

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

AUSTIN HIV SERVICES PERFORMANCE CATALOG

2024

Service Category Descriptions

Unit of Service Definitions

Performance Measures



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 are used by HRA). Performance Measures are from the HRSA HAB Performance Measure Portfolio.

Measurement Year definition: Unless otherwise stated in the outcome measure description (e.g., 24-month measurement period), the measurement year is a 12-month period that ends at the end of each quarter in the fiscal year.

Denominator definition: After applying stated exclusions, all clients who received the service during the measurement year and meet any other stated denominator criteria should be counted in the denominator. Note that counted clients may not have received a unit of service or be actively enrolled during the fiscal year.

Each service category has a required performance measure focused on Viral Load Suppression. Each service category is required to have at least one additional performance measure that they may select as listed per service category unless otherwise noted

*OAHs- one additional required outcome measure focused on ART

*Medical Nutritional Therapy no additional required performance measure

*Mental Health no additional required performance measure

*Food Bank/Home Delivered Meals no additional required performance measure

*Housing required viral load suppression performance measure has been modified for this service category

*Referral to health care and supportive services required viral load suppression performance measure has been modified for this service category

Austin Service Area: The Austin Service Area (TGA) is comprised of Bastrop, Burnet, Caldwell, Travis, and Williamson counties, except for Ending the HIV Epidemic which does not have jurisdictional boundaries.

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 funding.

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

Subrecipients 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
- LPAP funded under HRA is recertified annually during the month of the client's birthday, with the exception if the client has changes to their residence, income or any other factor that would impact their eligibility status. Eligibility needs to be processed when the client has changes.
- 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)

Program Guidance:

For LPAPs: HRSA (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.

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
 - c. Total number of Unduplicated Clients by Month
 - d. Total number of Unduplicated Clients by Year

1. REQUIRED PERFORMANCE MEASURE: Percentage of clients who receive ADAP (LPAP), 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: 90%

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 clients, regardless of age, with a diagnosis of HIV with at least one ADAP (LPAP) service¹ in the measurement year.

Client Exclusions:

1. Patients who died at any time during the measurement period
2. Patients whose residency moved outside the 10-county service delivery area during the measurement period
3. Patients who were incarcerated more than 6 months during the measurement period

2. 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: 98%

Numerator: Number of patients that received the ART from service category from the denominator prescribed HIV antiretroviral therapy during the measurement year

Denominator: Total number of clients that received ART from the service category during the measurement year

Client Exclusions:

1. Patients who died at any time during the measurement period
2. Patients whose residency moved outside the 10-county service delivery area during the measurement period
3. Patients who were incarcerated more than 6 months during the measurement period

Early Intervention Services

Service Description:

The Ryan White HIV AIDS Program (RWHAP) legislation defines Early Intervention Services (EIS) for HRSA funded service. 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. Subrecipients should be aware of programmatic expectations that stipulate the allocation of funds into specific service categories.

All EIS services regardless of funding 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

Unit of Service:

Per encounter with HIV positive person not linked to 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
 - c. Total number of Unduplicated Clients by Month
 - d. Total number of Unduplicated Clients by Year

Outcome Measures:

1. **REQUIRED PERFORMANCE MEASURE: 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: 90%

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: Total number of clients that received the service category during the measurement period

Client Exclusions:

1. Patients who died at any time during the measurement period
2. Patients whose residency moved outside the 10-county service delivery area during the measurement period
3. Patients who were incarcerated more than 6 months during the measurement period

2. Percentage of persons newly diagnosed with HIV infection who attended a routine HIV medical care visit within one month of diagnosis

Outcome target: 90%

Numerator: Number of newly diagnosed persons in the denominator who attended a routine HIV medical care visit within one month of diagnosis

Denominator: Total number of persons newly diagnosed with HIV infection that received the service category during the measurement period

Client Exclusions: None

3. Percentage of out-of-care persons with a diagnosis of HIV who attended a routine HIV medical care visit within three months of initial encounter

Outcome target: 90%

Numerator: Number of out-of-care persons in the denominator who attended a routine HIV medical care visit within three months of initial encounter

Denominator: Number of out-of-care persons with a diagnosis of HIV who had an 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 funds for health insurance premium assistance (not standalone dental insurance assistance), an HRSA subrecipient 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, EHE and HRSA RWHAP Part D).

