

**Austin Ryan White HIV/AIDS Program
HIV Resources Administration Unit**

AUSTIN HIV SERVICES PERFORMANCE CATALOG

**Service Category Descriptions
Unit of Service Definitions
Performance Measures**



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Public
Health**

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AUSTIN HIV SERVICES PERFORMANCE CATALOG

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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 HRSA HAB Core Performance Measures, System Performance Measures, and service category-specific performance measures.

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

CORE MEDICAL SERVICES

AIDS Pharmaceutical Assistance

Service Description:

AIDS Pharmaceutical Assistance may be provided through one of two programs, based on HRSA RWHAP Part funding.

1. A Local Pharmaceutical Assistance Program (LPAP) is operated by a HRSA RWHAP Part A or B (non-ADAP) recipient or subrecipient as a supplemental means of providing ongoing medication assistance when an HRSA RWHAP ADAP has a restricted formulary, waiting list and/or restricted financial eligibility criteria.

HRSA RWHAP Parts A or B recipients using the LPAP to provide AIDS Pharmaceutical Assistance 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 that is:
 - Approved by the local advisory committee/board, and
 - Consists of HIV-related medications not otherwise available to the clients due to the elements mentioned above
- A drug distribution system
- A client enrollment and eligibility determination process that includes screening for HRSA RWHAP ADAP and LPAP eligibility with rescreening at minimum of every six months
- Coordination with the state's HRSA RWHAP Part B ADAP
 - A statement of need should specify restrictions of the state HRSA RWHAP ADAP and the need for the LPAP
- Implementation in accordance with requirements of the HRSA 340B Drug Pricing Program (including the Prime Vendor Program)

2. A Community Pharmaceutical Assistance Program (CPAP) is provided by a HRSA RWHAP Part C or D recipient for the provision of ongoing medication assistance to eligible clients in the absence of any other resources.

HRSA RWHAP Parts C or D recipients using CPAP to provide AIDS Pharmaceutical Assistance must establish the following:

- A financial eligibility criteria and determination process for this specific service category
- A drug formulary consisting of HIV-related medications not otherwise available to the clients
- Implementation in accordance with the requirements of the HRSA 340B Drug Pricing Program (including the Prime Vendor Program)

Program Guidance:

For LPAPs: HRSA RWHAP Part A or Part B (non-ADAP) funds may be used to support an LPAP. HRSA RWHAP ADAP funds may not be used for LPAP support. LPAP funds are not to be used for emergency or short-term financial assistance. The Emergency Financial Assistance service category may assist with short-term assistance for medications.

For CPAPs: HRSA RWHAP Part C or D funds may be used to support a CPAP to routinely refill medications. HRSA RWHAP Part C or D recipients should use the Outpatient/Ambulatory Health Services or Emergency Financial Assistance service categories for non-routine, short-term medication assistance.

See also AIDS Drug Assistance Program Treatments, Emergency Financial Assistance, and Outpatient/Ambulatory Health Services.

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: 95%

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: 85%

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

Early Intervention Services

Service Description:

The Ryan White HIV AIDS Program (RWHAP) legislation defines Early Intervention Services (EIS) for Parts A, B, and C. See § 2651(e) of the Public Health Service Act.

Program Guidance:

The elements of EIS often overlap with other service category descriptions; however, EIS is the combination of such services rather than a stand-alone service. RWHAP Part recipients should be aware of programmatic expectations that stipulate the allocation of funds into specific service categories.

