Ryan White Part A Service Standards

Pillar of Care: Elevating Lives, Uniting Communities - Austin Area HIV Services Standards

Updated 2024

Contents

Service Standards

1.0 Initial Eligibility and Annual Recertification

People are eligible to receive Ryan White HIV/AIDS Program (RWHAP) services when they meet each of the following criteria to determine eligibility for the program. Clients are required to recertify their eligibility on an annual basis. The initial eligibility and recertification process are detailed below.

INITIAL ELIGIBILITY DETERMINATION

A. **Provide documentation of HIV status.**
    This may include, but is not limited to:
·   A positive HIV Immunoassay (IA) test result from an initial antibody or combination antigen/antibody (Ag/Ab) test
     followed by a positive (reactive) HIV-1/2 type-differentiating test (Supplemental IA), qualitative Nucleic Acid Test
     (NAT)/Nucleic Acid Amplification Test (NAAT), Western Blot or Immunofluorescence Assay (IFA).
·   A positive qualitative HIV NAT (DNA or RNA) or HIV-1 p24 antigen test.
·   A detectable (quantitative) HIV viral load (undetectable viral load tests are NOT proof of HIV).
·   An HIV nucleotide sequence (genotype).

B. **Provide documentation of household income.**
    This includes income for the client, client's spouse if legally married, client's minor child under the age of 18, any person claimed by the client as a dependent on a tax return, and any person that has legal custody or other legal arrangements or guardianship of the client.

This may include, but is not limited to:
·   Pay stubs (at least two).
·   A signed and dated employer statement on company letterhead may be used. It must state the name of client,
     rate and frequency of pay, a phone number, and whether the client is currently receiving or is eligible to receive
     health benefits from the employer.
·   IRS 1040 form or IRS W-2 from most recent year.
·   IRS W-4 form.

Clients declaring no income should provide at least one of the following documents:

·   A statement provided as to how the client receives food, clothing, and shelter (also known as a letter of support).
·   A recent Summary Earnings Query (SEQY) printout, or Work and Gain Economic Self Sufficiency (WAGES) printout
     or an income tax return from the previous year.
·   Federal Insurance Contributions Act (FICA) to establish prior work year income.

C. **Provide documentation of where you live (City/County and State).**
    This may include, but is not limited to:
·   Current Texas or local photo identification (includes identification card or driver's license).
·   Utility bill with client's name and street address.
·   Housing, rental, or mortgage agreement with client's name and street address.
·   Recent school records with client's name and street address.
·   Bank statement with client's name and street address.
·   Letter from person with whom the client resides.
·   Property tax receipt or W-2 form for previous year with client's name and street address.

- Unemployment document with client's name and street address.
- Current voter registration card with client's name and street address.
- Official correspondence (postmarked in last three months) with client's name and street address.

Clients declaring homeless status or living in a shelter should provide at least one of the following documents:

- A statement from the shelter in which the client resides or visits.
- A written statement of the client describing living circumstances and a physical observation of location of residence by eligibility staff, signed and dated by the client and eligibility staff.
- A statement from a social service agency attesting to the homeless status of the client.

ANNUAL RECERTIFICATION OF ELIGIBILITY DETERMINATION

A. **Provide documentation of HIV status.**
No documentation is required for recertification. Proof of HIV status must remain in the client file for the entire time the client is enrolled in RWHAP services.

B. **Provide documentation of household income.**
This includes income for the client, client's spouse if legally married, client's minor child under the age of 18, any person claimed by the client as a dependent on a tax return, and any person that has legal custody or other legal arrangements or guardianship of the client.

This may include, but is not limited to:
- **Self-attestation of no change in household income.**
- Pay stubs (at least two).

- A signed and dated employer statement on company letterhead may be used. It must state the name of client, rate and frequency of pay, a phone number, and whether the client is currently receiving or is eligible to receive health benefits from the employer.
- IRS 1040 form or IRS W-2 from most recent year.
- IRS W-4 form.

Client declaring no income should provide at least one of the following documents:

- A statement provided as to how the client receives food, clothing, and shelter (also known as a letter of support).
- A recent Summary Earnings Query (SEQY) printout, or Work and Gain Economic Self Sufficiency (WAGES) printout or an income tax return from the previous year.
- Federal Insurance Contributions Act (FICA) to establish prior work year income.

C. **Provide documentation of where you live (City/County and State).**
  This may include, but is not limited to:
- **Self-attestation of no change in where you live.**
- Current Texas or local photo identification (includes identification card or driver's license).
- Utility bill with client's name and street address.
- Housing, rental, or mortgage agreement with client's name and street address.
- Recent school records with client's name and street address.
- Bank statement with client's name and street address.
- Letter from person with whom the client resides
- Property tax receipt or W-2 form for previous year with client's name and street address.
- Unemployment document with client's name and street address.

- Current voter registration card with client's name and street address.
- Official correspondence (postmarked in last three months) with client's name and street address.

Clients declaring homeless status or living in a shelter should provide at least one of the following documents:

- A statement from the shelter in which the client resides or visits.
- A written statement of the client describing living circumstances and a physical observation of location of residence by eligibility staff, signed and dated by the client and eligibility staff.
- A statement from a social service agency attesting to the homeless status of the client.

