

# Ryan White Program Definitions of Eligible Services

## Core Medical Services

Core medical services are a set of essential, direct health care services provided to persons living with HIV/AIDS and specified in the Ryan White HIV/AIDS Treatment Extension Act of 2009.

**a. *Outpatient/ambulatory medical care*** includes the provision of professional diagnostic and therapeutic services directly to a client by a physician, physician assistant, clinical nurse specialist, nurse practitioner, or other health care professional certified in his or her jurisdiction to prescribe antiretroviral (ARV) therapy in an outpatient setting. These 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, early intervention and risk assessment, preventive care and screening, practitioner examination, medical history taking, diagnosis and treatment of common physical and mental conditions, prescribing and managing medication therapy, education and counseling on health issues, well-baby care, continuing care and management of chronic conditions, and referral to and provision of 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 PHS's guidelines. Such care must include access to ARV and other drug therapies, including prophylaxis and treatment of opportunistic infections and combination ARV therapies.

**b. *Local AIDS pharmaceutical assistance (APA, not ADAP)*** are local pharmacy assistance programs implemented by Part A and grantees to provide HIV/AIDS medications to clients. These organizations may or may not provide other services (e.g., outpatient/ambulatory medical care or case management) to the clients that they serve through a Ryan White HIV/AIDS Program contract with their grantee.

Programs are considered APAs if they provide HIV/AIDS medications to clients and meet all of the following criteria:

- Have client enrollment process;
- Have uniform benefits for all enrolled clients;
- Have a record system for distributed medications; and
- Have a drug distribution system.

Programs are not APAs if they dispense medications in one of the following situations:

- As a result or component of a primary medical visit;
- On an emergency basis (defined as a single occurrence of short duration); or
- By giving vouchers to a client to procure medications.

Local APAs are similar to AIDS Drug Assistance Programs (ADAPs) in that they provide medications for the treatment of HIV disease. However, local APAs are not paid for with Part B funds "earmarked" for ADAP.

- c. *Early intervention services*** include counseling individuals with respect to HIV/AIDS; testing (including tests to confirm the presence of the disease, to diagnose the extent of immune deficiency, and to provide information on appropriate therapeutic measures); referrals; other clinical and diagnostic services regarding HIV/AIDS; periodic medical evaluations for individuals with HIV/AIDS; and provision of therapeutic measures.
- d. *Oral health care*** includes diagnostic, preventive, and therapeutic services provided by a dental health care professional licensed to provide health care in the State or jurisdiction, including general dental practitioners, dental specialists, and dental hygienists, as well as licensed and trained dental assistants.
- e. *Health insurance premium and cost sharing assistance*** is the provision of financial assistance for eligible individuals living with HIV to maintain continuity of health insurance or to receive medical benefits under a health insurance program. This includes premium payments, risk pools, co-payments, and deductibles.
- f. *Home and community based 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 include 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.
- g. *Home health care*** is the provision of services in the home by licensed health care professionals, such as nurses, and the administration of intravenous and aerosolized treatment, parenteral feeding, diagnostic testing, and other medical therapies.
- h. *Mental health services*** are psychological and psychiatric treatment and counseling services for individuals with a diagnosed mental illness. They are conducted in a group or individual setting and provided by a mental health professional licensed or authorized within the State to render such services. Such professionals typically include psychiatrists, psychologists, and licensed clinical social workers.
- i. *Medical nutrition therapy***, including nutritional supplements, is provided by a licensed, registered dietitian outside of an outpatient/ambulatory medical care visit. The provision of food may be provided pursuant to the recommendation of a health care professional (i.e., physician, physician assistant, clinical nurse specialist, nurse practitioner) and a nutritional plan developed by a licensed, registered dietitian. Nutritional counseling services and nutritional supplements not provided by a licensed, registered dietitian shall be considered a support service and be reported under psychosocial support services and food bank/home-delivered meals, respectively. Food not provided pursuant to a health care professional's recommendation and a nutritional plan developed by a licensed, registered dietitian should also be considered a support service and is reported under food bank/home-delivered meals.
- j. *Medical case management services (including treatment adherence)*** are a range of client-centered services that link clients with health care, psychosocial, and other services provided by trained professionals, including both medically credentialed and other health care staff. The coordination and follow up of medical treatments are a 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 needs and personal support systems of the client and other key family members. 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 reevaluation and adaptation of the plan, at least every 6 months, as necessary over the life of the client. It includes client-specific advocacy and review of utilization of services. This includes all types of case management, including face-to-face meetings, telephone calls, and any other forms of communication.

