

AUSTIN HIV SERVICES PERFORMANCE CATALOG

Service Category Descriptions, Unit of Service Definitions, and Performance Measures

Service category descriptions are provided by the Health Resources and Services Administration (HRSA) HIV/AIDS Bureau (HAB). Unit of Service definitions are from the HIV Services Taxonomy provided by the Texas Department of State Health Services (DSHS) and used in the AIDS Regional Information and Evaluation System (ARIES). Performance Measures include Core Performance Measures, System Performance Measures, and service category-specific performance measures developed by HRSA/HAB.

The HRSA/HAB Policy Notices referenced in this document can be accessed at:
<https://hab.hrsa.gov/program-grants-management/policy-notice-and-program-letters>

New client is defined as an individual who is newly enrolled in a service during the measurement period. Individuals who return to a service after an extended absence are not considered new unless records of their prior enrollment in the service are not available.

Continuing client is defined as an individual who did not receive a service for the first time during the measurement period. Individuals who return to a service after an extended absence are not considered continuing when records of their prior enrollment in the service are not available.

CORE MEDICAL SERVICES

AIDS Pharmaceutical Assistance

Service Description:

AIDS Pharmaceutical Assistance services fall into two categories, based on Ryan White HIV/AIDS Program (RWHAP) Part funding.

1. Local Pharmaceutical Assistance Program (LPAP) is operated by a RWHAP Part A or B recipient or subrecipient as a supplemental means of providing medication assistance when an ADAP has a restricted formulary, waiting list and/or restricted financial eligibility criteria. RWHAP Part A or B recipients using the LPAP service category must establish the following:
 - Uniform benefits for all enrolled clients throughout the service area
 - A recordkeeping system for distributed medications
 - An LPAP 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 LPAP eligibility with rescreening at minimum of every six months
 - Coordination with the state's RWHAP Part B ADAP
 - A statement of need should specify restrictions of the state ADAP and the need for the LPAP
 - Implementation in accordance with requirements of the 340B Drug Pricing Program and the Prime Vendor Program

2. Community Pharmaceutical Assistance Program is provided by a RWHAP Part C or D recipient for the provision of long-term medication assistance to eligible clients in the absence of any other resources. The medication assistance must be greater than 9 days. RWHAP Part C or D recipients using this service category must establish the following:
 - A financial eligibility criteria and determination process for this specific service category
 - A drug formulary consisting of HIV primary care medications not otherwise available to the client
 - Implementation in accordance with the requirements of the 340B Drug Pricing Program and the Prime Vendor Program

Program Guidance:

For LPAPs: Only RWHAP Part A grant award funds or Part B Base award funds may be used to support an LPAP. ADAP funds may not be used for LPAP support. LPAP funds are not to be used for Emergency Financial Assistance. Emergency Financial Assistance may assist with medications not covered by the LPAP.

For Community Pharmaceutical Assistance: This service category should be used when RWHAP Part C or D funding is expended to routinely refill medications. RWHAP Part C or D recipients should use the Outpatient Ambulatory Health Services or Emergency Financial Assistance service for non-routine, short-term medication assistance.

See HRSA/HAB LPAP Policy Clarification Memo.

Unit of Service:

Per prescription (not pill or dose)

Output Measures:

1. Number of units of service provided
2. Number of unduplicated clients served
 - a. Number of continuing clients served
 - b. Number of new clients served

Outcome Measures:

1. **Percentage of patients, regardless of age, with a diagnosis of HIV prescribed antiretroviral therapy for the treatment of HIV infection during the measurement year**

Outcome target: 90%

Numerator: Number of patients from the denominator prescribed HIV antiretroviral therapy during the measurement year

Denominator: Number of patients, regardless of age, with a diagnosis of HIV with at least one medical visit in the measurement year

Patient Exclusions: None

2. **Percentage of patients, regardless of age, with a diagnosis of HIV with a HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year**

Outcome target: 80%

Numerator: Number of patients in the denominator with a HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year

Denominator: Number of patients, regardless of age, with a diagnosis of HIV with at least one medical visit in the measurement year

Patient Exclusions: None

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

Service Description:

Health Insurance Premium and Cost Sharing Assistance provides financial assistance for eligible clients living with HIV to maintain continuity of health insurance or to receive medical and pharmacy benefits under a health care coverage program. For purposes of this service category, health insurance also includes standalone dental insurance. The service provision consists 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; and/or
- Paying standalone dental insurance premiums to provide comprehensive oral health care services for eligible clients; and/or
- Paying cost sharing on behalf of the client

To use RWHAP for health insurance premium assistance (not standalone dental insurance assistance), a RWHAP Part recipient must implement a methodology that incorporates the following requirements:

- RWHAP Part 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 recipients must assess and compare the aggregate cost of paying for the health insurance option versus paying for the full cost for medications and other appropriate HIV outpatient/ambulatory health services to ensure that purchasing health insurance is cost effective in the aggregate, and allocate funding to Health Insurance Premium and Cost Sharing Assistance only when determined to be cost effective.

To use RWHAP funds for standalone dental insurance premium assistance, a RWHAP Part Recipient must implement a methodology that incorporates the following requirement:

RWHAP Part recipients must assess and compare the aggregate cost of paying for the standalone dental insurance option versus paying for the full cost of HIV oral health care services to ensure that purchasing standalone dental insurance is cost effective in the aggregate, and allocate funding to Health Insurance Premium and cost Sharing Assistance only when determined to be cost effective.

Program Guidance:

Traditionally, RWHAP Parts A and B recipients have supported health insurance premiums and cost sharing assistance. If a RWHAP Part C or Part D recipient has the resources to provide this service, an equitable enrollment policy must be in place and it must be cost-effective.

See Policy Clarification Notice (PCN) 13-05: *Clarifications Regarding Use of Ryan White HIV/AIDS Program Funds for Premium and Cost-Sharing Assistance for Private Health Insurance*; PCN 13-06:

Clarifications Regarding Use of Ryan White HIV/AIDS Program Funds for Premium and Cost-Sharing Assistance for Medicaid; and PCN 14-01 Revised 4/3/2015: Clarifications Regarding the Ryan White HIV/AIDS Program and Reconciliation of Premium Tax Credits under the Affordable Care Act.

Unit of Service:

Per payment

Output Measures:

1. Number of units of health insurance assistance provided
 - a. Number of premium payments provided
 - b. Number of co-payments provided
 - c. Number of deductibles payments provided
 - d. Number of risk pools payments provided
2. Number of unduplicated clients served
 - a. Number of continuing clients served
 - b. Number of new clients served

Outcome Measures:

1. **Percentage of clients, regardless of age, with a diagnosis of HIV who had at least one medical visit in each 6-month period of the 24-month measurement period with a minimum of 60 days between medical visits**

Outcome target: 85%

Numerator: Number of clients in the denominator who had at least one medical visit in each 6-month period of the 24-month measurement period with a minimum of 60 days between first medical visit in the prior 6-month period and the last medical visit in the subsequent 6-month period

Denominator: Number of clients, regardless of age, with a diagnosis of HIV with at least one medical visit in the first 6 months of the 24-month measurement period

Client Exclusions: Clients who died at any time during the 24-month measurement period

Medical Case Management, including Treatment Adherence Services

Service Description:

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).

Program Guidance:

Medical Case Management services have as their objective improving health care outcomes, whereas Non-Medical Case Management Services have as their objective providing guidance and assistance in improving access to needed services. Visits to ensure readiness for, and adherence to, complex HIV treatments shall be considered Medical Case Management or Outpatient/Ambulatory Health Services. Treatment Adherence Services provided during a Medical Case Management visit should be reported in the Medical Case Management service category, whereas Treatment Adherence Services provided during an Outpatient/Ambulatory Health Services visit should be reported under the Outpatient/Ambulatory Health Services category.