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

- HRSA RWHAP 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, subrecipients have supported paying for health insurance premiums and cost-sharing assistance.

HRSA RWHAP Parts A, EHE, and 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 for Dental Co-Insurance, Dental Co-Payment, Dental Deductible, Medical Co-Insurance, Medical Co-Payment, and Medical Deductible.

Per Month: Dental Premium and Medical Premium.

Per Prescription for Pharmacy Co-Payment

Output Measures:

1. Number of units of health insurance assistance provided by Units of Service by cost category definition.
2. Number of unduplicated clients served
 - a. Number of continuing clients served
 - b. Number of new clients served
 - c. Total number of Unduplicated Clients by Month
 - d. Total number of Unduplicated Clients by Year

Outcome Measures:

1. **REQUIRED PERFORMANCE MEASURE: Percentage of clients, 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: 90%

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

Denominator: Total number of clients, regardless of age, with a diagnosis of HIV with at least one medical visit that received the service category in the measurement year

Client Exclusions:

1. Clients who died at any time during the measurement period
2. Clients whose residency moved outside the TGA during the measurement period
3. Clients who were incarcerated more than 6 months during the measurement period

2. **Percentage of HIPCSA 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: 90%

Numerator: Number of HIPCSA 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 HIPCSA 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:

1. Clients who died at any time during the measurement period
2. Clients whose residency moved outside the 10-county service delivery area during the measurement period
3. Clients who were incarcerated more than 6 months during the 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
- Reevaluation 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
- c. Total number of Unduplicated Clients by Month
- d. Total number of Unduplicated Clients by Year

Outcome Measures:

1. REQUIRED PERFORMANCE MEASURE: 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: 90%

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. Clients who initiated medical case management services in the last six months of the measurement year
 2. Clients who were discharged from medical case management services prior to six months of service in the measurement year
 3. Clients who died at any time during the measurement year
 4. Clients whose residency moved outside the TGA area during the measurement year
 5. Clients who were incarcerated more than 6 months during the measurement year
- 2. REQUIRED PERFORMANCE MEASURE: Percentage of clients, 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: 90%

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

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

Client Exclusions:

1. Clients who died at any time during the measurement period
2. Clients whose residency moved outside the TGA during the measurement period
3. Clients who were incarcerated more than 6 months during the measurement

3. Percentage of medical case management patients, regardless of age, with a diagnosis of HIV who did not have a medical visit¹ in the last 6 months of the measurement year (that is documented in the medical case management record)

Outcome target: 90%

Numerator: Number of medical case management patients in the denominator who did not have a medical visit in the last 6 months of the measurement year (that is documented in the medical case management record).

Denominator: Number of medical case management patients, regardless of age, with a diagnosis of HIV who had at least one medical visit in the first 6 months of the measurement year.

Client Exclusions:

1. Medical case management patients who initiated medical case management services in the last six months of the measurement year
2. Medical case management patients who were discharged from medical case management services prior to six months of service in the measurement year

4. Percentage of medical case management patients, regardless of age, with a diagnosis of HIV who did not have a medical visit in the last 6 months of the measurement year (that is documented in the medical case management record).

Outcome target:90%

Numerator: Number of medical case management patients in the denominator who did not have a medical visit in the last 6 months of the measurement year (that is documented in the medical case management record¹)

Denominator: Number of medical case management patients, regardless of age, with a diagnosis of HIV who had at least one medical visit in the first 6 months of the measurement year

Client exclusions: Medical case management patients who died at any time during the measurement year

5. Percentage of medical case management 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

Numerator: Number of medical case management 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 the last medical visit in a 6-month period and the first medical visit in the subsequent 6-month period.

Denominator: Number of medical case management patients, regardless of age, with a diagnosis of HIV with at least one medical visit¹ in the first 6 months of the 24-month measurement period.

Client exclusions: Medical case management patients who died at any time during the 24-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 HRSA funding.