RWHAP Parts A and B EIS services must include the following four 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 HIV-infected
 - Recipients 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 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

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

- Counseling individuals with respect to HIV
- High risk targeted HIV testing (confirmation and diagnosis of the extent of immune deficiency)
 - Recipients must coordinate these testing services under Part C EIS with other HIV prevention and testing programs to avoid duplication of efforts
 - The HIV testing services supported by Part C EIS funds cannot supplant testing efforts covered by other sources
- Referral and linkage to care of HIV-infected clients to Outpatient/Ambulatory Health Services, Medical Case Management, Substance Abuse Care, and other services as part of a comprehensive care system including a system for tracking and monitoring referrals
- Other clinical and diagnostic services related to HIV diagnosis

Unit of Service:

Per encounter with HIV positive person not linked to medical care

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, who attended a routine HIV medical care visit within one month of diagnosis

Outcome target: 85%

Numerator: Number of clients who attended a routine HIV medical care visit within one month of diagnosis

Denominator: Number of clients, regardless of age, with a HIV diagnosis in a 12-month measurement year

Client Exclusions: None

2. Percentage of out-of-care clients who attended a routine HIV medical care visit within three months of initial encounter

Outcome target: 85%

Numerator: Number of out-of-care EIS clients who attended a routine HIV medical care visit within three months of initial encounter

Denominator: Number of out-of-care EIS clients with initial encounter in a 12-month measurement year

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

- Clients obtain health care coverage that at a minimum, includes at least one U.S. Food and Drug Administration (FDA) approved medicine in each drug class of core antiretroviral medicines outlined in the U.S. Department of Health and Human Services' Clinical Guidelines for the Treatment of HIV, as well as appropriate HIV outpatient/ambulatory health services; and
- The cost of paying for the health care coverage (including all other sources of premium and cost sharing assistance) is cost-effective in the aggregate versus paying for the full cost for medications and other appropriate HIV outpatient/ambulatory health services (HRSA RWHAP Part A, HRSA RWHAP Part B, HRSA RWHAP Part C, and HRSA RWHAP Part D).

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

- HRSA 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, HRSA RWHAP Parts A and B recipients have supported paying for health insurance premiums and cost sharing assistance. If a HRSA 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.

HRSA RWHAP Parts A, B, C, and D recipients may consider providing their health insurance premiums and cost sharing resource allocation to their state HRSA RWHAP ADAP, particularly where the ADAP has the infrastructure to verify health care coverage status and process payments for public or private health care coverage premiums and medication cost sharing.

See PCN 14-01: *Clarifications Regarding the Ryan White HIV/AIDS Program and Reconciliation of Premium Tax Credits under the Affordable Care Act*

See PCN 18-01: *Clarifications Regarding the use of Ryan White HIV/AIDS Program Funds for Health Care Coverage Premium and Cost Sharing Assistance*

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 12-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 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

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: 85%

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, 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:

3. Number of units of service provided
4. Number of unduplicated clients served
 - c. Number of continuing clients served
 - d. Number of new clients served

Outcome Measures:

1. **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 patients served
 - a. Number of continuing patients served
 - b. Number of new patients 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: 95%

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: 90%

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

Outcome target: 75%

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 provide diagnostic and therapeutic-related activities directly to a client by a licensed healthcare provider in an outpatient medical setting. Outpatient medical settings may include: clinics, medical offices, mobile vans, using telehealth technology, and urgent care facilities for HIV-related visits.

Allowable activities include:

- Medical history taking
- Physical examination
- Diagnostic testing (including HIV confirmatory and viral load testing), as well as 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, including audiology and ophthalmology

Program Guidance:

Treatment adherence activities provided during an Outpatient/Ambulatory Health Service visit are considered Outpatient/Ambulatory Health Services, whereas treatment adherence activities provided during a Medical Case Management visit are considered Medical Case Management services. Non-HIV related visits to urgent care facilities are not allowable costs within the Outpatient/Ambulatory Health Services Category. Emergency room visits are not allowable costs within the Outpatient/Ambulatory Health Services Category.

See PCN 13-04: *Clarifications Regarding Clients Eligible for Private Insurance and Coverage of Services by Ryan White HIV/AIDS Program*

See also Early Intervention Services

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: 95%

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: 85%

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

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 use disorder 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 use disorder 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 use disorder 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 an HRSA RWHAP client with an urgent need for essential items or services necessary to improve health outcomes, including: utilities, housing, food (including groceries and food vouchers), transportation, medication not covered by an AIDS Drug Assistance Program or AIDS Pharmaceutical Assistance, or another HRSA RWHAP-allowable cost needed to improve health outcomes. Emergency Financial Assistance must occur as a direct payment to an agency or through a voucher program.