Immigration status is irrelevant for the purposes of eligibility for RWHAP services. [1] RWHAP (document QR code below) recipients or subrecipients should not share immigration status with immigration enforcement agencies.

2.0 Intake, Discharge, Transition, Case Closure
Each Subrecipient (agency) is responsible for providing and educating clients of their rights and responsibilities, confidentiality policies, and grievance policy at the time of initial eligibility certification and annually during eligibility recertification. If a client is being considered for discharge or case closure, the Subrecipient must reasonably attempt to contact the client to inform the client of their pending discharge/case closure.

3.0 Client Rights and Responsibilities
Ryan White services will be provided to all eligible RWHAP clients without discrimination based on medical diagnosis, race, creed, age, sex, gender identity or expression, marital or parental status, sexual orientation, religion, physical or

[1] See 8 U.S.C. § 1182(a)(4); Field Guidance on Deportability and Inadmissibility on Public Charge Grounds, 64 Fed. Reg. 28, 689 (Mar. 26, 1999). **https://www.govinfo.gov/content/pkg/FR-1999-05-26/pdf/99-13202.pdf (Scan QR code for more information)**

mental impediment, immigration status, or any other basis prohibited by law. All clients will receive from Subrecipients a statement of consumer rights and responsibilities and can find these consumer rights posted and/or accessible to the client at each Subrecipient. Consumer rights and responsibilities will be given to clients at the time of initial eligibility certification and annually during eligibility recertification. All Ryan White services will be provided in accordance with the consumer rights and responsibilities statement.

4.0 Privacy and Confidentiality (including securing records)
All City of Austin HRA-funded Subrecipients will maintain client confidentiality as well as maintain client files and data in a secure manner in accordance with all local, state, and federal laws. These requirements include the documentation of engagements between the client and provider, policies pertaining to electronic and paper file security, quality assurance activities related to the maintenance of files and the archiving of files.

5.0 Program Safety
All City of Austin HRA-funded Subrecipients will provide services in a setting that meet local, state, and federal regulations that guarantee the safety and well-being of clients and staff during operations pertaining to the service delivery. Subrecipients will ensure that service delivery facilities are clean, comfortable, and free from hazards. Additionally, Subrecipients will ensure facilities are accessible to clients, including children (when appropriate) and/or people with disabilities.

6.0 Cultural & Linguistic Competence
All City of Austin HRA-funded Subrecipients will provide services that adhere to the National Standards on Culturally and Linguistically Appropriate Services.

(Scan QR code below for the Office of Minority Health information)

7.0 Client Grievance Process
All City of Austin HRA-funded Subrecipients will provide clients with a written grievance policy and procedure at the time of initial eligibility certification and annually during eligibility recertification. Clients will be informed and assisted in utilizing this procedure and shall not be discriminated against for doing so. A signed copy of receipt of the grievance procedure policy form must be included in the client's chart.

8.0 Telehealth and Telemedicine
Telehealth and telemedicine are alternative modalities to provide City of Austin HRA-funded services. Telehealth and telemedicine services are to be provided in real-time via audio and video communication technology, which can include videoconferencing software.

City of Austin HRA Subrecipient must use features to protect electronic private health information (ePHI) transmission between client and providers. HRA Subrecipients must use a telehealth vendor that provides assurances to protect ePHI that includes the vendor signing a business associate agreement (BAA). Ryan White Providers using telehealth must also follow HRA HIV Care Services guidelines for telehealth and telemedicine outlined in HRA Telemedicine Guidance.

Section II: Core Medical Services

Health Resources and Services Administration (HRSA) Definition: Essential, direct, health care services for HIV care. Recipient/subrecipient expenditures are limited to core medical services, support services, and administrative expenses.

AIDS Pharmaceutical Assistance
SERVICE CATEGORY DEFINITION

Local Pharmaceutical Assistance Programs (LPAP) are operated by a HRSA Ryan White HIV/AIDS Program (RWHAP) Part B (non-ADAP) recipient or subrecipient as a supplemental means of providing ongoing medication assistance when a HRSA RWHAP AIDS Drug Assistance Program (ADAP) has a restricted formulary, waiting list, and/or restricted financial eligibility criteria.

PROGRAM GUIDANCE
LPAP ensures that clients receive medications when other means to procure medications are unavailable or insufficient. As such, LPAPs are meant to serve as an ongoing means of providing medications. Part A grant 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 or short-term financial assistance. The Emergency Financial Assistance service category may assist with short-term medication assistance not covered by the LPAP.

Language assistance must be provided to individuals who have limited English proficiency and/or other communication needs at no cost to them to facilitate timely access to all health care and services.

LIMITATIONS
State AIDS Drug Assistance Program (ADAP) funds may not be used for LPAP support. LPAP funds are not emergency financial assistance for medications.
· Local pharmacy assistance programs are not funded with ADAP earmark funding.
· LPAPs are not to take the place of the ADAP program.
· Clients cannot be enrolled in another medication assistance program for the same medication, excluding co-

payment discounts.

- Funds may not be used to make direct payments of cash/vouchers to a client.
- No charges may be imposed on clients with incomes below 100% of the Federal Poverty Level (FPL).
- LPAPs do not dispense medications as:
  - » A result or component of a primary medical visit.
  - » A single occurrence of short duration (an emergency).
  - » Vouchers to clients on an emergency basis. (Emergency Financial Assistance service category funds should be used for the above situations).

