**Cleveland TGA Service Definition**

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.

**CORE SERVICE:**

**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