Program Guidance:

Emergency Financial Assistance funds used to pay for otherwise allowable HRSA RWHAP services must be accounted for under the Emergency Financial Assistance category. Direct cash payments to clients are not permitted. Continuous provision of an allowable service to a client must 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: 95%

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 provides transitional, short-term, or emergency housing assistance to enable a client or family to gain or maintain outpatient/ambulatory health services and treatment, including temporary assistance necessary to prevent homelessness and to gain or maintain access to medical care. Activities within the Housing category must also include the development of an individualized housing plan, updated annually, to guide the client's linkage to permanent housing. Housing may provide some type of core medical (e.g., mental health services) or support services (e.g., residential substance use disorder services). Housing activities also include housing referral services, including assessment, search, placement, and housing advocacy services on behalf of the eligible client, as well as fees associated with these activities.

Program Guidance:

HRSA RWHAP recipients and subrecipients that use funds to provide Housing must have mechanisms in place to assess and document the housing status and housing service needs of new clients, and at least annually for existing clients.

HRSA RWHAP recipients and subrecipients, along with local decision-making planning bodies, are strongly encouraged to institute duration limits to housing activities. HRSA HAB recommends recipients and subrecipients align duration limits with those definitions used by other housing programs, such as those administered by the Department of Housing and Urban Development, which currently uses 24 months for transitional housing.

Housing activities cannot be in the form of direct cash payments to clients and cannot be used for mortgage payments or rental deposits,⁶ although these may be allowable costs under the HUD Housing Opportunities for Persons with AIDS grant awards.

Housing, as described here, replaces PCN 11-01.

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: 75%

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 have decreased or maintained their viral load over the course of service**

Outcome target: 80%

⁶ See sections 2604(i), 2612(f), 2651(b), and 2671(a) of the Public Health Service Act.

Numerator: Number of clients with a diagnosis of HIV who have decreased or maintained their viral load during the measurement year

Denominator: Number of clients with a diagnosis of HIV who had at least two viral load tests during the measurement year

Client Exclusions: Clients who dropped out of services less than 45 days after intake; end-of-life clients who elected to stop their HIV medications; clients who died at any time during the measurement period

3. Percentage of clients who report overall satisfaction with the quality of services received

Outcome target: 90%

Numerator: Number of clients who report satisfaction during the measurement period, with an overall rating of at least 4 on a 5-point scale

Denominator: Number of clients who complete satisfaction surveys during the measurement period

Client Exclusions: None

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: 85%

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 (NMCM) is the provision of a range of client-centered activities focused on improving access to and retention in needed core medical and support services. NMCM provides coordination, guidance, and assistance in accessing medical, social, community, legal, financial, employment, vocational, and/or other needed services. NMCM 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, Children’s Health Insurance Program, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer’s Patient Assistance Programs, Department of Labor or Education-funded services, other state or local health care and supportive services, or private health care coverage plans. NMCM Services includes all types of case management encounters (e.g., face-to-face, telehealth, 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
- Client-specific advocacy and/or review of utilization of services
- 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:

NMCM Services have as their objective providing coordination, guidance and assistance in improving access to and retention in needed medical and support services to mitigate and eliminate barriers to HIV care 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 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

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
1. 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 use disorder residential services clients who successfully complete a 30-day residential substance use disorder treatment program**

Outcome target: 80%

Numerator: Number of clients, with a diagnosis of HIV, who successfully complete a 30-day residential substance use disorder treatment program during the measurement period

Denominator: Number of clients, with a diagnosis of HIV, who enrolled in a 30-day residential substance use disorder treatment program during the measurement period

Client Exclusions: Clients who are enrolled in, but have not yet completed, a 30-day residential substance use disorder treatment program

- 2. Percentage of substance use disorder 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 use disorder 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 use disorder 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