SERVICES

RWHAP 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 that is
  - » Approved by the local advisory committee/board.
  - » 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 a 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 HRSA 340B Drug Pricing Program and the Prime Vendor Program.

STATEMENT OF NEED

The Texas ADAP (TX ADAP) has a limited formulary and currently limits income eligibility to 200% **[1] (document QR code below)** of the Federal Poverty Limit (FPL), with a spend-down adjustment to account for the cost of HIV medications. Providers must first use client and/or pharmaceutical assistance programs (PAP) prior to the use of LPAP. However, these programs may not fully meet the needs of clients with HIV-related medication needs because the full spectrum of HIV and HIV-related medications that may be prescribed to improve health outcomes may not be affordable or available via a PAP. The LPAP is needed to assist clients that have incomes above 200% of FPL, after spend-down adjustment. LPAP is further needed to assist clients requiring long-term HIV and HIV-related medications that cannot be obtained through the TX ADAP program or PAPs.

The TX ADAP must be accessed by eligible clients prior to using the LPAP.

- The LPAP may not duplicate services available through the TX ADAP program.
- Clients needing long-term assistance with prescription medications shall be assisted with completing a TX ADAP application and, when applicable, PAP applications.
- If the medication is not on the TX ADAP formulary and is not available through assistance programs, the client may be served with LPAP funds if the medication is on the LPAP formulary.
- If short-term medication assistance is required and a client is eligible, this need may be met with Emergency Financial Assistance funds.
- Clients with insurance and other third-party payer sources are not eligible for LPAP assistance unless there is documentation on file that the medication is not covered by their prescription benefits.

Purchase of pharmaceuticals must be directly linked to the management of HIV that is:

·   Consistent with the most current HIV/AIDS Treatment Guidelines.
·   Coordinated with the State's Part B Texas HIV Medication Program (THMP) of which the TX ADAP is part of.
·   Implemented in accordance with requirements of the 340B Drug Pricing Program and the Prime Vendor Program.

LPAP shall, to the extent allocations permit, provide eligible clients with medications on the local area's LPAP formulary that have been prescribed by a qualified, prescribing medical provider. Clients denied enrollment into the THMP may access medications on the ADAP formulary via LPAP only if other payer sources have been exhausted and the medication is on the local area's LPAP formulary.

LPAP medications must be purchased at the lowest possible cost, such as 340B Program pricing. Clients must obtain their medications through a 340B covered entity or pharmacy OR a comparable medication discount program. Contracts/Memoranda of Understanding (MOU) must be set up to purchase medications at wholesale or another below retail price.

All LPAP programs will use the statement of need and available standards of care to inform their services and will operate in accordance with legal and ethical standards. The importance of maintaining confidentiality is critical and all programs must comply with the Health Insurance Portability and Accountability Act (HIPAA) standards.

Prescribed Over-the-Counter (OTC) medications may be purchased with LPAP funds if the medication is listed on the LPAP formulary and the provider has deemed that the medication is needed for prevention and treatment of opportunistic infections or to prevent the serious deterioration of health. All OTC medications purchased with LPAP funds must be Food and Drug Administration (FDA) approved.

Medications not included in the LPAP formulary cannot be purchased. All medications purchased with LPAP funds must be FDA-approved. The provider wishing to prescribe a medication not on the formulary shall make a request to the LPAP Board for approval to add the medication to the formulary. The medication may only be purchased after being added to the formulary.

Early Intervention Services
SERVICE CATEGORY DEFINITION

Support of Early Intervention Services (EIS) that include identification of individuals at points of entry and access to services and 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-positive.
  »   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.

EIS services are limited to counseling and HIV testing, referral to appropriate services based on HIV status, linkage to care, and education and health literacy training for clients to help them navigate the HIV care system. EIS services require coordination with providers of prevention services and should be provided at specific points of entry.

Counseling, testing, and referral activities are designed to bring individuals with HIV into Outpatient/Ambulatory Health Services (OAHS). The goal of EIS is to decrease the number of underserved individuals with HIV by increasing access to care. EIS also provides the added benefit of educating and motivating clients on the importance and benefits of getting into care. Individuals found not to have HIV should be referred to appropriate prevention services.

Health Insurance Premium Cost Sharing Assistance
SERVICE CATEGORY DEFINITION

Health Insurance Premium and Cost Sharing Assistance (Health Insurance Assistance or HIPCSA) 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 (OAHS), and pharmacy benefits that provide a full range of HIV medications for eligible clients.
- Paying standalone dental insurance premiums to provide comprehensive oral health care services for eligible clients.
- Paying cost sharing on behalf of the client.

To use HRSA Ryan White HIV/AIDS Program (RWHAP) funds for health insurance premium and cost sharing assistance (not standalone dental insurance assistance), a 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 (document QR code below)**, as well as appropriate HIV Outpatient/Ambulatory Health Services.
- 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 OAHS.

To use HRSA RWHAP funds for standalone dental insurance premium assistance, a 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 HIPCSA only when determined to be cost effective.