Unit of Service:

Per 15 minutes

Output Measures:

1. Number of units of service provided
2. Number of unduplicated clients served
 - a. Number of continuing clients served
 - b. Number of new clients served

Outcome Measures:

1. **Percentage of medical case management clients, regardless of age, with a diagnosis of HIV who had a medical case management care plan developed and/or updated two or more times in the measurement year**
Outcome target: 80%

Numerator: Number of medical case management clients who had a medical case management care plan developed and/or updated two or more times which are at least three months apart in the measurement year

Denominator: Number of medical case management clients, regardless of age, with a diagnosis of HIV who had at least one medical case management encounter in the measurement year

Client Exclusions:

1. Medical case management clients who initiated medical case management services in the last six months of the measurement year
 2. Medical case management clients who were discharged from medical case management services prior to six months of service in the measurement year
- 2. Percentage of medical case management clients, regardless of age, with a diagnosis of HIV who had at least one medical visit in each 6-month period of the 12-month measurement period with a minimum of 60 days between medical visits**
Outcome target: 85%

Numerator: Number of medical case management clients in the denominator who had at least one medical visit in each 6-month period of the 12-month measurement period with a minimum of 60 days between first medical visit in the prior 6-month period and the last medical visit in the subsequent 6-month period

Denominator: Number of medical case management clients, regardless of age, with a diagnosis of HIV with at least one medical visit in the first 6 months of the 12-month measurement period

Client Exclusions: Clients who died at any time during the 12-month measurement period

Medical Nutrition Therapy

Service Description:

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 services can be provided in individual and/or group settings and outside of HIV Outpatient/Ambulatory Health Services

Program Guidance:

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 dietitian or other licensed nutrition professional. Services not provided by a registered/licensed dietician should be considered Psychosocial Support Services under the RWHAP.

Unit of Service:

Medical nutrition therapy counseling – per 15 minutes
Medical nutrition therapy supplements – per transaction

Output Measures:

1. Number of units of service provided
 - a. Number of units of nutrition therapy provided
 - b. Number of units of supplements provided

2. Number of unduplicated clients served
 - a. Number of continuing clients served
 - b. Number of new clients served

Outcome Measures:

1. **Percentage of medical nutrition therapy clients who had a nutrition care plan developed and/or updated two or more times in the measurement year**

Outcome target: 85%

Numerator: Number of medical nutrition therapy clients who had a nutrition care plan developed and/or updated two or more times which are at least three months apart in the measurement year

Denominator: Number of medical nutrition therapy clients, regardless of age, with a diagnosis of HIV who had at least one medical nutrition therapy encounter in the measurement year

Client Exclusions:

1. Medical nutrition therapy clients who initiated medical nutrition therapy services in the last six months of the measurement year
 2. Medical nutrition therapy clients who were discharged from medical nutrition therapy services prior to six months of service in the measurement year
2. **Percentage of medical nutrition therapy clients, regardless of age, with a diagnosis of HIV who had at least one medical visit in each 6-month period of the 12-month measurement period with a minimum of 60 days between medical visits**

Outcome target: 85%

Numerator: Number of medical nutrition clients in the denominator who had at least one medical visit in each 6-month period of the 12-month measurement period with a minimum of 60 days between first medical visit in the prior 6-month period and the last medical visit in the subsequent 6-month period

Denominator: Number of medical nutrition therapy clients, regardless of age, with a diagnosis of HIV with at least one medical visit in the first 6 months of the 12-month measurement period

Client Exclusions: Clients who died at any time during the 12-month measurement period

Mental Health Services

Service Description:

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 the state to render such services. Such professionals typically include psychiatrists, psychologists, and licensed clinical social workers.

Program Guidance:

Mental Health Services are allowable only for HIV-infected clients.

Unit of Service:

Per visit

Output Measures:

1. Number of units of service provided
2. Number of unduplicated clients served
 - a. Number of continuing clients served
 - b. Number of new clients served

Outcome Measures:

1. **Percentage of mental health services clients making progress towards or attaining their prescribed client treatment plan goals during the measurement year**
Outcome target: 70%
2. **Percentage of mental health services clients, regardless of age, with a diagnosis of HIV who had at least one medical visit in each 6-month period of the 12-month measurement period with a minimum of 60 days between medical visits**
Outcome target: 80%

Numerator: Number of mental health services clients in the denominator who had at least one medical visit in each 6-month period of the 12-month measurement period with a minimum of 60 days between first medical visit in the prior 6-month period and the last medical visit in the subsequent 6-month period

Denominator: Number of mental health services clients, regardless of age, with a diagnosis of HIV with at least one medical visit in the first 6 months of the 12-month measurement period

Client Exclusions: Clients who died at any time during the 12-month measurement period