Unit of Service:

Medical nutrition therapy and/or counseling – per 15 minutes

Medical nutrition therapy supplements – per transaction

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
 - c. Total number of Unduplicated Clients by Month
 - d. Total number of Unduplicated Clients by Year

Outcome Measures:

1. **REQUIRED PERFORMANCE MEASURE: Percentage of clients, 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: 90%

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

Client Exclusions:

1. Clients who died at any time during the measurement period
2. Clients whose residency moved outside the TGA service delivery area during the measurement period
3. Clients who were incarcerated more than 6 months during the 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 PLWH who are eligible to receive HRSA services

Unit of Service:

Per visit these secondary service categories: Group, Individual, Mental Health Services, Psychiatric Evaluation, and Psychiatric Follow -Up

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
 - c. Total number of Unduplicated Clients by Month
 - d. Total number of Unduplicated Clients by Year

Outcome Measures:

1. **REQUIRED PERFORMANCE MEASURE: Percentage of clients, 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: 90%

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

Client Exclusions:

1. Clients who died at any time during the measurement period
2. Clients whose residency moved outside the Austin TGA during the measurement period
3. Clients who were incarcerated more than 6 months during the measurement period

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

Outcome target: 90%

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:

1. Clients who died at any time during the measurement period
2. Clients whose residency moved outside Austin TGA during the measurement period
3. Clients who were incarcerated more than 6 months during the measurement period

Oral Health Care

Service Description:

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

Program Guidance:

None at this time

Unit of Service:

Per visit for these secondary service categories: Dental History, Oral Health Care, Periodontal Screening, Prophylaxis, Routine Treatment, and Specialty Treatment.
Per Payment for X-Rays

Output Measures:

1. Number of units services provided
2. Number of unduplicated patients served

- a. Number of continuing clients served
- b. Number of new clients served
- c. Total number of Unduplicated Clients by Month
- d. Total number of Unduplicated Clients by Year

Outcome Measures:

1. **REQUIRED PERFORMANCE MEASURE: Percentage of clients, 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: 90%

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

Client Exclusions:

- 1. Clients who died at any time during the measurement period
- 2. Clients whose residency moved outside the Austin TGA during the measurement period
- 3. Clients who were incarcerated more than 6 months during the measurement period

2. **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: 98%

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

Client 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. Patients who died at any time during the measurement period
- 4. Patients whose residency moved outside the TGA service delivery area during the measurement period
- 5. Patients who were incarcerated more than 6 months during the measurement period

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

Outcome target: 90%

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

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

Client 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. Patients who died at any time during the measurement period
4. Patients whose residency moved outside the 10-county service delivery area during the measurement period
5. Patients who were incarcerated more than 6 months during the measurement period

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

Outcome target: 90%

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

Client 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. Patients who died at any time during the measurement period
4. Patients whose residency moved outside the 10-county service delivery area during the measurement period
5. Patients who were incarcerated more than 6 months during the measurement period

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

Client 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
4. Patients who died at any time during the measurement period
5. Patients whose residency moved outside the 10-county service delivery area during the measurement period
6. Patients who were incarcerated more than 6 months during the measurement period

5. Percentage of HIV-infected oral health patients who completed a Phase 1 treatment plan within the measurement year

Outcome target: 90%

Numerator: Number of HIV infected oral health patients who completed Phase 1 treatment within the measurement year

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

Client 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. Patients who died at any time during the measurement period
4. Patients whose residency moved outside the 10-county service delivery area during the measurement period
5. Patients who were incarcerated more than 6 months during the measurement period

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

Per Prescription for Rapid ART

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
 - c. Total number of Unduplicated Clients by Month
 - d. Total number of Unduplicated Clients by Year

Outcome Measures:

1. **REQUIRED OUTCOME MEASURE: 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: 90%

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

Client Exclusions:

1. Patients who died at any time during the measurement period
2. Patients whose residency moved outside the 10-county service delivery area during the measurement period
3. Patients who were incarcerated more than 6 months during the measurement period

2. REQUIRED OUTCOME MEASURE: Percentage of patients, regardless of age, with a diagnosis of HIV prescribed antiretroviral therapy for the treatment of HIV infection during the measurement year

Outcome target: 90%

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

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

Client Exclusions:

1. Clients who died at any time during the measurement period
2. Clients whose residency moved outside the 10-county service delivery area during the measurement period
3. Clients who were incarcerated more than 6 months during the measurement period

3. 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

Client Exclusions:

1. Patients who died at any time during the measurement period
2. Patients whose residency moved outside the 10-county service delivery area during the measurement period
3. Patients who were incarcerated more than 6 months during the measurement period

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%

4. 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: 90%

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

Client Exclusions:

1. Patients who died at any time during the 24-month measurement period
2. Patients whose residency moved outside the 10-county service delivery area during the measurement period
3. Patients who were incarcerated more than 6 months during the measurement period

5. Percentage of patients, regardless of age, with a diagnosis of HIV who had an HIV drug resistance test performed¹ before initiation of HIV antiretroviral therapy (ART) if therapy started during the measurement year

Numerator: Number of patients who had an HIV drug resistance test performed at any time before initiation of HIV ART

Denominator: Number of patients, regardless of age, with a diagnosis of HIV who were prescribed HIV ART during the measurement year for the first time

Had a medical visit with a provider with prescribing privileges³ at least once in the measurement year

Client Exclusions: None

6. Percentage of patients aged 6 months and older seen for a visit between October 1st and March 31st who received an influenza immunization or who reported previous receipt* of an influenza immunization

Numerator: Patients who received an influenza immunization or who reported previous receipt* of influenza immunization during the current season

*Previous receipt can include previous receipt of the current season's influenza immunization from another provider or from the same provider prior to the visit to which the measure is applied (typically, prior vaccination would include influenza vaccine given August 1st).

Denominator: All patients aged 6 months and older seen for a visit between October 1st and March 31st

Client Exclusions:

1. Documentation of medical reason(s) for not receiving influenza immunization (e.g., patient allergy, other medical reasons)
2. Documentation of patient reason(s) for not receiving influenza immunization (e.g., patient declined, other patient reasons)
3. Documentation of system reason(s) for not receiving influenza immunization (e.g., vaccine not available, other system reasons)

7. Percentage of patients, regardless of age, with a diagnosis of HIV who were prescribed HIV antiretroviral therapy (ART) and who had a fasting lipid¹ panel during the measurement year

Numerator: Number of patients who had a fasting lipid panel in the measurement year

Denominator: Number of patients, regardless of age, who are prescribed HIV ART and who had a medical visit with a provider with prescribing privileges² at least once in the measurement year

Client Exclusions: None

8. Percentage of patients aged 3 months and older with a diagnosis of HIV/AIDS for whom there was documentation that a tuberculosis (TB) screening test¹ was performed and results interpreted (for tuberculin skin tests) at least once since the diagnosis of HIV infection

Numerator: Patients for whom there was documentation that a TB screening test was performed, and results interpreted at least once since the diagnosis of HIV infection

Denominator: All patients aged 3 months and older with a diagnosis of HIV/AIDS, who had at least two visits during the measurement year, with at least 90 days in between each visit

Client Exclusions: Documentation of Medical Reason for not performing a TB screening test (e.g., patients with a history of positive PPD or treatment for TB)

Substance Use Disorder 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 for these secondary service categories: Group Counseling, Individual Counseling, Intake, Medication, Treatment Maintenance, Medication-Assisted Detoxification, and Substance Abuse Services – Outpatient.

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

- c. Total number of Unduplicated Clients by Month
- d. Total number of Unduplicated Clients by Year

Outcome Measures:

1. REQUIRED OUTCOME MEASURE: Percentage of clients, 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: 90%

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

Client Exclusions:

- 1. Clients who died at any time during the measurement period
- 2. Clients whose residency moved outside the 10-county service delivery area during the measurement period
- 3. Clients who were incarcerated more than 6 months during the measurement period

2. 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: 90%

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:

- 1. Clients who died at any time during the measurement period
- 2. Clients whose residency moved outside the 10-county service delivery area during the measurement period
- 3. Clients who were incarcerated more than 6 months during the measurement period

SUPPORT SERVICES

Emergency Financial Assistance

Service Description:

Emergency Financial Assistance provides limited one-time or short-term payments to assist a HRSA 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 Visit for Food

Per Transaction for cost categories: Housing, Medication, Utilities, and Other Allowable Healthcare Cost.