LIMITATIONS

- HIPCSA cannot be in the form of direct cash payments to clients.
- HIPCSA excludes plans that do not cover HIV-treatment drugs; specifically, the plan must cover at least one drug in each class of core antiretroviral therapeutics from the HHS clinical guidelines as well as appropriate primary care services.
- Any cost associated with liability risk pools cannot be funded by RWHAP.
- RWHAP funds cannot be used to cover costs associated with Social Security.
- HIPCSA funds may not be used to pay fines or tax obligations incurred by clients for not maintaining health insurance coverage required by the Affordable Care Act (ACA).
- HIPCSA funds may not be used to make out-of-pocket payments for inpatient hospitalization and emergency department care.
- HIPCSA funds may not be used to support plans that offer only catastrophic coverage or supplemental insurance that assists only with hospitalization.
- HIPCSA must not be extended for Consolidated Omnibus Budget Reconciliation Act (COBRA) coverage if a client is eligible for other coverage that provides the required minimal level of coverage at a cost-effective price.

FUNDS MAY BE USED FOR:

- Purchasing health insurance (both job or employer-related plans and plans on the individual and group market) that provides comprehensive primary care and pharmacy benefits for clients that provide a full range of HIV medications.
- Standalone dental insurance premiums when cost effective and/or cost sharing assistance when provided in compliance with requirements described in **HRSA Policy Clarification Notice (PCN) 16-02 (document QR code below)** , including the FAQ.
- Paying co-pays (including co-pays for prescription eyewear for conditions related to HIV),

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- deductibles, and co-insurance for medical and dental plans on behalf of the client.
- Providing funds to contribute to a client's Medicare Part D true out-of-pocket (TrOOP) costs.
- Certain tax liabilities.

Medical Case Management Including Treatment Adherence Services
SERVICE CATEGORY DEFINTION

Medical Case Management (MCM) is the provision of a range of client-centered activities focused on improving health outcomes in support of the HIV care continuum. Activities provided under this service category may be provided by an interdisciplinary team that include 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).

In addition to providing the medically oriented activities above, Medical Case Management may also provide benefits counseling by assisting eligible clients in obtaining access to other public and private programs for which they may be eligible (e.g., Medicaid, Medicare Part D, 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).

KEY ACTIVITIES INCLUDE:

- Initial assessment of case management service needs.
- Development of a comprehensive, individualized care plan.
- Timely and coordinated access to medically appropriate levels of health and support services and continuity of care.
- Continuous client monitoring to assess the efficacy of the care plan.
- Re-evaluation of the care plan at least every six (6) months with adaptations as necessary.

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- 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.

Staff providing MCM services act as part of a multidisciplinary medical care team, with a specific role of assisting clients in following their medical treatment plan and assisting in the coordination and follow-up of the client's medical care between multiple providers. The goals of this service are 1) the development of knowledge and skills that allow clients to adhere to the medical treatment plan without the support and assistance of the staff providing Medical Case Management services, 2) to address needs for concrete services such as health care, public benefits and assistance, housing, and nutrition, as well as develop the relationship necessary to assist the client in addressing other issues including substance use, mental health, and domestic violence in the context of their family/close support system, and 3) Client specific advocacy and/or review of utilization of services provided and needed by client.

CORE COMPONENTS

1. Coordination of Medical Care – scheduling appointments for various treatments and referrals including labs, screenings, medical specialist appointments, mental health, oral health care and substance use treatment.
2. Follow-up of Medical Treatments – includes either accompanying client to medical appointments, calling, emailing, texting, or writing letters to clients with respect to various treatments to ensure appointments were kept or rescheduled as needed. Additionally, follow-up also includes ensuring clients have appropriate documentation, transportation, and understanding of procedures. MCM staff must also encourage and enable open dialogue with medical healthcare professionals.
3. Treatment Adherence – the provision of counseling or special programs to ensure readiness for, and adherence to, HIV treatments to achieve and maintain viral suppression.

Medical Nutrition Therapy
SERVICE CATEGORY DEFINTION

Medical Nutrition Therapy (MNT) 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 (OAHS).

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 (RD) or other licensed nutrition professional.
- Services not provided by a registered/licensed dietitian should be considered Psychosocial Support Services under the Ryan White HIV/AIDS Program (RWHAP).
- In the State of Texas, the only allowable nutrition professional recognized for Medical Nutrition Therapy service category is a licensed Registered Dietitian.

The application of MNT as a part of the Nutrition Care Process is an integral component of the medical treatment for management of specific disease states and conditions and should be the initial step in the management of these situations. Efforts to optimize nutritional status through individualized medical nutrition therapy, assurance of food and nutrition security, and nutrition education are essential to the total system of health care available to people living with HIV through the continuum of care.

- Nutritional supplements include medical nutritional formula, vitamins, and herbs.
- Food provisions consist of recommending significant change in daily food intake based on a deficiency, which may directly affect HIV/co-morbidities.

MNT is individualized dietary instruction that incorporates diet therapy counseling for a nutrition-related problem. This level of specialized instruction is above basic nutrition counseling and includes an individualized dietary assessment performed by an RD.

Services include providing nutritional supplements and food provisions based on the medical care provider's recommendation:

- Nutritional supplements include medical nutritional formula, vitamins, and herbs.
- Food provisions consist of recommending significant change in daily food intake based on a deficiency, which may directly affect HIV/co-morbidities.

