

E. GENERAL SERVICE DEFINITIONS & SERVICE DELIVERY

For each funded service, a Cleveland TGA definition has been developed based on guidelines provided by HRSA, the intent of the local Planning Council and standards of practice determined by the grantee.

Please note: The Ryan White Part A Program is the “payer of last resort.” This means providers must make reasonable efforts to identify and secure other funding sources outside of Ryan White legislation funds, whenever possible. Part A funds are intended to be “the payer of last resort” for the provision of care. Providers are responsible for verifying an individual’s eligibility by investigating and eliminating all other potential billing sources for each service, including public insurance programs, or private insurance. Part A funds may not be used to supplant partial reimbursements from other sources to make up any un-reimbursed portion of the cost of such services.

SERVICE UNIT

Unless otherwise noted, a unit of service is defined as direct client contact or service in a defined amount of time that may be billed in fractions thereof.

CORE SERVICES:

Service: Early Intervention Services (EIS)

Counseling individuals with respect to HIV/AIDS; testing (not funded through Ryan White Part A); referrals; other clinical and diagnostic services regarding HIV/AIDS; periodic medical evaluations for individuals with HIV/AIDS; and providing therapeutic measures.

Services should be targeted to the following populations:

- Newly diagnosed
- Receiving other HIV/AIDS services but not in primary care
- Formerly in care – dropped out
- Never in care
- Unaware of HIV status

Programs must include the following components:

- HIV Testing (not funded through Ryan White Part A) and Targeted Counseling
- Referral Services
- Linkage to Care
- Health Education and literacy training that enables clients to navigate the HIV system of care.

EIS programs must have signed linkage agreements to work with key points of entry.

Given that EIS leads EIIHA (Early Identification of Individuals with HIV/AIDS) efforts, EIS programs must coordinate with prevention services, counseling and testing centers, as well as other RW Part A providers.

Unit of Service: 1 unit = 15 minute client encounter

Service: Health Insurance Premium and Cost-Sharing Assistance (HIPCSA)

Provision of financial assistance for eligible individuals living with HIV/AIDS 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.

HIP Programs must have a documented process for payment of insurance premiums, deductibles, and co-payments as well as prescription co-payments that includes the following:

- Documenting cost/benefit analysis of insurance plan
- Verifying health insurance coverage of medication for HIV/AIDS is reasonably comparable to coverage and costs funded by the Ryan White Part A services
- Accounting system to ensure timely payments of premiums to avoid policy cancellations
- Process to determine when established limits of funds and time have been met for each client
- Process to ensure policy and payments are paid on behalf of client only

Clients must have incomes 301% - 500% Federal Poverty Level (FPL)

Unit of Service: 1 unit = 1 month premium or cost-sharing assistance

Service: Home and Community - Based Health Services

Includes 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 included 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 hospital services, nursing home and other long term care facilities are not included as home and community-based health services.

Unit of Service: 1 unit = 60 minute visit

Service: Home Health Care

The provision of services in the home by licensed health care workers, such as nurses, including the administration of intravenous and aerosolized treatment, parenteral feeding, diagnostic testing, and other medical therapies. Services require a medical referral stating the need for home health services and the expected length of care.

Unit of Service: 1 unit = 60 minute visit

Service: Hospice Care

Room, board, nursing care, counseling, physician service and palliative therapeutics provided by agencies licensed within the State. Services may be provided in a home or 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 six (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 the Ohio Medicaid Program.

Unit of Service: 1 unit = 1 day of service

Service: Local Pharmaceutical Assistance Program (LPAP)

The provision of Part A Formulary medications to treat HIV/AIDS or to prevent the serious deterioration of health arising from HIV/AIDS in eligible individuals, including measures for the prevention and treatment of opportunistic prevention. LPAP services must not be substituted for services available to eligible individuals under the Ohio ADAP program. LPAP programs are used to fill service gaps created by restrictions in the Ohio ADAP formulary and financial eligibility restrictions.

Medication Assistance must be provided in accordance with the Cleveland TGA Local Pharmaceutical Assistance Program Policy.

