

# Ryan White Program Definitions of Eligible Services

## Core Medical Services

Core medical services are a set of essential, direct health care services provided to PLWH.

### AIDS Pharmaceutical Assistance (APA)

APA provides medication assistance when ADAP has a restricted formulary, waiting list, and/or restricted financial eligibility criteria. Lead agencies funding the APA service category must establish the following:

- Uniform benefits for all enrolled clients throughout the service area.
- A recordkeeping system for distributed medications.
- An APA advisory board.
- A drug formulary approved by the local advisory committee/board.
- A drug distribution system.
- A client enrollment and eligibility determination process that includes screening for ADAP and APA eligibility with rescreening at least every six months.
- Coordination with Florida's Ryan White Part B ADAP. A statement of need should specify the restrictions of Florida's ADAP and the need for APA services at the local level.
- Implementation in accordance with requirements of the 340B Drug Pricing Program and the Prime Vendor Program.

### Early Intervention Services (EIS)

EIS must be provided as a combination of services rather than stand-alone testing, referral, linkage, or outreach services. Except when prevention dollars within the area are sufficient to fully fund testing efforts, lead agencies funding the EIS service category must include the following components:

- Targeted HIV testing to help the unaware learn of their HIV status and receive referral to HIV care and treatment services if found to be living with HIV.
  - Lead agencies must coordinate these testing services with other HIV prevention and testing programs to avoid duplication of efforts.
  - HIV testing paid for by EIS cannot supplant testing efforts paid for by other sources.
- Referral services to improve HIV care and treatment services at key points of entry.
- Access and linkage to HIV care and treatment services.
- Outreach services and health education/risk-reduction services limited to those related to a client's HIV diagnosis.

### Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals

ADAP may pay health insurance costs instead of buying medications for clients. ADAP assists with some premiums and with out-of-pocket costs for drugs on the ADAP formulary. Out-of-pocket costs can be deductibles, co-pays, or coinsurance. Health insurance assistance funded through ADAP is part of ADAP, not a separate program. ADAP cannot pay out-of-pocket costs for any service except pharmacy costs, nor can ADAP pay for stand-alone dental insurance. However, **health insurance premium and cost sharing assistance** may be able to

help with those costs. Health insurance premium and cost sharing assistance provides financial aid to help persons maintain continuity of health insurance or receive medical and pharmacy benefits under a health care coverage program. This service category *may* also include premium assistance for stand-alone dental insurance if certain criteria are met (see below). The service provision consists of one or more 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.
- Paying stand-alone dental insurance premiums to provide comprehensive oral health care services.
- Paying cost sharing on behalf of the client.

To use HIV Patient Care Program funds for health insurance premium assistance (not stand-alone dental insurance assistance), the lead agency must implement a methodology that incorporates the following requirements:

- Clients obtain health care coverage that, at a minimum, includes at least one U.S. FDA approved medicine in each drug class of core antiretroviral medicines outlined in the U.S. HHS Clinical Guidelines for the Treatment of HIV as well as appropriate HIV outpatient/ambulatory health services.
- Paying for the health care coverage (including all other sources of premium and cost sharing assistance) is more cost effective than paying for the full cost for medications and other appropriate HIV outpatient/ambulatory health services.

To use HIV Patient Care Program funds for stand-alone dental insurance premium assistance, the lead agency must assess and compare the aggregate cost of paying for the stand-alone dental insurance option versus paying for the full cost of HIV oral health care services to ensure that purchasing stand-alone dental insurance is cost effective in the aggregate.

### **Home and Community-Based Health Services**

**Home and community-based health services** are provided 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 and are not an allowable use of HIV Patient Care Program funds.

### **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. The provision of home health care is limited to clients that are homebound, as defined by Centers for Medicare and Medicaid Services. Home settings do not include nursing facilities or inpatient mental health/substance abuse treatment facilities. Activities provided under home health care must relate to the client's HIV disease and may include:

- Administration of prescribed therapeutics (e.g., intravenous and aerosolized treatment, parenteral feeding).

- Preventive and specialty care.
- Wound care.
- Routine diagnostics testing.
- Other medical therapies.

### **Medical Case Management, Including Treatment Adherence Services**

**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 provided under this service category may be provided 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, over-the-phone).

Key activities include:

- Comprehensive 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 six months, with adaptation as necessary.
- Ongoing assessment of the client's and the client's key family members' needs and personal support systems.
- Treatment adherence counseling to ensure readiness for and adherence to complex HIV treatments and to ensure an understanding of the importance of compliance with medical appointments for monitoring.
- Client-specific advocacy and/or review of service use.

In addition to providing the medically oriented activities 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, pharmaceutical manufacturers' patient assistance programs, other state or local health care and supportive services, and insurance plans through the Health Insurance Marketplace).

Effective October 1, 2019, the HIV/AIDS Section requires that **all** case management services be funded under the medical case management service category.