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
 - c. Total number of Unduplicated Clients by Month
 - d. Total number of Unduplicated Clients by Year

Outcome Measures:

1. **REQUIRED OUTCOME MEASURE: 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: 90%

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:

1. Patients who died at any time during the measurement period

2. Patients whose residency moved outside the Austin TGA delivery area during the measurement period
3. Patients who were incarcerated more than 6 months during the measurement period

2. 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: 98%

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

Client Exclusions:

1. Patients who died at any time during the measurement period
2. Patients whose residency moved outside the Austin TGA delivery area during the measurement period
3. Patients who were incarcerated more than 6 months during the measurement period

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)

Per bottle for Food Pantry/Voucher visit with Nutritional Supplements

Per person per meal for these secondary service categories: Home Delivered Meals and Congregate Meals.

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
- c. Total number of Unduplicated Clients by Month
- d. Total number of Unduplicated Clients by Year

Outcome Measures:

1. REQUIRED OUTCOME MEASURE: Percentage of clients, 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: 90%

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

Client Exclusions:

1. Clients who died at any time during the measurement period
2. Clients whose residency moved outside the 10-county service delivery area during the measurement period
3. Clients who were incarcerated more than 6 months during the measurement period

Housing

(HOPWA uses a different set of service categories and performance measures)

Service Description:

HRSA 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 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 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 for cost categories: Housing Assistance Short Term and Emergency Housing Assistance.

Per 15 minutes for cost categories: Care Services Housing Referral Services and HOPWA Referral services

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
 - c. Total number of Unduplicated Clients by Month
 - d. Total number of Unduplicated Clients by Year

Outcome Measures:

1. **REQUIRED OUTCOME MEASURE: Percentage of clients who have decreased or maintained their viral load over the course of service**

Outcome target: 90%

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:

1. Clients who dropped out of services less than 45 days after intake
2. End-of-life clients who elected to stop their HIV medications
3. Clients who died at any time during the measurement period
4. Clients whose residency moved outside the 10-county service delivery area during the measurement period
5. Clients who were incarcerated greater than 6 months during the measurement period

2. 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: 90%

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:

1. Clients who died at any time during the measurement period
2. Clients whose residency moved outside the 10-county service delivery area during the measurement period
3. Clients who were incarcerated more than 6 months during the measurement period

3. Percentage of clients with a diagnosis of HIV who are adherent to HIV prescribed antiretroviral therapy for the treatment of HIV infection at six months after discharge

Outcome target: 90%

Numerator: Number of clients who are adherent to HIV prescribed antiretroviral therapy for the treatment of HIV infection at six months after discharge

Denominator: Number of Housing clients with a diagnosis of HIV with at least one medical visit in the measurement period

Client Exclusions:

1. Clients who dropped out of services less than 45 days after intake
2. End-of-life clients who elected to stop their HIV medications
3. Clients who died at any time during the measurement period
4. Clients whose residency moved outside the 10-county service delivery area during the measurement period
5. Clients who were incarcerated greater than 6 months during the measurement period

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 for cost categories: Lyft/Uber, mileage reimbursement to subrecipient, Subrecipient vehicle

Per Voucher for Taxi Voucher and Gas Card

Per Item for Metro Access Booklet

Per Month: 31 Day Bus Pass

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
 - c. Total number of Unduplicated Clients by Month
 - d. Total number of Unduplicated Clients by Year

Outcome Measures:

1. **REQUIRED OUTCOME MEASURE: Percentage of clients, 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: 90%

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

Client Exclusions:

1. Clients who died at any time during the measurement period
2. Clients whose residency moved outside the 10-county service delivery area during the measurement period
3. Clients who were incarcerated more than 6 months during the measurement period

2. 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 12-month measurement period with a minimum of 60 days between medical visits

Outcome target: 90%

Numerator: Number of medical transportation clients in the denominator who had at least one medical visit in each 6-month period of the 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 transportation 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:

1. Clients who died at any time during the measurement period
2. Clients whose residency moved outside the 10-county service delivery area during the measurement period
3. Clients who were incarcerated more than 6 months during the 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
 - c. Total number of Unduplicated Clients by Month
 - d. Total number of Unduplicated Clients by Year

Outcome Measures:

1. **REQUIRED OUTCOME MEASURE: Percentage of clients, 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: 90%

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

Client Exclusions:

