

Appendix A
Michigan Department of Health and Human Services
Ryan White
CAREWare Service Categories and Sub-services
UPDATED: 08/07/2020

General Information

- Providers will only track Ryan White service categories and sub-service categories for which they are funded under their current Ryan White Part B, Part D, Care Coordination, Medical Care, and other Ryan White Rebate contracts.
- CAREWare data for the previous month is due by the tenth of each month. For example, CAREWare data for August must be logged into the system by September 10th.
- Decimals should not be used to record service units in CAREWare. **Use whole units only.**
- Where there is overlap in definitions for sub-service categories or multiple activities within the same timeframe, the best sub-service category should be used to describe the activity without counting activities twice. For example, if a medical case manager meets with a client for 15 minutes during which time he/she provides general support as well as a referral for counseling, this would be counted as 1 unit for MCM General Support and 1 unit for MCM Referral.
- Case notes must correspond to the units of service entered in CAREWare.

Child Care Services:

SUPPORT

- **HRSA Program Standard:** “Funding for Child Care Services for the children of HIV-positive clients, provided intermittently, only while the client attends medical or other appointments or Ryan White HIV/AIDS Program-related meetings, groups, or training sessions. May include use of funds to support: A licensed or registered child care provider to deliver intermittent care; Informal child care provided by a neighbor, family member, or other person (with the understanding that existing Federal restrictions prohibit giving cash to clients or primary caregivers to pay for these services) Such allocations to be limited and carefully monitored to assure: • Compliance with The prohibition on direct payments to eligible individuals • Assurance that liability issues for the funding source are carefully weighed and addressed through the use of liability release forms designed to protect the client, provider, and the Ryan White Program.”
- **Units Definition:** 1 unit = 1 childcare session
- **Definition of sub-service categories:**
 - **Child Care Payment:** activities related to providing payment to childcare facility for client to access childcare service when client is receiving HIV specific care or HIV related services

Early Intervention Services:

CORE

- **HRSA Program Monitoring Standard:** “Support of Early Intervention Services that include identification of individuals at points of entry and access to services and provision of: HIV testing and targeted counseling, referral services, linkage to care, and health education and literacy training that enable clients to navigate the HIV system of care. All four components to be present, but Part A/B funds to be used for HIV testing only as necessary to supplement, not supplant, existing funding.”
- **Units Definition:** 1 unit = 15 minutes of service provided
- **Definition of sub-service categories:**
 - **EIS Assessment & Screening:** activities related to initial rapport building, conducting assessment of client needs, gathering eligibility information, completing consents and releases (if applicable)
 - **EIS Health Education/Risk Reduction:** activities related to improving knowledge (HIV 101) and skills related to health education and literacy, HIV disease and related topics, accessing and maintaining medical care, medication and treatment adherence, risk reduction, navigating the HIV system of care, activities related to EIS.
 - **EIS Referral:** activities related to providing a referral of ANY type, advocating on client’s behalf regarding referral, or following up with referral source or client on referral outcome

- EIS General Support: activities that do not easily fit into other categories listed here; can include: listening to client, providing support, advocating on client's behalf, etc.
- EIS Linkage to Medical Care Confirmed: activities related to confirming that a client has attended a HIV related medical visit. Only one unit should be used for each event. Confirming HIV medical visits should not be done by client self-report alone, but verified with a medical clinic/provider to guarantee attendance. This unit must be entered for the date that the client attended the medical appointment, not for the date the appointment was verified
- EIS Linkage to Services Confirmed: activities related to confirming that a client has been linked to any services other than HIV medical care (Health insurance, ADAP, Supportive Services, Mental Health, Substance Abuse); while EIS Referral is used for all other activities related to referrals, this is only used when the client has actualized the referral
- EIS Discharge: activities related to the termination or completion of client services; can include discussing discharge with client and paperwork related to discharge; *Please utilize this subservice with discretion*
- EIS Insurance Enrollment Assistance: activities related to providing guidance on and/or enrolling client into health insurance (Medicaid, Healthy Michigan, Marketplace plan) or addressing issues related to retaining client health insurance

