

E. GENERAL SERVICE DEFINITIONS & SERVICE DELIVERY

The following section provides specific service definitions, service delivery and any special reporting requirements for each of the services funded in the grant year. Please note that the services are listed in alphabetical order by core and support services.

For each funded service, a 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. Unless other agreements are made, proposals should reflect and service contracts will be written to reimburse providers for the services as they are defined herein.

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. For other funding exclusions and restrictions, please refer to section H on page 19: Funding Exclusions and Restrictions.

Proposals with service definitions and/or protocols that are not consistent with the local Part A service definition will not be considered for funding. If a proposal is selected for a service contract and the services provided do not meet the Part A service definitions and follow the National Monitoring Standards and Local standards of Care, those services will not be reimbursed.

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. Please refer to Attachment G page 48.

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.

RWHAP Part A EIS services must include the following four components:

- Targeted HIV testing (not funded through Ryan White Part A) to help the unaware learn their HIV status and receive referral to HIV care and treatment services if found to be HIV-infected.
 - Recipients must coordinate these testing services with other HIV prevention and testing programs to avoid duplication of efforts.

- Referral services to improve HIV care and treatment services at key points of entry
- Access and linkage to HIV care and treatment services such as HIV Outpatient/Ambulatory Health Services, Medical Case Management, and Substance Abuse Care
- Outreach services and Health Education/Risk Reduction related to HIV diagnosis

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

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 clients living with HIV to maintain continuity of health insurance coverage, or to receive medical and pharmacy benefits under a health care coverage program. To use RWHAP funds for health insurance premium and cost-sharing assistance, a RWHAP Part A recipient must implement a methodology that incorporates the following requirements:

- RWHAP Part A recipients must ensure that clients are buying health coverage that, at a minimum, includes at least one drug in each class of core antiretroviral therapeutics from the Department of Health and Human Services (HHS) treatment guidelines along with appropriate HIV outpatient/ambulatory health services
- RWHAP Part A recipients must assess and compare the aggregate cost of paying for the health coverage option versus paying for the aggregate full cost for medications and other appropriate HIV outpatient/ambulatory health services, and allocate funding to Health Insurance Premium and Cost Sharing Assistance only when determined to be cost effective.

The service provision consists of either or both of the following:

- Paying health insurance premiums to provide comprehensive HIV Outpatient/Ambulatory Health Services and pharmacy benefits that provide a full range of HIV medications for eligible clients
- Paying cost-sharing on behalf of the client

HIPCSA 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 payment

Service: Home and Community - Based Health Services

Home and Community-Based Health Services are provided to a client living with HIV in an integrated setting appropriate to a client's needs, based on a written plan of care established by a medical care team under the direction of a licensed clinical provider. Services include:

- Appropriate mental health, developmental, and rehabilitation services
- Day treatment or other partial hospitalization services
- Durable medical equipment
- Home health aide services and personal care services in the home

Inpatient hospitals, nursing homes, and other long-term care facilities are not considered an integrated setting for the purposes of providing home and community-based health services.

Unit of Service: 1 unit = 60 minute visit

Service: Home Health Care

Home Health Care is the provision of services in the home that are appropriate to a client's needs and are performed by licensed professionals. Services must relate to the client's HIV disease and may include:

- Administration of prescribed therapeutics (e.g. intravenous and aerosolized treatment, and parenteral feeding)
- Preventive and specialty care
- Wound care
- Routine diagnostic testing administered in the home
- Other medical therapies

Services require a medical referral stating the need for home health services and the expected length of care. The provision of Home Health Care is limited to clients that are homebound. Home settings do not include nursing facilities or inpatient mental health/substance abuse treatment facilities.