Oral Health Care

Service Description:

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

Program Guidance:

None at this time

Unit of Service:

Per visit

Output Measures:

1. Number of units of Oral Health Care services provided
 - a. Number of units of routine treatment provided
 - b. Number of units of prophylaxis treatment provided
 - c. Number of units of specialty care treatment provided
2. Number of unduplicated clients served
 - a. Number of continuing clients served
 - b. Number of new clients served

Outcome Measures:

1. **Percentage of HIV-infected oral health patients who had a dental and medical health history (initial or updated) at least once in the measurement year**

Outcome target: 95%

Numerator: Number of HIV infected oral health patients who had a dental and medical health history (initial or updated) at least once in the measurement year

Denominator: Number of HIV infected oral health patients that received a clinical oral evaluation at least once in the measurement year

Patient Exclusions:

1. Patients who had only an evaluation or treatment for a dental emergency in the measurement year
2. Patients who were <12 months old

2. **Percentage of HIV-infected oral health patients who had a dental treatment plan developed and/or updated at least once in the measurement year**

Outcome target: 90%

Numerator: Number of HIV infected oral health patients who had a dental treatment plan developed and/or updated at least once in the measurement year

Denominator: Number of HIV infected oral health patients that received a clinical oral evaluation at least once in the measurement year

Patient Exclusions:

1. Patients who had only an evaluation or treatment for a dental emergency in the measurement year
2. Patients who were <12 months old

3. **Percentage of HIV-infected oral health patients who received oral health education at least once in the measurement year**

Outcome target: 95%

Numerator: Number of HIV infected oral health patients who received oral health education at least once in the measurement year

Denominator: Number of HIV infected oral health patients that received a clinical oral evaluation at least once in the measurement year

Patient Exclusions:

1. Patients who had only an evaluation or treatment for a dental emergency in the measurement year
2. Patients who were <12 months old

4. Percentage of HIV-infected oral health patients who had a periodontal screen or examination at least once in the measurement year

Outcome target: 80%

Numerator: Number of HIV infected oral health patients who had a periodontal screen or examination at least once in the measurement year

Denominator: Number of HIV infected oral health patients that received a clinical oral evaluation at least once in the measurement year

Patient Exclusions:

1. Patients who had only an evaluation or treatment for a dental emergency in the measurement year
2. Edentulous patients (complete)
3. Patients who were <13 years

5. Percentage of HIV-infected oral health patients with a Phase 1 treatment plan that is completed within 12 months of establishing a treatment plan

Outcome target: 80%

Numerator: Number of HIV infected oral health patients that completed Phase 1 treatment within 12 months of establishing a treatment plan

Denominator: Number of HIV infected oral health patients with a Phase 1 treatment plan established in the year prior to the measurement year

Patient Exclusions:

Patients who had only an evaluation or treatment for a dental emergency in the year prior to the measurement year

Outpatient Ambulatory Health Services

Service Description:

Outpatient/Ambulatory Health Services (OAHS) 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 development 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

Program Guidance:

Treatment Adherence services provided during an Outpatient/Ambulatory Health Services visit should be reported under the Outpatient/Ambulatory Health Services category, whereas Treatment Adherence services provided during a Medical Case Management visit should be reported in the Medical Case Management service category.

See Policy Clarification Notice 13-04: *Clarifications Regarding Clients Eligibility for Private Health Insurance and Coverage of Services by Ryan White HIV/AIDS Program.*

Unit of Service:

Per visit – services provided by licensed healthcare provider

Per test – laboratory

Output Measures:

1. Number of units of service provided
 - a. Visits
 - b. Laboratory tests
2. Number of unduplicated clients served
 - a. Number of continuing clients served
 - b. Number of new clients served

Outcome Measures:

1. **Percentage of patients, regardless of age, with a diagnosis of HIV prescribed antiretroviral therapy for the treatment of HIV infection during the measurement year**

Outcome target: 90%

Numerator: Number of patients from the denominator prescribed HIV antiretroviral therapy during the measurement year

Denominator: Number of patients, regardless of age, with a diagnosis of HIV with at least one medical visit in the measurement year

Patient Exclusions: None

2. **Percentage of patients aged 6 weeks or older with a diagnosis of HIV/AIDS who were prescribed *Pneumocystis jiroveci* pneumonia (PCP) prophylaxis**

Outcome target: 90%

Note: Use the numerator and denominator that reflect patient population.