Emergency Financial Assistance:

SUPPORT

- **HRSA Program Monitoring Standard**: "Support for Emergency Financial Assistance for essential services including utilities, housing, and food (including groceries and food vouchers), provided to clients for limited one-time or short-term payments to agencies or through an establishment of voucher programs. Direct cash payments to clients are not permitted."
- **Units Definition**: 1 unit = 1 occurrence of payment made
- **Definition of sub-service categories**:
 - EFA Heat/Gas: the activity of making a short-term payment for heat/gas utilities
 - EFA Electric: the activity of making a short-term payment for electric utilities
 - EFA Water: the activity of making a short-term payment for water utilities
 - EFA Food: the activity of making a short-term payment for food
 - EFA Housing: the activity of making a short-term payment for housing, **only when housing service category is not funded**
 - EFA Transportation: the activity of making a short-term payment for transportation to a medical related appointment, **only when transportation services category is not funded**
 - EFA Other: the activity of making a short-term payment for other expenses not listed above, must be an allowable expense and be tied to a service category, please include description in case notes and service notes area during CAREWare Service Entry

Food Bank/Home Delivered Meals:

SUPPORT

- **HRSA Program Monitoring Standards**: "Funding for Food Bank/Home-delivered Meals that may include: the provision of actual food items; provision of hot meals; a voucher program to purchase food. May also include the provision of non-food items that are limited to: personal hygiene products; household cleaning supplies; water filtration/purification systems in communities where issues with water purity exist. Appropriate licensure/certification for food banks and home delivered meals where required under State or local regulations. No funds used for: permanent water filtration systems for water entering the house; household appliances; pet foods; other non-essential products."
- **Units Definition**: 1 unit = 1 occurrence of providing a food bank/voucher item
- **Definition of sub-service categories**:
 - FB Food Voucher: the activity of providing a food voucher or home delivered food service to a client
 - FB Food Bank: the activity of providing a food bank item(s) to a client

- FB Filtration/Purification: the activity of providing water filtration system to a client in areas where issues with water purity exist

Health Education/Risk Reduction (HERR):

SUPPORT

- **HRSA Program Monitoring Standard:** “Support for Health Education/Risk Reduction services that educate clients living with HIV about HIV transmission and how to reduce the risk of HIV transmission. Includes: provision of information about available medical and psychosocial support services; education on HIV transmission and how to reduce the risk of transmission; counseling on how to improve their health status and reduce the risk of HIV transmission to others.”
- **Units Definition:** 1 unit = 15 minutes of service provided
- **Definition of sub-service categories:**
 - HERR Assessment: activities related to assessing and evaluation of clients HERR knowledge and needs
 - HERR Education Activities: activities related to education and addressing client’s risk reduction needs; topics covered may include: Education on risk reduction strategies to reduce transmission such as pre-exposure prophylaxis (PrEP) for clients’ partners and treatment as prevention; Education on health care coverage options (e.g. qualified health plans through the Marketplace, Medicaid coverage, Medicare coverage); Health literacy;
 - Note: This sub-service category only applies to providers that are funded for HERR as a service category; if a medical case management or outpatient and ambulatory medical care client receives HERR services, the sub-service category specific to that service category (i.e. MCM HERR or Medical Nursing HERR) and unit definition must be used.
 - HERR Treatment Adherence: activities related to assessing and addressing medication adherence issues; HRSA HAB PCN 16-02 FAQ states: “Treatment adherence services are to be recorded within the service category during which the adherence service was given. If treatment adherence services are provided as a stand-alone activity, it can be reported under Health Education/ Risk Reduction.”
 - HERR Referral: activities related to referral of client to other core or support services
 - HERR Discharge: activities related to the termination or completion of client services

Health Insurance Premium and Cost-Sharing Assistance (HIPCA): TO BE USED BY MDHHS ONLY