### **Medical Nutrition Therapy**

**Medical nutrition therapy** services must be pursuant to a medical provider's referral and based on a nutritional plan developed by a registered dietitian or other licensed nutrition professional. A prescription and plan of care or chart note from the medical provider can be substituted in cases where a dietician or nutrition professional is not reasonably accessible. Medical nutrition therapy includes:

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

These activities can be provided in individual and/or group settings and outside of HIV outpatient/ambulatory health services.

**Mental Health Services (Outpatient)**

**Mental health services** are the provision of outpatient psychological and psychiatric screening, assessment, diagnosis, treatment, and counseling 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 the state to render such services. Such professionals typically include psychiatrists, psychologists, and licensed clinical social workers.

**Oral Health Care**

**Oral health care** activities include outpatient diagnosis, prevention, and therapy provided by dental health care professionals, including general dental practitioners, dental specialists, dental hygienists, and licensed dental assistants.

**Outpatient/Ambulatory Health Services**

**Outpatient/ambulatory health services** provide diagnostic and therapeutic activities directly to a client by a licensed health care provider in an outpatient medical setting. Outpatient medical settings include clinics, medical offices, mobile vans, and urgent care facilities for HIV-related visits. Telehealth services may also be considered outpatient medical care.

Allowable activities include:

- Medical history taking.
- Physical examination.
- Diagnostic testing (including HIV confirmatory and viral load testing) and laboratory testing.
- Treatment and management of physical and behavioral health conditions.
- Behavioral risk assessment, subsequent counseling, and referral. (Behavioral risk assessment and/or counseling provided outside an outpatient/ambulatory health service visit is considered a mental health service.)
- 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, including audiology and ophthalmology.

**Substance Abuse Outpatient Care**

**Substance abuse outpatient care** is the provision of outpatient services for the treatment of drug or alcohol use disorders. Activities under the substance abuse outpatient care service category include:

- Screening
- Assessment
- Diagnosis
- Treatment, including:
  - Pre-treatment/recovery readiness programs
  - Harm reduction
  - Behavioral health counseling
  - Outpatient drug-free treatment and counseling

- Medication assisted therapy
- Neuropsychiatric pharmaceuticals
- Relapse prevention

## **Support Services**

### **Emergency Financial Assistance (EFA)**

**EFA** provides limited one-time or short-term payments to assist clients with an urgent need for essential items or services necessary to improve health outcomes, including utilities, housing, food (groceries and food vouchers), transportation, and medication not covered by ADAP or the APA service category. Additionally, the EFA service category may be used to provide limited one-time or short-term payments to assist clients with an urgent need to pay for allowable costs required to improve health outcomes, which are associated with other eligible/allowable service categories listed in this appendix. EFA *must* occur as a direct payment to an agency or through a voucher program. Direct cash payments to clients are not permitted.

It is expected that all other sources of funding in the community for emergency assistance will be effectively used and that any allocation of funds to the EFA service category will be as the payer of last resort and for limited amounts, uses, and periods of time. EFA funds used to pay for otherwise allowable services on a short-term basis must be accounted for under the EFA service category. Continuous provision of an allowable service to a client must not be funded under the EFA service category.

### **Food Bank/Home Delivered Meals**

**Food bank/home delivered meals** is 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:

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

### **Health Education/Risk Reduction**

**Health education/risk reduction** is the provision of education to clients living with HIV about HIV transmission and how to reduce the risk of HIV transmission. It includes sharing information about medical and psychosocial support services and counseling with clients to improve their health status. Health education/risk-reduction services cannot be delivered anonymously.

Topics covered may include:

- Risk-reduction strategies to reduce transmission, such as PrEP for clients' partners and treatment as prevention.
- Health care coverage options (e.g., qualified health plans through the Marketplace, Medicaid, and Medicare).
- Health literacy.
- Treatment adherence.

### **Housing**

**Housing** should only be used as a last resort if a client is not qualified for Florida's State HOPWA Program and should not supplant HOPWA. Transferring the client from one HIV Patient Care Program funding source (such as HOPWA) to another (such as Ryan White Part B

and/or general revenue) is not a substitute for assisting the client towards financial independence and self-sufficiency.

Allowable housing services include housing referral services and transitional, short-term, or emergency housing assistance. The housing service category should be used to cover transitional, short-term, or emergency housing assistance to enable a client or family to gain or maintain outpatient/ambulatory health services and treatment that extends beyond a one-time payment and when there is a need for additional housing services. Clients receiving housing services must have their housing needs assessed annually and an individualized written housing plan of care developed monthly to determine if there is a need for new or additional housing services and to guide the client's linkage to permanent housing. The housing service category can be used for clients that are on a waitlist for HOPWA TBRA as funding allows.

Housing activities also include housing-related referral services (and fees associated with these services), including housing assessment, search, placement, and advocacy services, which must be provided by case managers or other professionals who possess a comprehensive knowledge of local, state, and federal housing programs and how to access them.