Numerator 1: Patients who were prescribed Pneumocystis jiroveci pneumonia (PCP) prophylaxis within 3 months of CD4 count below 200 cells/mm

Numerator 2: Patients who were prescribed Pneumocystis jiroveci pneumonia (PCP) prophylaxis within 3 months of CD4 count below 500 cells/mm or a CD4 percentage below 15%

Numerator 3: Patients who were prescribed Pneumocystis jiroveci pneumonia (PCP) prophylaxis at the time of HIV diagnosis

Aggregate numerator: The sum of the three numerators

Denominator 1: All patients aged 6 years and older with a diagnosis of HIV/AIDS and a CD4 count below 200 cells/mm, who had at least two visits during the measurement year, with at least 90 days in between each visit

Denominator 2: All patients aged 1 through 5 years of age with a diagnosis of HIV/AIDS and a CD4 count below 500 cells/mm or a CD4 percentage below 15%, who had at least two visits during the measurement year, with at least 90 days in between each visit

Denominator 3: All patients aged 6 weeks through 12 months with a diagnosis of HIV, who had at least two visits during the measurement year, with at least 90 days in between each visit

Total denominator: The sum of the three denominators

Patient Exclusions:

Denominator 1 Exclusion: Patient did not receive PCP prophylaxis because there was a CD4 count above 200 cells/mm during the three months after a CD4 count below 200 cells/mm

Denominator 2 Exclusion: Patient did not receive PCP prophylaxis because there was a CD4 count above 500 cells/mm or CD4 percentage above 15% during the three months after a CD4 count below 500 cells/mm or CD4 percentage below 15%

3. Percentage of patients, regardless of age, with a diagnosis of HIV who had at least one medical visit in each 6-month period of the 24-month measurement period with a minimum of 60 days between medical visits

Outcome target: 80%

Numerator: Number of patients in the denominator who had at least one medical visit in each 6-month period of the 24-month measurement period with a minimum of 60 days between first medical visit in the prior 6-month period and the last medical visit in the subsequent 6-month period

Denominator: Number of patients, regardless of age, with a diagnosis of HIV with at least one medical visit in the first 6 months of the 24-month measurement period

Patient Exclusions: Patients who died at any time during the 24-month measurement period

4. Percentage of patients, regardless of age, with a diagnosis of HIV with a HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year

Outcome target: 80%

Numerator: Number of patients in the denominator with a HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year

Denominator: Number of patients, regardless of age, with a diagnosis of HIV with at least one medical visit in the measurement year

Patient Exclusions: None

5. **Percentage of patients receiving outpatient ambulatory health services who report overall satisfaction with the quality of medical care services received**
Outcome target: 80%

Substance Abuse Outpatient Care

Service Description:

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

Program Guidance:

Acupuncture therapy may be allowable under this service category only when, as part of a substance use disorder treatment program funded under the RWHAP, it is included in a documented plan. Syringe access services are allowable, to the extent that they comport with current appropriations law and applicable HHS guidance, including HRSA- or HAB-specific guidance.

Unit of Service:

Per visit

Output Measures:

1. Number of units of service provided
2. Number of unduplicated clients served
 - a. Number of continuing clients served
 - b. Number of new clients served
3. Number of unduplicated clients receiving individual counseling
4. Number of unduplicated clients receiving group counseling

Outcome Measures:

1. **Percentage of substance abuse outpatient care clients making progress towards or attaining their prescribed client treatment plan goals during the measurement year**
Outcome target: 70%

2. Percentage of substance abuse outpatient care clients, regardless of age, with a diagnosis of HIV who had at least one medical visit in each 6-month period of the 12-month measurement period with a minimum of 60 days between medical visits

Outcome target: 80%

Numerator: Number of substance abuse outpatient care clients in the denominator who had at least one medical visit in each 6-month period of the 12-month measurement period with a minimum of 60 days between first medical visit in the prior 6-month period and the last medical visit in the subsequent 6-month period

Denominator: Number of substance abuse outpatient care clients, regardless of age, with a diagnosis of HIV with at least one medical visit in the first 6 months of the 12-month measurement period

Client Exclusions: Clients who died at any time during the 12-month measurement period

SUPPORT SERVICES

Emergency Financial Assistance

Service Description:

Emergency Financial Assistance provides limited one-time or short-term payments to assist the RWHAP client with an emergent need for paying for essential utilities, housing, food (including groceries and food vouchers), transportation, and medication. Emergency financial assistance can occur as a direct payment to an agency or through a voucher Program

Program Guidance:

Direct cash payments to clients are not permitted. 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. Continuous provision of an allowable service to a client should not be funded through Emergency Financial Assistance.