Mental Health Services
SERVICE CATEGORY DEFINITION

Mental Health (MH) 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 with the state to render such services. Such professionals typically include psychiatrists, advanced practice nurses, psychologists, licensed professional counselors, and licensed clinical social workers. **Goal:** To provide treatment and counseling services to address mental illness, eliminating barriers to treatment and increasing adherence to medical care for eligible individuals living with HIV/AIDS.

Mental health counseling services include outpatient mental health therapy and counseling provided solely by mental health practitioners licensed in the State of Texas.

Mental health services include:

- Mental health assessment.
- Treatment planning.
- Treatment provision.
- Individual psychotherapy.
- Conjoint psychotherapy.
- Group psychotherapy.
- Psychiatric medication assessment, prescription, and monitoring.
- Psychotropic medication management.
- Drop-in psychotherapy groups.
- Emergency/crisis intervention

All mental health interventions must be based on proven clinical methods and in accordance with legal, licensing, and ethical standards. The importance of maintaining confidentiality is of critical importance and cannot be overstated unless otherwise indicated based on federal, state, and local laws and guidelines (i.e., abuse, self or other harm).

Oral Health Care Services
SERVICE CATEGORY DEFINITION

Oral Health Care (OH) activities include outpatient diagnostics, prevention, and therapy provided by dental health care professionals, including general dental practitioners, dental specialists, dental hygienists, and licensed dental assistants. Cosmetic dentistry for cosmetic purposes only is prohibited.

Services include:

- Routine dental examinations, prophylaxes, radiographs, restorative therapies, basic oral surgery (e.g., extractions and biopsy), endodontics, and prosthodontics.
- Referral for specialized care should be completed if clinically indicated.
- Emergency procedures will be treated on a walk-in basis as availability and funding allows Funded Oral Health Care providers are permitted to provide necessary emergency care regardless of a client's annual benefit balance.

Oral health services are an allowable core service with an expenditure cap of $3,000/client per calendar year. Local service regions may set additional limitations on the type or number of procedures covered and/or may set a lower expenditure cap, so long as such criteria are applied equitably across the region and the limitations do not restrict eligible individuals from receiving needed oral health services outlined in their individualized dental treatment plan. In the cases of emergency need and/or where extensive care is needed, the maximum amount may exceed the above cap. Dental providers are required to document the reason for exceeding the yearly maximum amount and must have documented approval from the local Administrative Agency (HRA) for the purposes of funds only, but not the appropriateness of the clinical procedure.

Outpatient Ambulatory Health Services
SERVICE CATEGORY DEFINITION

Outpatient/Ambulatory Health Services (OAHS) 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 units, using telehealth technology, and urgent care facilities for HIV-related visits.

Treatment adherence activities provided during an OAHS visit are considered OAHS services, whereas treatment adherence activities provided during a medical case management visit are considered medical case management services. Care must include access to antiretroviral and other drug therapies, including prophylaxis and treatment of opportunistic infections and combination antiretroviral therapies (ART).

Non-HIV related visits to urgent care facilities are not allowable costs under OAHS per HRSA RWHAP **PCN 16-02 (document QR code below)**. Emergency room visits are not allowable costs within the OAHS category.

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.

- 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.

Diagnostic laboratory testing includes all indicated medical diagnostic testing, including all tests considered integral to treatment of HIV. Funded tests must meet the following conditions:

- Tests must be consistent with medical and laboratory standards as established by scientific evidence and supported by professional panels, associations, or organizations.
- Tests must be (1) approved by the U.S. Food and Drug Administration (FDA), when required under the FDA Medical Devices Act; and/or (2) performed in an approved Clinical Laboratory Improvement Amendments of 1988 (CLIA)-certified laboratory or State-exempt laboratory.
- Tests must be (1) ordered by a registered, certified, or licensed medical provider, and (2) necessary and appropriate based on established clinical practice standards and clinical judgment.

Substance Use Treatment Outpatient Services
SERVICE CATEGORY DEFINTION

Substance Use Treatment Outpatient Services (SA-O) is the provision of outpatient services for the treatment of drug or alcohol use disorders. Acupuncture therapy may be allowable under this service category only when, as part of a substance use disorder treatment program funded under the HRSA Ryan White HIV/AIDS Program (RWHAP), is included in a documented plan. Services will be provided in accordance with **Texas Health and Safety code, title 6, Subtitle B, Chapter 464 (document QR code below)**. Counseling and education will be completed in accordance with Texas Health and Safety Code for Substance Abuse Programs.

Services limited to the those listed below as stated in the HRSA National Monitoring Standards. No use of RWHAP funds shall be used to carry out any program of distributing sterile needles or syringes for the hypodermic injection of any illegal drugs. Please reference:.

Activities under Substance Use Treatment Outpatient Services category include:

- Screening
- Assessment
- Diagnosis
- Treatment of substance use disorder, including:
    - » Pretreatment/recovery readiness programs.
    - » Healthy behavior promotion.
    - » Behavioral health counseling associated with substance use disorder.
    - » Outpatient drug-free treatment and counseling.

- » Medication-assisted therapy
- » Neuro-psychiatric pharmaceuticals
- » Relapse prevention

Section III: Support Services

HRSA Definition: Services needed to achieve medical outcomes that affect the HIV-related clinical status of a person living with HIV. Recipient/subrecipient expenditures are limited to core medical services, support services, and administrative expenses.

