for “section 300ff-22(a)(1) of this title”.

Subsec. (d). Pub. L. 109-415, §204(a), substituted “section 300ff-21 of this title” for “this part”.

Subsec. (f). Pub. L. 109-415, §201(b)(2), added subsec. (f).

2000—Subsec. (b)(1)(A). Pub. L. 106-345, §203(1)(A), inserted “, particularly those experiencing disparities in access and services and those who reside in historically underserved communities” before semicolon.

Subsec. (b)(1)(B). Pub. L. 106-345, §203(1)(B), inserted “is consistent with the comprehensive plan under section 300ff-27(b)(4) of this title and” after “by such consortium”.

Subsec. (c)(1)(F). Pub. L. 106-345, §203(2), added subpar. (F).

Subsec. (c)(2)(D). Pub. L. 106-345, §203(3), added subpar. (D).

1996—Subsec. (a)(1). Pub. L. 104-146, §3(c)(2)(A)(i), inserted “(or private for-profit providers or organizations if such entities are the only available providers of quality HIV care in the area)” after “nonprofit private.”

Subsec. (a)(2)(A). Pub. L. 104-146, §3(c)(2)(A)(ii), inserted “substance abuse treatment, mental health treatment,” after “nursing,” and “prophylactic treatment for opportunistic infections, treatment education to take place in the context of health care delivery,” after “monitoring.”

Subsec. (c)(1)(C). Pub. L. 104-146, §3(c)(2)(B)(i), inserted “and youth centered” after “family centered”.

Subsec. (c)(2)(C). Pub. L. 104-146, §3(c)(2)(B)(ii), added subpar. (C).

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EFFECTIVE DATE OF 1996 AMENDMENT

Amendment by Pub. L. 104-146 effective Oct. 1, 1996, see section 13 of Pub. L. 104-146, set out as a note under section 300ff-11 of this title.

§ 300ff-24. Grants for home- and community-based care

(a) Uses

A State may use amounts provided under a grant awarded under section 300ff-21 of this title to make grants under section 300ff-22(b)(3)(J) of this title to entities to—

(1) provide home- and community-based health services for individuals with HIV/AIDS pursuant to written plans of care prepared by a case management team, that shall include appropriate health care professionals, in such State for providing such services to such individuals;

(2) provide outreach services to individuals with HIV/AIDS, including those individuals in rural areas; and

(3) provide for the coordination of the provision of services under this section with the provision of HIV-related health services, including specialty care and vaccinations for hepatitis co-infection, provided by public and private entities.

(b) Priority

In awarding grants under subsection (a), a State shall give priority to entities that provide assurances to the State that—

(1) such entities will participate in HIV care consortia if such consortia exist within the State; and

(2) such entities will utilize amounts provided under such grants for the provision of

home- and community-based services to low-income individuals with HIV/AIDS.

(c) “Home- and community-based health services” defined

As used in section 300ff-21 of this title, the term “home- and community-based health services”—

(1) means, with respect to an individual with HIV/AIDS, skilled health services furnished to the individual in the individual’s home pursuant to a written plan of care established by a case management team, that shall include appropriate health care professionals, for the provision of such services and items described in paragraph (2);

(2) includes—

(A) durable medical equipment;

(B) home health aide services and personal care services furnished in the home of the individual;

(C) day treatment or other partial hospitalization services;

(D) home intravenous and aerosolized drug therapy (including prescription drugs administered as part of such therapy);

(E) routine diagnostic testing administered in the home of the individual; and

(F) appropriate mental health, developmental, and rehabilitation services; and

(3) does not include—

(A) inpatient hospital services; and

(B) nursing home and other long term care facilities.

(July 1, 1944, ch. 373, title XXVI, §2614, as added Pub. L. 101-381, title II, §201, Aug. 18, 1990, 104 Stat. 589; amended Pub. L. 109-415, title II, §§201(c)(2), 204(a), (b), title VII, §§702(3), 703, Dec. 19, 2006, 120 Stat. 2788, 2796, 2820; Pub. L. 111-87, §2(a)(1), (3)(A), Oct. 30, 2009, 123 Stat. 2885.)

Editorial Notes

PRIOR PROVISIONS

A prior section 2614 of act July 1, 1944, was successively renumbered by subsequent acts and transferred, see section 238m of this title.

AMENDMENTS

2009—Pub. L. 111-87 repealed Pub. L. 109-415, §703, and revived the provisions of this section as in effect on Sept. 30, 2009. See 2006 Amendment note and Effective Date of 2009 Amendment; Revival of Section note below.

2006—Pub. L. 109-415, §703, which directed repeal of this section effective Oct. 1, 2009, was itself repealed by Pub. L. 111-87, §2(a)(1), effective Sept. 30, 2009.

Pub. L. 109-415, §702(3), substituted “HIV/AIDS” for “HIV disease” wherever appearing.

Subsec. (a). Pub. L. 109-415, §204(a), substituted “section 300ff-21 of this title” for “this part” in introductory provisions.

Pub. L. 109-415, §201(c)(2)(A), substituted “section 300ff-22(b)(3)(J) of this title” for “section 300ff-22(a)(2) of this title” in introductory provisions.

Subsec. (a)(3). Pub. L. 109-415, §204(b), inserted “, including specialty care and vaccinations for hepatitis co-infection,” after “health services”.

Subsec. (c). Pub. L. 109-415, §204(a), substituted “section 300ff-21 of this title” for “this part” in introductory provisions.

Subsec. (c)(2)(B). Pub. L. 109-415, §201(c)(2)(B), struck out “homemaker or” before “home health”.