Unit of Service:

Per prescription

Output Measures:

1. Number of units of service provided
2. Number of unduplicated clients served
 - a. Number of continuing clients served
 - b. Number of new clients served

Outcome Measures:

1. **Percentage of patients, regardless of age, with a diagnosis of HIV prescribed antiretroviral therapy for the treatment of HIV infection during the measurement year**

Outcome target: 90%

Numerator: Number of patients from the denominator prescribed HIV antiretroviral therapy during the measurement year

Denominator: Number of patients, regardless of age, with a diagnosis of HIV with at least one medical visit in the measurement year

Patient Exclusions: None

2. **Percentage of patients, regardless of age, with a diagnosis of HIV with a HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year**

Outcome target: 80%

Numerator: Number of patients in the denominator with a HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year

Denominator: Number of patients, regardless of age, with a diagnosis of HIV with at least one medical visit in the measurement year

Patient Exclusions: None

Food Bank/Home Delivered Meals

Service Description:

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

Program Guidance:

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

Unit of Service:

Per visit (food pantry/voucher visit without nutritional supplements or food pantry/voucher visit with nutritional supplements)

Output Measures:

1. Number of units of service provided
 - a. Number of food pantry/voucher visits without nutritional supplements provided

- b. Number of Food pantry/voucher visits with nutritional supplements provided
- 2. Number of unduplicated clients served
 - a. Number of continuing clients served
 - b. Number of new clients served

Outcome Measures:

- 1. **Percentage of food bank/home delivered meals clients, regardless of age, with a diagnosis of HIV who had at least one medical visit in each 6-month period of the 12-month measurement period with a minimum of 60 days between medical visits**

Outcome target: 85%

Numerator: Number of food bank/home delivered meals clients in the denominator who had at least one medical visit in each 6-month period of the 12-month measurement period with a minimum of 60 days between first medical visit in the prior 6-month period and the last medical visit in the subsequent 6-month period

Denominator: Number of food bank/home delivered meals clients, regardless of age, with a diagnosis of HIV with at least one medical visit in the first 6 months of the 12-month measurement period

Client Exclusions: Clients who died at any time during the 12-month measurement period

Housing

Service Description:

Housing services provide transitional, short-term, or emergency housing assistance to enable a client or family to gain or maintain outpatient/ambulatory health services and treatment. Housing services include housing referral services and transitional, short-term, or emergency housing assistance.

Transitional, short-term, or emergency housing provides temporary assistance necessary to prevent homelessness and to gain or maintain access to medical care. Housing services must also include the development of an individualized housing plan, updated annually, to guide the client’s linkage to permanent housing. Housing services also can include housing referral services: assessment, search, placement, and advocacy services, as well as fees associated with these services.

Eligible housing can include either housing that:

- Provides some type of core medical or support services (such as residential substance use disorder services or mental health services, residential foster care, or assisted living residential services); or
- Does not provide direct core medical or support services, but is essential for a client or family to gain or maintain access to and compliance with HIV-related outpatient/ambulatory health services and treatment. The necessity of housing services for the purposes of medical care must be documented.

Program Guidance:

RWHAP recipients and subrecipients must have mechanisms in place to allow newly identified clients access to housing services. RWHAP recipients and subrecipients must assess every client’s housing needs at least annually to determine the need for new or additional services. In addition, RWHAP recipients and subrecipients must develop an individualized housing plan for each client receiving housing services and

update it annually. RWHAP recipients and subrecipients must provide HAB with a copy of the individualized written housing plan upon request.