LPAP programs must be implemented in accordance with the requirements of the 340B Drug Pricing Program to ensure “best price” to maximize resources.

Unit of Service: 1 unit = 1 Prescription

Service: Medical Case Management

Medical Case Managers provide 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 key 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.

Medical case management services are more complex than community case management services and require ongoing, coordinated case management processes. Individuals providing medical case management must be a licensed social worker and are expected to have specialized training in medical case management models.

Medical Case Management includes all provisions listed above and requires a patient whose acuity level requires the case manager also manage their medical care, schedule and monitor medical appointments, lab work, medication treatment adherence, other indicated services including dietician, mental health and substance abuse screenings/treatment and other supports.

Unit of Service: 1 unit = 15 minute client encounter

Service: Medical Nutrition Therapy

Nutritional counseling services and nutritional supplements provided by a licensed, registered dietician outside of an outpatient/ambulatory medical care visit. Food may be provided pursuant to a health care professional's (i.e., physician, physician assistant, or advanced practice nurse) recommendation and a nutritional plan developed by a licensed, registered dietician.

Unit of Service: 1 unit = 15 minute client encounter

Service: Mental Health Services

Provision of 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 Ohio to render such services. Services must be provided by a mental health professional, licensed by and practicing under the guidelines and standards established by the Ohio Counselor and Social Work Board and/or the Ohio Department of Mental Health at an agency certified by the Ohio Department of Mental Health or Medicaid.

Unit of Service: 1 unit = 60 minute individual or group encounter

Service: Oral Health Services

The provision of diagnostic, preventative and therapeutic services provided by a dental health professional licensed to render such services in Ohio, including dental practitioners, dental specialists, and dental hygienists, as well as licensed and trained dental assistants.

Unit of Service: 1 unit = 1 visit/procedure

Service: Outpatient/Ambulatory Medical Care

Primary Care, Medical Sub-Specialty Care and RN Care Coordination:

Provision of professional diagnosis 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 considered outpatient settings. Services include diagnostic testing (see separate definition), early intervention and risk assessment, preventative care and screening, practitioner examination, medical history taking, diagnosis and treatment of common

physical and mental conditions, prescribing and managing medication therapy, care of minor injuries, education and counseling on health issues, well-baby care, continuing care and management of chronic conditions, and referral to and provision of sub-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. Proposals should demonstrate interaction with mental health providers, dental providers, substance abuse treatment providers, dieticians and home health providers to ensure coordination of care. A referral of medical necessity is required for clients to receive Ryan White funded nutritional counseling, home delivered meals, home health care, home and community based health services and hospice services. Such referrals should indicate the reasons why such care is necessary and the anticipated length of time service is expected. Referrals must be renewed at various intervals depending on the service.

Service Unit: Budgets may be developed on a unit rate model, fee schedule model, or cost reimbursement model. A corresponding fee schedule must be included with the proposal if using fee schedule model.

Unit of Service: 1 unit = 15 minute client encounter

Diagnostic Laboratory Testing:

This includes all indicated medical diagnostic testing including all tests considered integral to treatment of HIV and related complications (e.g. Viral Load, CD4 counts and genotype assays). Funded tests must meet the following conditions:

Tests must be consistent with medical and laboratory standards as established by scientific evidence and supported by professionals, panels, associations or organization.

Tests must be:

- Approved by the FDA, when required under the FDA Medical Devices Act and/or
- Performed in an approved Clinical Laboratory Improvement Amendments of 1988 (CLIA) certified laboratory or State exempt laboratory; and

Tests must be:

- Ordered by a registered, certified or licensed medical provider and
- Necessary and appropriate based on established clinical practice standards and professional clinical judgment.

Unit of Service: 1 unit = 1 lab procedure

Service: Substance Abuse Treatment Services – Outpatient

Services include 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.