**k. Substance abuse services (outpatient)** are 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 by a physician or under the supervision of a physician, or by other qualified personnel.

## Support Services

Support services are a set of services needed to achieve medical outcomes that affect the HIV-related clinical status of the person living with HIV/AIDS.

**l. Case management services (non-medical)** include 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.

**m. Emergency financial assistance** is the provision of one-time or short-term payments to agencies or the establishment of voucher programs when other resources are not available to help with emergency expenses related to essential utilities, housing, food (including groceries, food vouchers, and food stamps), transportation, and medication. Part A and Part B programs 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).

It is expected that all other sources of funding in the community for emergency assistance will be effectively used and that any allocation of RWHAP funds for these purposes will be the payer of last resort, and for limited amounts, use, and periods of time. Continuous provision of an allowable service to a client should be reported in the applicable service category.

**n. Food bank/home-delivered meals** Involves the provision of actual food or meals. It does not include finances to purchase food or meals, but may include vouchers to purchase food. The provision of essential household supplies, such as hygiene items and household cleaning supplies, should also be included in this item. The provision of food or nutritional supplements by someone other than a registered dietician should be included in this item as well.

Food vouchers provided as an ongoing service to a client should be reported in this service category. Food vouchers provided on a one-time or intermittent basis should be reported in the emergency financial assistance category.

- o. Health education/risk reduction** activities educate clients living with HIV about how HIV is transmitted and how to reduce the risk of transmission. It includes the provision of information about medical and psychosocial support services and counseling to help clients living with HIV improve their health status.

Health education/risk reduction services can only be delivered to individuals who are HIV positive. These services cannot be delivered anonymously. Client-level data must be reported for every person who receives these services.

- p. Linguistics services** include interpretation (oral) and translation (written) services, provided by qualified people as a component of HIV service delivery between the provider and the client, when such services are necessary to facilitate communication between the provider and client and/or support the delivery of RWHAP-eligible services.

- q. Medical transportation services** are conveyance services provided, directly or through voucher, to a client so that he or she may access health care services.

Medical transportation is classified as a support service and is used to provide transportation for eligible Ryan White HIV/AIDS Program clients to core medical services and support services. Medical transportation must be reported as a support service in all cases, regardless of whether the client is transported to a medical core service or to a support service.

- r. 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, 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. RWHAP outreach services cannot be delivered anonymously. Client-level data must be reported for every person who receives this service.

- s. Psychosocial support services** are support and counseling activities, child abuse and neglect counseling, HIV support groups, pastoral care, caregiver support, and bereavement counseling. Nutrition counseling services provided by a nonregistered dietitian are reported in this service category.

Nutritional services and nutritional supplements provided by a licensed, registered dietitian are considered a core medical service and should be reported as medical nutrition therapy. The provision of food and/or nutritional supplements by someone other than a registered dietitian should be reported in the food bank/home-delivered meals service category.

- t. Referral for health care/supportive services** is the act of directing a client to a service in person or in writing, by telephone, or through another type of communication. These

services are provided outside of outpatient/ambulatory medical care, medical case management, or non-medical case management service visit.

Referrals for health care/supportive services provided by outpatient/ambulatory medical care providers should be included under the outpatient/ambulatory medical care service category. Referrals for health care/supportive services provided by case managers (medical or non-medical) should be reported in the appropriate case management service category (i.e., medical case management or non-medical case management). Staff who do not provide any case management services but conduct Ryan White core eligibility assessments may utilize this line item.

- u. *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).