RWHAP Part A, B, C, and D recipients, subrecipients, and local decision making planning bodies are strongly encouraged to institute duration limits to housing services. The U.S. Department of Housing and Urban Development (HUD) defines transitional housing as up to 24 months and HRSA/HAB recommends that recipients and subrecipients consider using HUD's definition as their standard.

Housing services cannot be in the form of direct cash payments to clients and cannot be used for mortgage payments.

Unit of Service:

Per day

Output Measures:

1. Number of units of service provided
2. Number of unduplicated clients served
 - a. Number of continuing clients served
 - b. Number of new clients served

Outcome Measures:

1. **Percentage of clients, regardless of age, with a diagnosis of HIV who had at least one medical visit in each 6-month period of the 12-month measurement period with a minimum of 60 days between medical visits**
Outcome target: 70%

Numerator: Number of clients in the denominator who had at least one medical visit in each 6-month period of the 12-month measurement period with a minimum of 60 days between first medical visit in the prior 6-month period and the last medical visit in the subsequent 6-month period

Denominator: Number of clients, regardless of age, with a diagnosis of HIV with at least one medical visit in the first 6 months of the 12-month measurement period

Client Exclusions: Clients who died at any time during the 12-month measurement period

2. **Percentage of clients who increase symptom management during the measurement period**
Outcome target: 80%
3. **Percentage of clients who report overall satisfaction with the quality of services received**
Outcome target: 90%

Medical Transportation

Service Description:

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.

Program Guidance:

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)
- 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)
- Voucher or token systems

Costs for transportation for medical providers to provide care should be categorized under the service category for the service being provided.

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, loan payments, insurance, license, or registration fees

Unit of Service:

Per one-way trip

Output Measures:

1. Number of units of service provided
2. Number of unduplicated clients served
 - a. Number of continuing clients served
 - b. Number of new clients served

Outcome Measures:

1. **Percentage of medical transportation clients, regardless of age, with a diagnosis of HIV who had at least one medical visit in each 6-month period of the 24-month measurement period with a minimum of 60 days between medical visits**

Outcome target: 90%

Numerator: Number of medical transportation clients in the denominator who had at least one medical visit in each 6-month period of the 24-month measurement period with a minimum of 60 days between first medical visit in the prior 6-month period and the last medical visit in the subsequent 6-month period

Denominator: Number of medical transportation clients, regardless of age, with a diagnosis of HIV with at least one medical visit in the first 6 months of the 24-month measurement period

Client Exclusions: Clients who died at any time during the 24-month measurement period

Non-Medical Case Management Services

Service Description:

Non-Medical Case Management Services (MNCM) provide guidance and assistance in accessing medical, social, community, legal, financial, and other needed services. MNCM services may also include assisting eligible clients to obtain access to other public and private programs for which they may be eligible, such as Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, other state or local health care and supportive services, or health insurance Marketplace plans. This service category includes several methods of communication including face-to-face, phone contact, and any other forms of communication deemed appropriate by the RWHAP Part recipient. Key activities include:

- Initial assessment of service needs
- Development of a comprehensive, individualized 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 members' needs and personal support systems

Program Guidance:

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.

Unit of Service:

Per 15 minutes

Output Measures:

1. Number of units of service provided
2. Number of unduplicated clients served
 - a. Number of continuing clients served
 - b. Number of new clients served

Outcome Measures:

1. **Percentage of non-medical case management clients, regardless of age, with a diagnosis of HIV who had a non-medical case management service plan developed and/or updated two or more times in the measurement year**
Outcome target: 80%

Numerator: Number of non-medical case management clients who had a non-medical case management service plan developed and/or updated two or more times which are at least three months apart in the measurement year

Denominator: Number of non-medical case management clients, regardless of age, with a diagnosis of HIV who had at least one non-medical case management encounter in the measurement year

Client Exclusions:

1. Non-medical case management clients who initiated non-medical case management services in the last six months of the measurement year
 2. Non-medical case management clients who were discharged from non-medical case management services prior to six months of service in the measurement year
2. **Percentage of non-medical case management clients, regardless of age, with a diagnosis of HIV who had at least one medical visit in each 6-month period of the 12-month measurement period with a minimum of 60 days between medical visits**
Outcome target: 85%

Numerator: Number of non-medical case management clients in the denominator who had at least one medical visit in each 6-month period of the 12-month measurement period with a minimum of 60 days between first medical visit in the prior 6-month period and the last medical visit in the subsequent 6-month period

Denominator: Number of non-medical case management clients, regardless of age, with a diagnosis of HIV with at least one medical visit in the first 6 months of the 12-month measurement period

Client Exclusions: Clients who died at any time during the 12-month measurement period

Outreach Services

Service Definition:

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

Program Guidance:

Outreach programs must be:

- Conducted at times and in places where there is a high probability of 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.