Emergency Financial Assistance
SERVICE CATEGORY DEFINITION

Emergency Financial Assistance (EFA) provides limited one-time or short-term payments to assist a HRSA Ryan White HIV/AIDS Program (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 (ADAP) or Local AIDS Pharmaceutical Assistance Program (LPAP), 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.

Direct cash payments to clients are not permitted. Continuous provision of an allowable service to a client must not be funded through EFA.

EFA is an allowable support service with an $800/year/client cap.
- The agency must set priorities, delineate, and monitor what part of the overall allocation for emergency assistance is obligated for each subcategory. Careful monitoring of expenditures within a subcategory of "emergency assistance" is necessary to assure that planned amounts for specific services are being implemented, and to determine when reallocations may be necessary.
- Limitations on the provision of emergency assistance to eligible individuals/households should be delineated and

consistently applied to all clients. It is expected that all other sources of funding in the community for emergency assistance will be effectively used and that any allocation of EFA funding for these purposes will be the payer-of-last-resort, and for limited amounts, limited use, and limited periods of time.

EFA to individual clients is provided with limited frequency and for a limited period of time, with specified frequency and duration of assistance. Emergent need must be documented each time funds are used.

Foodbank/Home-Delivered Meals
SERVICE CATEGORY DEFINITION

Food Bank/Home-Delivered Meals refers to the provision of actual food items, hot meals, or a voucher program to purchase food. This category also includes the provision of fruit, vegetables, dairy, canned meat, staples, and personal care products in a food bank setting. On-site/home-delivered meals are the provision of prepared meals or food vouchers for prepared meals, in either a congregate dining setting or delivered to clients who are homebound and cannot shop for or prepare their own food. This service includes the provision of both frozen and hot meals. This also includes the provision of essential non-food items that are limited to the following:
- Personal hygiene products.
- Household cleaning supplies.
- Water filtration/purification systems in communities where issues of water safety exist.

Unallowable costs include household appliances, pet foods, and other non-essential products. Nutritional services and nutritional supplements provided by a registered dietitian are considered a core medical service under the Ryan White HIV/AIDS program (RWHAP) and if offered, should be funded under the core medical service medical nutritional therapy.

Food vouchers/gift cards are to be restricted from the purchase of tobacco or alcohol products. No direct payment to clients is allowed.

Housing Services
SERVICE CATEGORY DEFINITION

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 experiencing 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.

HRSA Ryan White HIV/AIDS Program (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 HIV/AIDS Bureau (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 (HUD), which currently uses 24 months for transitional housing.

HRSA RWHAP recipients and subrecipients, along with local decision-making planning bodies, are strongly encouraged to institute duration limits to housing activities. HRSA HIV/AIDS Bureau (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 (HUD), which currently uses 24 months for transitional housing.

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

Linguistic Services
SERVICE CATEGORY DEFINITION

Linguistic Services include interpretation and translation activities, both oral and written to eligible clients. These activities must be provided by a qualified linguistic services provider as a component of HIV service delivery between the healthcare provider and the client. These services are to be provided when such services are necessary to facilitate communication between the provider and client and/or support delivery of HRSA Ryan White HIV/AIDS Program (RWHAP) eligible services.

Services provided must comply with the National Standards for Culturally and Linguistically Appropriate Services (CLAS). Linguistic services include sign language linguistics.

Language assistance must be provided to individuals who have limited English proficiency and/or other communication needs at no cost to them to facilitate timely access to all health care and services.
Subrecipients must provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area to inform all individuals of the availability of language assistance services.

All HRA subrecipients must establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organizations' planning and operations.

Linguistic services are provided as a component of HIV service delivery to facilitate communication between the client and provider, as well as support service delivery in both group and individual settings. These standards ensure that language is not a barrier to any client seeking HIV-related medical care and support, and that linguistic services are provided in a culturally appropriate manner.

Services are intended to be inclusive of all individuals and not limited to any population group or sets of groups. They are especially designed to assure that the needs of racial, ethnic, and linguistic populations living with HIV receive quality, unbiased services.

Medical Transportation
SERVICE CATEGORY DEFINITION

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

Medical Transportation may be provided through:
- Contracts with providers of transportation services, including ride-share service providers.
- 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).
- Purchase or lease of organizational vehicles for client transportation programs, provided the recipient receives prior approval for the purchase of a vehicle from the Administrative Agency (HRA), DSHS, and HRSA HIV/AIDS Bureau (HAB) as applicable.
- Organization and use of volunteer drivers (through programs with insurance and other liability issues specifically addressed).
- Voucher or token systems.

UNALLOWABLE COSTS INCLUDE:
- Direct cash payments or cash reimbursements to clients.
- Direct maintenance expenses (tires, repairs, etc.) of a privately-owned vehicle.
- Any other costs associated with a privately-owned vehicle such as lease, loan payments, insurance, license, or registration fees.
- Transport a client in need of emergency medical care.

Services include transportation to public and private outpatient medical care and physician services, case management, substance abuse and mental health services, pharmacies, and other services where eligible clients receive Ryan White/State Services-defined core or support services, and/or medical and health-related care services, including clinical trials, essential to their well-being.