Unit of Service: 1 unit = 60 minute visit

Service: Medical Case Management

Medical Case Management is the provision of a range of client-centered activities focused on improving health outcomes in support of the HIV care continuum. Activities may be prescribed by an interdisciplinary team that includes other specialty care providers. Medical Case Management includes all types of case management encounters (e.g., face-to-face, phone contact, and any other forms of communication). Key activities include:

- Initial assessment of service needs
- Development of a comprehensive, individualized care plan
- Timely and coordinated access to medically appropriate levels of health and support services and continuity of care
- Continuous client monitoring to assess the efficacy of the care plan
- Re-evaluation of the care plan at least every 6 months with adaptations as necessary
- Ongoing assessment of the client's and other key family members' needs and personal support systems
- Treatment adherence counseling to ensure readiness for and adherence to complex HIV treatments
- Client-specific advocacy and/or review of utilization of services

In addition to providing the medically oriented services above, Medical Case Management may also provide benefits counseling by assisting eligible clients in obtaining access to other public and private programs for which they may be eligible (e.g., Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, other state or local health care and supportive services, and insurance plans through the health insurance Marketplaces/Exchanges).

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

Medical Nutrition Therapy includes:

- Nutritional assessment and screening
- Dietary/nutritional evaluation
- Food and/or nutritional supplements per medical provider's recommendation
- Nutritional education and/or counseling

These services can be provided in individual and/or group settings and outside of HIV Outpatient/Ambulatory Health Services. All services performed under this service category must be pursuant to a medical provider's referral and based on a nutritional plan developed by the registered dietician or other licensed nutrition professional.

Unit of Service: 1 unit = 15 minute client encounter

Service: Mental Health Services

Mental Health Services are 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 Ohio to render such services. Such professionals typically include psychiatrists, psychologists, and licensed clinical social workers.

Unit of Service: 1 unit = 1 client encounter

Service: Oral Health Care

Oral Health Care services provide outpatient diagnostic, preventative, and therapeutic services by dental health care professionals, including general dental practitioners, dental specialists, dental hygienists, and licensed dental assistants.

Unit of Service: 1 unit = 1 visit/procedure

Service: Outpatient/Ambulatory Health Services

Outpatient/Ambulatory Health Services are diagnostic and therapeutic services provided directly to a client by a licensed healthcare provider in an outpatient medical setting. Outpatient medical settings include clinics, medical offices, and mobile vans where clients do not stay overnight. Emergency room or urgent care services are not considered outpatient settings. Allowable activities include:

- Medical history taking
- Physical examination
- Diagnostic testing, including laboratory testing

- Treatment and management of physical and behavioral health conditions
- Behavioral risk assessment, subsequent counseling, and referral
- Preventive care and screening
- Pediatric developmental assessment
- Prescription, and management of medication therapy
- Treatment adherence
- Education and counseling on health and prevention issues
- Referral to and provision of specialty care related to HIV diagnosis

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 for FTE model services
 1 unit = 1 encounter for physicians and specialty services
 1 unit = 1 lab for laboratory services

Service: Substance Abuse Outpatient Care

Substance Abuse Outpatient Care is the provision of outpatient services for the treatment of drug or alcohol use disorders. Services include:

- Screening
- Assessment
- Diagnosis, and/or
- Treatment of substance use disorder, including:
 - Pretreatment/recovery readiness programs
 - Harm reduction
 - Behavioral health counseling associated with substance use disorder
 - Outpatient drug-free treatment and counseling
 - Medication assisted therapy
 - Neuro-psychiatric pharmaceuticals
 - Relapse prevention

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

SUPPORT SERVICES:

Service: Emergency Financial Assistance

Emergency Financial Assistance provides limited one-time or short-term payments to assist the RWHAP client with an emergent need for paying for essential medications or prescription eye wear. Emergency financial assistance can occur as a direct payment to an agency or through a voucher

program. Direct cash payments to clients are not permitted. Agencies providing medication assistance under Emergency Financial Assistance must be a current Cleveland Ryan White Part A provider of Outpatient/Ambulatory Health Services with the required 340B certification.

It is expected that all other sources of funding in the community for emergency financial assistance will be effectively used and that any allocation of RWHAP funds for these purposes will be as the payer of last resort, and for limited amounts, uses and periods of time.

Unit of Service: 1 Unit = 1 Prescription

Service: Food Bank/Home Delivered Meals

Food Bank/Home Delivered Meals refers to the provision of actual food items, hot meals, or a voucher program to purchase food. This also includes the provision of essential non-food items that are limited to the following:

- Personal hygiene products
- Household cleaning supplies
- Water filtration/purification systems in communities where issues of water safety exist

Unallowable costs include household appliances, pet foods, and other non-essential products.