See Policy Notice 12-01: *The Use of Ryan White HIV/AIDS Program Funds for Outreach Services*.

Outreach services cannot be delivered anonymously, as personally identifiable information is needed from clients for program reporting.

Unit of Service:

Per encounter

Output Measures:

1. Number of units of service provided
2. Number of unduplicated persons with unknown HIV positive status
3. Number of unduplicated persons with known HIV positive status who are out-of-care

Outcome Measures:

1. **Percentage of outreach services clients with unknown HIV disease who attend a routine HIV medical care visit within 3 months of HIV diagnosis**
Outcome target: 85%
2. **Percentage of out-of-care outreach services clients who attend a routine HIV medical care visit within 3 months of initial encounter**
Outcome target: 85%

Psychosocial Support Services

Service Description:

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

- Bereavement counseling
- Caregiver/respice support (RWHAP part D)
- Child abuse and neglect counseling
- HIV support groups
- Nutrition counseling provided by a non-registered dietitian
- Pastoral care/counseling services

Program Guidance:

Funds under this service category may not be used to provide nutritional supplements.

Funds may not be used for social/recreational activities or to pay for a client's gym membership.

RWHAP-funded pastoral counseling must be available to all eligible clients regardless of their religious denominational affiliation.

For RWHAP Part D recipients, outpatient mental health services provided to affected clients (people not identified with HIV) should be reported as Psychosocial Support Services; this is generally only a permissible expense under RWHAP Part D.

Unit of Service:

Per 15 minutes

Output Measures:

1. Number of units of service provided
2. Number of unduplicated clients served
 - a. Number of continuing clients served
 - b. Number of new clients served

Outcome Measures:

1. **Percentage of psychosocial support services clients, regardless of age, with a diagnosis of HIV who had at least one medical visit in each 6-month period of the 12-month measurement period with a minimum of 60 days between medical visits**

Outcome target: 80%

Numerator: Number of psychosocial support services clients in the denominator who had at least one medical visit in each 6-month period of the 12-month measurement period with a minimum of 60 days between first medical visit in the prior 6-month period and the last medical visit in the subsequent 6-month period

Denominator: Number of psychosocial support services clients, regardless of age, with a diagnosis of HIV with at least one medical visit in the first 6 months of the 12-month measurement period

Client Exclusions: Clients who died at any time during the 12-month measurement period

Substance Abuse Services (residential)

Service Definition:

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)

Program Guidance:

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.

Acupuncture therapy may be allowable funded 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 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:

Per day

Output Measures:

1. Number of units of service provided
 - a. Number of units of residential treatment provided
 - b. Number of units of residential detox provided
2. Number of unduplicated clients receiving residential treatment services
 - a. Number of continuing clients served
 - b. Number of new clients served
3. Number of unduplicated clients receiving residential detox services
 - a. Number of continuing clients served
 - b. Number of new clients served

Outcome Measures:

1. **Percentage of substance abuse services clients who successfully complete a residential substance abuse treatment program**
Outcome target: 70%
2. **Percentage of substance abuse residential services clients, regardless of age, with a diagnosis of HIV who had at least one medical visit in each 6-month period of the 12-month measurement period with a minimum of 60 days between medical visits**
Outcome target: 85%

Numerator: Number of substance abuse residential services clients in the denominator who had at least one medical visit in each 6-month period of the 12-month measurement period with a minimum of 60 days between first medical visit in the prior 6-month period and the last medical visit in the subsequent 6-month period

Denominator: Number of substance abuse residential services clients, regardless of age, with a diagnosis of HIV with at least one medical visit in the first 6 months of the 12-month measurement period

Client Exclusions: Clients who died at any time during the 12-month measurement period