1. Clients who died at any time during the measurement period
2. Clients whose residency moved outside the 10-county service delivery area during the measurement period
3. Clients who were incarcerated more than 6 months during the measurement period

Referral for Health Care and Support Services

Service Description: Referral for Health Care and Support Services (RHCS) directs a client to needed core medical or support services in person or through telephone, written, or other type of communication. Activities provided under this service category may include referrals to assist

HRSA Ryan White HIV/AIDS Program (RWHAP)-eligible clients to obtain access to other public or private programs for which they may be eligible (e.g., [Medicaid](#), [Medicare Part D](#), [State Pharmacy Assistance Programs](#), [Pharmaceutical Manufacturer's Patient Assistance Programs](#), and other state or local health care and supportive services, or health insurance [Marketplace plans](#)).

Program Guidance: Agencies should report referrals for health care and support services provided by Outpatient/Ambulatory Health Care professionals under the Outpatient/Ambulatory Health Services (OAHS) category.

Agencies should report referrals for health care and support services provided during a Medical Case Management (MCM) or Non-Medical Case Management (NMCM) visit in the appropriate case management service category (i.e., MCM or NMCM). If a client who is enrolled in MCM or NMCM receives referral services that are not provided during a case management visit or by the client's medical case manager, agencies can report these under RHCS, provided the service standards for RHCS are met. Recipients should take steps to ensure services are not billed in duplicate across different service categories. Referrals can also be made informally by community health care workers, or through outreach activities.

Unit of Service:

- Referral -1 completed referral
- Application – 1 completed application
- Peer Support – Per Contact

Note: for Peer Support Contact may include: Face to Face exchange, Drop By weekly event, activities hosted by the Peer Advocacy Program, email, phone, SMS conversation, or Video call.

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
 - c. Total number of Unduplicated Clients by Month
 - d. Total number of Unduplicated Clients by Year

Outcome Measures:

1. **REQUIRED OUTCOME MEASURE: Percentage of clients, 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: 90%

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

Client Exclusions:

1. Clients who died at any time during the measurement period
2. Clients whose residency moved outside the 10-county service delivery area during the measurement period
3. Clients who were incarcerated more than 6 months during the measurement period

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: 90%

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:

1. Clients who died at any time during the measurement period
2. Clients whose residency moved outside the 10-county service delivery area during the measurement period
3. Clients who were incarcerated more than 6 months during the measurement period

2. Percentage of clients with a diagnosis of HIV who are adherent to HIV prescribed antiretroviral therapy for the treatment of HIV infection at six months after discharge

Outcome target: 90%

Numerator: Number of clients who are adherent to HIV prescribed antiretroviral therapy for the treatment of HIV infection at six months after discharge

Denominator: Number of Housing clients with a diagnosis of HIV with at least one medical visit in the measurement period

Client Exclusions:

1. Clients who dropped out of services less than 45 days after intake
2. End-of-life clients who elected to stop their HIV medications
3. Clients who died at any time during the measurement period
4. Clients whose residency moved outside the 10-county service delivery area during the measurement period
5. Clients who were incarcerated greater than 6 months during the measurement period

Substance Use Disorder Residential Services

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
2. Number of unduplicated clients served
 - a. Number of continuing clients served
 - b. Number of new clients served
 - c. Total number of Unduplicated Clients by Month
 - d. Total number of Unduplicated Clients by Year

Outcome Measures:

1. **REQUIRED OUTCOME MEASURE: Percentage of clients, 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: 90%

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

Client Exclusions:

1. Clients who died at any time during the measurement period
2. Clients whose residency moved outside the Austin TGA during the measurement period
3. Clients who were incarcerated more than 6 months during the measurement period

2. Percentage of substance use disorder residential services clients who successfully complete a 30-day residential substance use disorder treatment program

Outcome target: 90%

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:

1. Clients who are enrolled in, but have not yet completed, a 30-day residential substance use disorder treatment program
2. Clients who died at any time during the measurement period
3. Clients whose residency moved outside the 10-county service delivery area during the measurement period
4. Clients who were incarcerated more than 6 months during the measurement period

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: 90%

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:

1. Clients who died at any time during the measurement period

2. Clients whose residency moved outside the 10-county service delivery area during the measurement period
3. Clients who were incarcerated more than 6 months during the measurement period