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

Service: Medical Transportation Services

Medical Transportation is the provision of nonemergency transportation services that enable an eligible client to access or be retained in core medical and support services.

Medical transportation may be provided through:

- Contracts with providers of transportation services
- Mileage reimbursement (through a non-cash system) that enables clients to travel to needed medical or other support services, but should not in any case exceed the established rates for federal Programs (Federal Joint Travel Regulations provide further guidance on this subject)
- Organization and use of volunteer drivers (through programs with insurance and other liability issues specifically addressed)
- Voucher or token systems

Unit of Service: 1 unit = 1 transportation voucher

Service: Non- Medical Case Management Services

Non-Medical Case Management services provide guidance and assistance in accessing medical, social, community, legal, financial, and other needed services. Non-Medical Case Management Services have as their objective providing guidance and assistance in improving access to needed services whereas Medical Case Management services have as their objective improving health care outcomes.

Services may focus on:

- Housing coordination and referral assistance to enable an individual to gain or maintain access to and compliance with HIV-related medical care and treatment. Or,
- Benefit coordination to include assisting eligible clients to obtain access to other public and private programs for which they may be eligible.

Key activities include:

- Initial assessment of service needs
- Development of a comprehensive individual care plan
- Continuous client monitoring to assess the efficacy of the care plan
- Re-evaluation of the care plan at least every 6 months with adaptations as necessary
- Ongoing assessment of the client's and other key family member's needs and personal support systems

Unit of Service: 1 unit = 15 minute client encounter

Service: Other Professional Services

Other Professional Services allow for 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. Such services may include:

- Legal services provided to and/or on behalf of the individual living with HIV and involving legal matters related to or arising from their HIV disease, including:
 - Assistance with public benefits such as Social Security Disability Insurance
 - 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 RWHAP
 - Preparation of:
 - Healthcare power of attorney
 - Durable powers of attorney
 - Living wills
- Permanency planning to help clients/families make decisions about the placement and care of minor children after their parents/caregivers are deceased or are no longer able to care for them, including:
 - Social service counseling or legal counsel regarding the drafting of wills or

delegating powers of attorney

- Preparation for custody options for legal dependents including standby guardianship, joint custody, or adoption

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

Unit of Service: 1 unit = 15 minute client encounter

Service: Outreach Services

Outreach Services include the provision of the following three activities:

- Identification of people who do not know their HIV status and linkage into Outpatient/Ambulatory Health Services
- Provision of additional information and education on health care coverage options
- Reengagement of people who know their status into Outpatient/Ambulatory Health Services

Outreach programs must be:

- Conducted at times and in places where there is a high probability that there will be individuals with HIV infection and/or exhibiting high-risk behavior
- Designed to provide quantified program reporting of activities and outcomes to accommodate local evaluation of effectiveness
- Planned and delivered in coordination with local and state HIV prevention outreach programs to avoid duplication of effort
- Targeted to populations known, through local epidemiologic data or review of service utilization data or strategic planning processes, to be at disproportionate risk for HIV infection

Funds may not be used to pay for HIV counseling or testing under this service category.

Unit of Service: 1 unit = 15 minute client encounter

Service: Psychosocial Support Services

Psychosocial Support Services provide group or individual support and counseling services to include HIV support groups to assist eligible people living with HIV to address behavioral and physical health concerns.

Unit of Service: 1 unit = 15 minute client encounter

Service: Substance Abuse Services (residential)

Substance Abuse Services (residential) is the provision of services for the treatment of drug or alcohol use disorders in a residential setting to include screening, assessment, diagnosis, and treatment of substance use disorder. This service includes:

- Pretreatment/recovery readiness programs
- Harm reduction
- Behavioral health counseling associated with substance use disorder
- Medication assisted therapy
- Neuro-psychiatric pharmaceuticals
- Relapse prevention
- Detoxification, if offered in a separate licensed residential setting (including a separately-licensed detoxification facility within the walls of an inpatient medical or psychiatric hospital)

Substance Abuse Services (residential) is permitted only when the client has received a written referral from the clinical provider as part of a substance use disorder treatment program funded under the RWHAP. RWHAP funds may not be used for inpatient detoxification in a hospital setting, unless the detoxification facility has a separate license.

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