Services limited to the following:

- Pre-treatment/recovery readiness programs

- Harm reduction
- Outpatient drug-free treatment and counseling
- Opiate Assisted Therapy (does not include medications)
- Relapse prevention

Unit of Service: 1 Unit = 1 individual or group encounter

SUPPORT SERVICES:

Service: Case Management Services (non-medical)

Includes advice and assistance in obtaining medical, social, community, legal, financial, and other needed services. Non-medical case management does not involve coordination and follow-up of medical treatments.

Services may be focused on housing information and referrals to eligible PLWH/A to enable an individual to gain or maintain access to and compliance with HIV-related medical care and treatment.

Services may be focused on health insurance benefits and enrollment information, assistance and referrals to eligible PLWH/A to enable an individual to gain or maintain access to and compliance with HIV-related medical care and treatment.

Unit of Service: 1 unit = 15 minute client encounter

Service: Emergency Financial Assistance

The one-time or short-term provision of approved formulary HIV/AIDS-related medications, either directly or through a voucher program, while a client's eligibility decision for drug assistance is pending with a third party payer.

Agencies must allocate, track, and report these funds under specific service categories, as described under 2.6 in DSS Program Policy Guidance No. 2 (formerly Policy No. 97-02). Providers must be a current Ryan White Part A provider of the Outpatient Ambulatory Medical Care service category with the required current 340B certification.

It is expected that all other sources of funding in the community for emergency assistance will be effectively used and that any allocation of Ryan White HIV/AIDS Program funds for these purposes will be the payer of last resort, and for limited amounts, use and periods of time.

Unit of Service: 1 Unit = 1 Prescription

Service: Food Bank/Home Delivered Meals

Food Bank services are the provision of actual food or meals. The provision of essential household supplies, such as hygiene items and household cleaning supplies also may be included in this service category. The provision of food and/or nutritional supplements by someone other than a registered dietician should be included in this category as well.

Unit of Service: 1 unit = 1 meal or 1 bag of groceries

Service: Legal Services

Legal services are services to individuals directly necessitated by the individuals' HIV status with respect to powers of attorney, living wills, do-not-resuscitate orders, and 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.

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 counseling regarding (1) the drafting of wills or delegating powers of attorney, (2) preparation for custody options for legal dependents including standby guardianship, joint custody, or adoption.

Legal services to arrange for guardianship or adoption of children after the death of their primary caregiver should be reported as a permanency planning service.

Unallowable services include criminal defense and/or class-action suits unless related to access to services eligible for funding the Ryan White HIV/AIDS Program.

Unit of Service: 1 unit = 15 minute client encounter

Service: Medical Transportation Services

Conveyance services provided, directly or through a voucher, to a client to enable him or her to access health care and support services.

Unit of Service: 1 unit = 1 one-way trip or medical transportation voucher

Service: Outreach Services

Outreach services are programs that have as their principal purpose identification of people with unknown HIV disease or those who know their status (i.e., case finding) so that they may become aware of, and may be enrolled in, care and treatment services. Outreach services do not include HIV counseling and testing or HIV prevention education. Broad activities such as providing "leaflets at a subway stop" or "a poster at a bus shelter" or "tabling at a health fair" would not meet the intent of the law. These services should target high-risk communities or individuals. Outreach programs must be planned and delivered in coordination with local HIV prevention outreach programs to avoid duplication of effort, targeted to populations known through local epidemiologic data to be at disproportionate risk for HIV infection, conducted at

times and in places where there is a high probability of reaching individuals with HIV infection, and designed with quantified program reporting that will accommodate local effectiveness evaluation.

Unit of Service: 1 unit = 15 minute client encounter

Service: Psychosocial Support Services

Group support and counseling activities for people living with HIV/AIDS for the purpose of engaging or retaining them in care to improve medical outcomes.

Unit of Service: 1 unit = 15 minute client encounter

Service: Substance Abuse Services-Residential

Substance abuse services (residential) includes treatment to address substance abuse problems (including alcohol and/or legal and illegal drugs) in a residential health service setting (short-term care).

The following restrictions apply to residential substance abuse services:

- Funds may not be used for inpatient detoxification in a hospital setting.
- 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.

Unit of Service: 1 unit = 1 day of residential service