Organization and volunteer drivers must have a valid Texas Driver's License. The contractor must ensure that each driver has or is covered by automobile liability insurance for the vehicle operated as required by the State of Texas and that all vehicles have a current State of Texas vehicle registration.

Medical Transportation must be reported as a support service in all cases, regardless of whether the client is transported to a core or support service.

Non-Medical Case Management
SERVICE CATEGORY DEFINITION

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. health insurance Marketplace 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 six (6) months with adaptations as necessary.
- Ongoing assessment of the client's and other key family members' needs and personal support systems.

Non-Medical Case Management is a service based on need and is not appropriate or necessary for every client accessing services. Non-Medical Case Management is designed to serve individuals who are unable to access, and maintain in, systems of care on their own (medical and social). Non-Medical Case Management should not be used as the only access point for medical care and other agency services. Clients who do not need guidance and assistance in improving/gaining access to needed services should not be enrolled in NMCM services. When clients can maintain their care, clients should be graduated. Clients with ongoing existing needs due to impaired cognitive functioning, legal issues, or other documented concerns meet the criteria for NMCM services.

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.

Substance Use Treatment Residential Services (SA-R) activities are those provided for the treatment of drug or alcohol use disorders in a residential setting to include screening, assessment, diagnosis, and treatment of substance use disorder.

Substance Use Treatment Residential Services 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 HRSA Ryan White HIV/AIDS Program (RWHAP). Acupuncture therapy may be allowable cost under this service category only when it is included in a documented plan as part of a substance use disorder treatment program funded under the HRSA RWHAP. HRSA RWHAP funds may not be used for inpatient detoxification in a hospital setting unless the detoxification facility has a separate license.

SERVICES INCLUDE:
- Pretreatment/recovery readiness programs.
- Healthy behavior promotion.
- 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 with the walls of an inpatient medical or psychiatric hospital).

Services will be provided in accordance with the **Texas Health and Safety Code, Title 6, Subtitle B, Chapter 464 (document QR code below) and the Texas Administrative Code, Title 25, Part 1, Chapter 448 for Substance Abuse Standards of Care (document QR code below)**.

RATIONALE FOR RAPID stART

Starting antiretroviral therapy (ART) immediately after HIV diagnosis is recommended by U.S.A. federal guidelines. Immediate ART (aka Rapid stART) can result in earlier HIV viral suppression, improved retention in care, and reduced HIV transmission. Timely treatment reduces community spread and minimizes progression of HIV in those recently diagnosed. Those who are undiagnosed or untreated are much more likely to transmit HIV to others. Rapid stART may improve the equity and accessibility of ART for people who may otherwise be lost to follow-up during ART preparation sessions.

RAPID stART DEFINITION

Rapid stART is the identification, linkage and provision of outpatient HIV care and treatment for newly diagnosed individuals within 72 hours and for individuals not engaged in care. Outpatient HIV care and treatment includes diagnostic and therapeutic services provided directly to a client by a licensed healthcare provider in an outpatient medical setting.

PROGRAM GOALS

The goal of the Rapid stART program is to provide medications to newly diagnosed individuals within 72 hours of their HIV diagnosis, so they may have access to antiretroviral medication, treatment, care, and benefit their health.

PROGRAM OBJECTIVES

The Program will link 95% of newly diagnosed clients including priority population (i.e., Black MSM, Latinx MSM, Black women, and Transgender populations) to Rapid stART within 72 hours and achieve 95% Viral Load suppression by February 2025.

PERSONS APPROPRIATE FOR RAPID stART

- Nearly all individuals with a confirmed new diagnosis of HIV (i.e., HIV Ag/Ab, and/or HIV RNA viral load).
- Persons with positive results of rapid HIV antibody tests, before confirmatory test results are available, if the concern for HIV infection is high (after counseling, immediate ART can be offered with the understanding that if confirmatory tests are negative, the patient would stop ART).

Rapid stART is NOT appropriate for: Persons with certain untreated opportunistic infections (OI) - e.g., cryptococcal or TB meningitis; begin OI treatment before starting ART (consult with experts/physicians/nurse practitioners).

INTAKE AND ELIGIBILITY

Any individual with a preliminary HIV positive test result is eligible to receive Rapid stART services. The only eligibility criteria for clients to receive Rapid stART services through the **Ending the Epidemic Program (EHE) (document QR code below)** is a preliminary positive HIV test result. There is no requirement that individuals meet the eligibility for Ryan White HIV/AIDS Program (RWHAP) to receive EHE services. There are no jurisdictional restrictions for EHE eligibility.

RAPID stART Workflows:

Off-site HIV Testing and Linkage
The client tests HIV positive at an external testing site (e.g., hospital ED, STI clinic). The testing site contacts the Rapid stART provider to set an appointment.

Off-site HIV Testing and Linkage
The client tests HIV positive at an internal testing site (e.g., a co-located testing program) and begins the Rapid stART process and/or is linked to HIV care.

Rapid stART Visit
The client is greeted by designated staffs (e.g., Linkage Coord., Nurse) and start the Rapid stART Visit

Intake and Insurance Enrollment
A Linkage Coord., (e.g., Case Mgr., Patient Navigator, Benefit Counselor, Social Worker) initiates the insurance and benefits eligibility and enrollment process and completes an intake assessment.