CORE

- **HRSA Program Standard:** “Provision of Health Insurance Premium and Cost-sharing Assistance that provides a cost-effective alternative to ADAP by: purchasing health insurance that provides comprehensive primary care and pharmacy benefits for low income clients that provide a full range of HIV medications; paying co-pays (including co-pays for prescription eyewear for conditions related to HIV infection) and deductibles on behalf of the client; providing funds to contribute to a client’s Medicare Part D true out-of-pocket (TrOOP) costs.”
- **Units Definition:** 1 unit = 1 occurrence of payment made **TO BE USED BY MDHHS ONLY**
- **Definition of sub-service categories:**
 - Medical Payment Assistance: activities related to providing financial assistance for client to cover the costs related to medical visit co-pays (including co-pays for prescription eyewear for conditions related to HIV infection), co-insurances, and deductibles. This does not include financial assistance related to health insurance premiums, medication co-pays, emergency medications, mental health therapy, or outpatient substance abuse treatment.

Home and Community-Based Health Services (HCB):

CORE

- **HRSA Program Standard:** “Provision of Home and Community-based Health Services, defined as skilled health services furnished in the home of an HIV-infected individual, based on a written plan of care prepared by a home and community-based agency that includes appropriate health care professionals directed by a licensed clinical provider. Allowable services to include: durable medical equipment; home health aide and personal care services; day treatment or other partial hospitalization services; home intravenous and aerosolized drug therapy (including

prescription drugs administered as part of such therapy); routine diagnostic testing; appropriate mental health, developmental, and rehabilitation services; specialty care and vaccinations for hepatitis co-infection, provided by public and private entities.”

- **Units Definition:** 1 unit = 1 session
- **Definition of sub-service categories:**
 - HCB Assessment: activities related to completing assessment of need, completing consents and releases (if applicable)
 - HCB Care Plan/Service Plan Development: activities related to completing the service plan at assessment or reassessment; this must be done every 6 months at minimum
 - HCB Home Health Aide: services provided by a home health aide in client’s home
 - HCB Occupational Therapy: activities related to provision of occupational therapy in client’s home
 - HCB Physical Therapy: activities related to provision of providing physical therapy in client’s home
 - HCB Registered Nurse: services provided by a registered nurse in client’s home
 - HCB Discharge: activities related to terminating clients HCB services

Linguistic Services:

SUPPORT

- **HRSA Program Monitoring Standard:** “Support for Linguistic Services including interpretation (oral) and translation (written) services, provided by qualified individuals as a component of HIV service delivery between the provider and the client, when such services are necessary to facilitate communication between the provider and client and/or support delivery of Ryan White-eligible services.”
- **Units Definition:** 1 unit = 15 minutes of service provided
- **Definition of sub-service categories:**
 - Linguistics Interpreter Service: the activity of providing a session of interpreter service through bilingual staff, contract interpreters or, telephone interpreter services

Medical Case Management, including Treatment Adherence:

CORE

- **HRSA Program Monitoring Standard:** “Support of Medical Case Management (including treatment adherence) to ensure timely and coordinated access to medically appropriate levels of health and support services and continuity of care, provided by trained professionals including both medically credentialed and other health care staff who are part of the clinical care team, through all types of encounters including face-to-face, phone contact, and any other form of communication. Activities that include at least the following: initial assessment of service needs; development of a comprehensive, individualized care plan; coordination of services required to implement the plan; continuous client monitoring to assess the efficacy of the plan; periodic re-evaluation and adaptation of the plan at least every 6 months, as necessary. Service components that may include: a range of client-centered services that link clients with health care, psychosocial, and other services, including benefits/entitlement counseling and referral activities assisting them to access other public and private programs for which they may be eligible (e.g. Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturers’ Patient Assistance Programs, and other State or local health care and supportive services); coordination and follow-up of medical treatments; 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/AIDS treatments; client-specific advocacy and/or review of utilization of services.”
- **Units Definition:** 1 unit = 15 minutes of service provided
- **Definition of sub-service categories:**
 - MCM Intake: activities related to initial rapport building, completing an intake form, gathering eligibility information, completing consents and releases (if applicable)
 - MCM Assessment: activities related to completing biopsychosocial assessment and acuity scale, completing consents and releases (if applicable)
 - MCM Service Plan Development: activities related to completing the service plan at assessment or reassessment; this must be done every 6 months at minimum