### **Linguistic Services**

**Linguistic services** include interpretation and translation activities (both oral and written) to clients. These activities must be provided by qualified linguistic services providers as a component of HIV service delivery between the health care provider and the client. These services are to be provided when they are necessary to facilitate communication between the provider and client and/or support delivery of HIV Patient Care Program eligible services. Linguistic services provided must comply with the National Standards for Culturally and Linguistically Appropriate Services.

### **Medical Transportation**

**Medical transportation** is the provision of nonemergency transportation that enables a 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 reimbursements (through a non-cash system) that enable clients to travel to needed medical or other support services. Mileage reimbursements should not in any case exceed the established rates for state programs.
- Purchase or lease of organizational vehicles for client transportation programs, provided the recipient receives prior approval for the purchase of a vehicle.
- Organization and use of volunteer drivers (through programs with insurance and other liability issues specifically addressed).
- Gas cards issued specifically for an identified need and controlled and monitored according to local policy, which defines and limits their use, in circumstances where public and other transportation options are not available.
- Voucher or token systems.

Unallowable costs include:

- Direct cash payments or cash reimbursements to clients.
- Direct maintenance expenses (tires, repairs, etc.) of a privately-owned vehicle.
- Any other costs associated with a privately-owned vehicle, such as lease or loan payments and insurance, license, or registration fees.

### **Non-Medical Case Management Services**

Effective October 1, 2019, the HIV/AIDS Section limits the use of the non-medical case management service category to fund eligibility specialists only. All eligibility staff should be funded exclusively under non-medical case management. For further clarification and definitions, refer to the *Florida HIV/AIDS Ryan White Part B Eligibility Procedures Manual* at [floridahealth.gov/diseases-and-conditions/aids/patient-care/documents/eligibility-information/eligibility-manual-6-28-16-c.pdf](http://floridahealth.gov/diseases-and-conditions/aids/patient-care/documents/eligibility-information/eligibility-manual-6-28-16-c.pdf).

### **Outreach Services**

**Outreach services** provides the following activities:

- Identification of people who do not know their HIV status.
- Linkage or re-engagement of PLWH into HIV Patient Care Program services, including provision of information about health care coverage options.

Outreach services must:

- Use data to target populations and places that have a high probability of reaching PLWH who:
  - Have never been tested and are undiagnosed.
  - Have been diagnosed as HIV positive but have not received their test results.
  - Know their HIV-positive status but are not in medical care.
- Be conducted at times and in places where there is a high probability that PLWH will be identified.
- Be delivered in coordination with local and state HIV prevention outreach programs to avoid duplication of effort.

Outreach services may be provided through community and public awareness activities (e.g., posters, flyers, billboards, social media, and TV or radio announcements) that meet the requirements above and include explicit and clear links to and information about available HIV Patient Care Program services. Ultimately, HIV-negative people may receive outreach services and should be referred to risk-reduction activities. When these activities identify someone living with HIV, they should be linked to HIV Patient Care Program services.

Outreach services provided to an individual or in small group settings cannot be delivered anonymously, as some information is needed to facilitate any necessary follow-up and care. Outreach services must not include outreach activities that exclusively promote HIV prevention education. Lead agencies and subcontractors may use outreach services funds for HIV testing when HIV Patient Care Program resources are available and where the testing would not supplant other existing funding.

### **Psychosocial Support Services**

**Psychosocial support services** provide group or individual support and counseling to assist clients with addressing behavioral and physical health concerns. Psychosocial support service activities may include:

- Bereavement counseling.
- Child abuse and neglect counseling.
- HIV support groups.
- Nutrition counseling provided by a non-registered dietitian.
- Pastoral care/counseling services if available to all eligible clients regardless of their religious denominational affiliations.

### **Referral for Health Care and Support Services**

**Referral for health care and support services** directs a client to needed core medical or support services in person or through telephone, written, or other type of communication. Activities provided under this service category may include referrals to assist clients with obtaining access to other public and private programs for which they may be eligible (e.g., Medicaid, Medicare Part D, pharmaceutical manufacturers' patient assistance programs, and other state or local health care and supportive services or Health Insurance Marketplace plans).

### **Substance Abuse Services (Residential)**

**Substance abuse services (residential)** are provided in a residential setting for the screening, assessment, diagnosis, and treatment of substance use disorders. Activities provided under the substance abuse services (residential) service category include:

- Pre-treatment/recovery readiness programs.
- Harm reduction.
- Behavioral health counseling.
- Medication assisted therapy.
- Neuropsychiatric pharmaceuticals.
- Relapse prevention.
- Detoxification, if offered in a separate licensed residential setting (including a separately licensed detoxification facility within an inpatient medical or psychiatric hospital).

Substance abuse services (residential) are permitted only when the client has received a written referral from their clinical provider as part of a substance use disorder treatment program funded under the HIV Patient Care Program. Acupuncture therapy may be an allowable cost under this service category only when it is included in a documented plan as part of a substance use disorder treatment program funded under the HIV Patient Care Program. HIV Patient Care Program funds may not be used for inpatient detoxification in a hospital setting unless the detoxification facility has a separate license.