Clinician Exam and ART Rx
A clinician (e.g., NP, MD) meets with the clients and provides HIV education, assesses for contraindications, and prescribes ART as appropriate (without the need of confirmatory lab results).

Same-Day Prescription and Provision
The client receives ART medication either via Starter pack by a pharmacist or registered clinician, or with assistance from a staff member to pick up the prescription at an onsite/offsite pharmacy.

Baseline Labs
The clinician orders labs for the client (e.g., confirmatory testing, blood work establish baseline health). Often, the client is walked over to the site where blood is drawn.

Support Services
The client receives referrals to support services (e.g., food, housing, mental health services) that must be addressed concurrently to medication access.

Follow-up After the Rapid stART Visit
The Linkage Coord., and/or other client care staffs schedule the client for their next medical follow-up visit, conduct ongoing follow-up outreach (e.g., phone calls) to complete eligibility process and check in with the client. Follow-up care and support generally lasts until the client is virally suppressed and established in care.

Source: Adopted from "Compendium of Best Practices in Provision of Rapid Start Services for People with HIV for Ryan White HIV/AIDS Program Funded Providers" , CAI Global, 2013

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For an efficient and effective Rapid stART visit workflow, warm handoffs, flexibility, and communication is essential for the healthcare team. Throughout the Rapid stART visit, including the initial step of linking a client into care after testing newly HIV positive or being re-engaged in care, staff members facilitate warm handoffs between each step in the visit workflow. That means a staff member accompanies the client between each step of the Rapid stART visit workflow, while introducing the client to the next relevant staff member (e.g., patient navigator will walk the client to the clinical exam and introduce the client to the clinician).

Integrating warm handoffs into the clinic workflow has several benefits such as reducing anxiety the client may be feeling, particularly after receiving a newly positive HIV diagnosis, creating a supportive environment, and supporting the client in completion of each step in the visit workflow and ensuring receipt of ART medication the same day of diagnosis or within 72 hours of diagnosis.

USE OF ART STARTER PACKS
- While awaiting confirmatory test results, provide 7-day ART starter packs.
- After HIV diagnosis is confirmed, dispense ART with a 30-day prescription, until eligibility for other program(s) is determined.

ART PRESCRIBING PRACTICES & PROCESS FOR ART RE-START
- If the patient agrees and there is not a specific situation in which ART should not be used because it may be harmful to the person, prescribe 30-day supply, give starter pack if available.
- Conduct client follow-up contact within 7 days of ART initiation.
- If patient declines immediate ART, follow up within 1-2 weeks, re-offer ART, continue HIV education.
- **ART re-stART:** for clients who have fallen out of care and are re-engaged in care.

LINKAGE TO CARE PROCESS

- After enrollment in Rapid stART, individuals will be screened for eligibility of other resources, Ryan White HIV/AIDS Program or otherwise, by an intake and assessment specialist. Individuals deemed eligible for other resources will be linked to long-term resources within 30 days.
- Make warm referrals to providers offering Continual HIV care if necessary.
- If the client is not linked to long-term care within a 30-day period, providers work with the pharmaceutical companies to request another 30-day sample ART or 30-day trial card for the ART prescription.

KEY SERVICES COMPONENTS AND ACTIVITIES

Program activities for implementation of Rapid stART services include:

- **Develop and implement Rapid stART Program's Standard of Care:** Each sub-recipients will develop and implement Rapid stART policy guidelines, protocols, best practices, process map for linking client to ART within 72 hours (3 days) of new diagnosis and achieving viral load suppression.
- **Display Rapid stART Best practices and/or process map** in a visible place (Hallway, wait room or some other designated place where maximum number of people can see it).
- Appointing a designated **Rapid Linkage Coordinator/Champion.**
- **Establishing a designated Rapid stART Program phone line**, with after business hours availability, for referrals. Voicemails will be returned within one business day. If the designated person for the phone line is off work, alternate staff must be assigned.
- **Providers must specify the designated staff** for receiving phone calls, make appointments, and provide necessary information during the phone call with clients.

- Utilize case managers/navigators (particularly those who reflect the community they serve) and their role in the interdisciplinary team to support rapid linkage to care and help clients navigate the HIV system to support future retention in care.
- **Counseling session** (or referral for counseling/Mental Health Services), health education, health and wellness engagement of the clients will be provided during the first Rapid stART visit.

PERSONNEL QUALIFICATIONS (INCLUDING LICENSURE)

- Providers will hire, train, and develop mechanisms to retain diverse health care professionals and clinic staff who reflect the community they serve.
- All program staff should meet the Texas Department of State Health Services (DSHS) Standards of Care requirements for staff qualifications, training, licensure, and job performance.

For more information scan the QR codes

RWHAP

GOV info
(footnote)

Office of
Minority
Health

Federal
Poverty
Limit

Treatment
of HIV

HRSA Policy

PCN-16-02

Texas Health
and Safety code
Chapter 464

Texas Health
and Safety code
Chapter 481

Texas Health
and Safety code
Chapter 448

Ending the
Epidemic
Program

Contacts

HIV Resource Administration Program
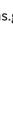7201 Levander Loop, Bldg. H
Austin, TX 78702

Email: APHHIVResourcesAdmin@austintexas.gov

Austin HIV website: austintexas.gov/HIV
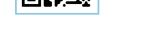
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