- MCM General Support: activities that do not easily fit into other categories listed here; can include: listening to client, providing support, advocating on client's behalf, etc.
- MCM Treatment Adherence: activities related to assessing and addressing medication adherence issues
- MCM Reassessment: activities related to updating client's biopsychosocial areas and acuity scale, updating eligibility information, updating consents and releases (if applicable)
- MCM Monitoring: activities related to monitoring client's service plan needs
- MCM Discharge: activities related to terminating client's services; can include discussing discharge with client and paperwork related to discharge.
- MCM HIV Specialist Confirmed: activities related to confirming that a client has attended a medical visit; Only one unit should be used for each event. Confirming medical visits should **not** be done by client self-report alone, but verified with a medical clinic/provider to guarantee attendance. This unit must be entered for the date that the client attended the medical appointment, not for the date the appointment was verified.
- MCM Referral: activities related to providing a referral of ANY type, advocating on client's behalf regarding referral, following up with referral source or client on referral outcome, and confirming referral was actualized
- MCM Care Coordination: activities related to supervision, case conference, contact with client's providers related to coordinating client's service
- MCM Health Education/Risk Reduction: activities related to assessing and addressing client's risk reduction issues
- MCM Insurance Enrollment Assistance: activities related to providing guidance on and/or enrolling client into health insurance (Medicaid, Healthy Michigan, Marketplace plan, ADAP) or addressing issues related to retaining client health insurance

Medical Nutrition Therapy, including nutritional supplements:

CORE

- **HRSA Program Standard**: "Support for Medical Nutrition Therapy services including nutritional supplements provided outside of a primary care visit by a registered dietitian; may include food provided pursuant to a physician's recommendation and based on nutritional plan developed by a registered dietitian."
- **Units Definition**: 1 unit = 15 minutes of service provided
- **Definition of sub-service categories**:
 - MNT Assessment: activities related to completing nutritional assessment, completing consents and releases (if applicable)
 - MNT Service Plan Development: activities related to completing the service plan at assessment or reassessment; this must be done every 6 months at minimum
 - MNT Medical Nutrition Services: the activity of providing nutritional counseling by a dietitian
 - MNT Nutritional Supplement: the activity of providing a supply of medical nutritional supplement by a dietitian or medical provider **ONLY**
 - MNT Discharge: activities related to terminating client's medical nutrition therapy services; can include discussing discharge with client and paperwork related to discharge.

Medical Transportation Services:

SUPPORT

- **HRSA Program Monitoring Standard**: "Funding for Medical Transportation Services that enable an eligible individual to access HIV-related health and support services, including services needed to maintain the client in HIV medical care, through either direct transportation services or vouchers or tokens. May be provided through: contracts with providers of transportation services voucher or token systems, use of volunteer drivers (through programs with insurance and other liability issues specifically addressed), purchase or lease of organizational vehicles for client transportation programs, provided the grantee receives prior approval for the purchase of a vehicle."

- **Units Definition:** 1 unit = 1 occurrence of providing transportation (*This can include: 1 bus ticket, OR one-way trips in vans or cabs, OR one-way rides provided by a contracted driver or employee, OR 1 gas card (multiple gas cards for one medical visit or support service related travel =1 unit).*)
- **Definition of sub-service categories:**
 - Trans Bus ticket: the activity of providing a bus ticket to a client
 - Trans Van: activities related to providing handicap-accessible van services
 - Trans Cab or Ride Share: activities related to providing cab services or ride share services (Uber, Lyft, etc.)
 - Trans Driver: activities related to travelling/transporting client to an appointment
 - Trans Gas card: the activity of providing a gas card to a client

Mental Health Services:

CORE

- **HRSA Program Monitoring Standard:** “Funding for Mental Health Services that include psychological and psychiatric treatment and counseling services offered to individuals with a diagnosed mental illness, conducted in a group or individual setting, based on a detailed treatment plan, and provided by a mental health professional licensed or authorized within the State to provide such services typically including psychiatrists, psychologists, and licensed clinical social workers.”
- **Units Definition:** 1 unit = 15 minutes of service provided
- **Definition of sub-service categories:**
 - MH Assessment: activities related to completing a mental health assessment
 - MH Treatment Plan: activities related to completing a treatment plan
 - MH Individual: activities related to providing one individual session
 - MH Group: activities related to providing one group session
 - MH Family: activities related to providing one family session
 - MH Psychiatric Consultation: activities related to a completing a MH assessment
 - MH Medication Evaluation: activities related to a psychiatrist completing a medication update or follow-up
 - MH Medical Evaluation: activities related to a medical assessment
 - MH Discharge: activities related to terminating client’s services; can include discussing discharge with client and paperwork related to discharge.
 - MH Care Coordination: activities related to supervision, case conference, contact with client’s providers related to coordinating client’s service
 - MH Referral: activities related to providing a referral of ANY type, advocating on client’s behalf regarding referral, following up with referral source or client on referral outcome, and confirming referral was actualized
 - MH Telehealth: activities related to providing Mental Health related counseling via telehealth technology

Non-medical Case Management:

SUPPORT

- **HRSA Program Monitoring Standards:** “Support for Case Management (Non-medical) services that provide advice and assistance to clients in obtaining medical, social, community, legal, financial and other needed services. May include: benefits/entitlement counseling and referral activities to assist eligible clients to obtain access to public and private programs for which they may be eligible; all types of case management encounters and communications (face-to-face, telephone contact, other); transitional case management for incarcerated persons as they prepare to exit the correctional system. Does not involve coordination and follow-up of medical treatments.”
- **Units Definition:** 1 unit = 15 minutes of service provided
- **Definition of sub-service categories:**
 - NMCM Intake: activities related to initial rapport building, completing an intake form, gathering eligibility information, completing consents and releases (if applicable)
 - NMCM Assessment: activities related to completing biopsychosocial assessment and acuity scale, completing consents and releases (if applicable)

- NMCM Care Plan/Service Plan Development: activities related to completing the service plan at assessment or reassessment; this must be done every 6 months at minimum
- NMCM General Support: activities that do not easily fit into other categories listed here; can include: listening to client, providing support, advocating on client's behalf, etc.
- NMCM Treatment Adherence: activities related to assessing and addressing medication adherence issues
- NMCM Reassessment: activities related to updating client's biopsychosocial areas and acuity scale, updating eligibility information, updating consents and releases (if applicable)
- NMCM Monitoring: activities related to monitoring client's service plan needs
- NMCM Discharge: activities related to terminating client's services; can include discussing discharge with client and paperwork related to discharge.
- NMCM Referral: activities related to providing a referral of ANY type, advocating on client's behalf regarding referral, following up with referral source or client on referral outcome, and confirming referral was actualized
- NMCM Health Education/Risk Reduction: activities related to assessing and addressing client's risk reduction issues
- NMCM Insurance Enrollment Assistance: activities related to providing guidance on and/or enrolling client into health insurance (Medicaid, Healthy Michigan, Marketplace plan, ADAP) or addressing issues related to retaining client health insurance

Outpatient/Ambulatory Health Services (OAHS):

CORE

- **HRSA Program Monitoring Standards**: "Provision of Outpatient and Ambulatory Health Services, defined as the provision of professional diagnostic and therapeutic services rendered by a licensed physician, physician's assistant, clinical nurse specialist, or nurse practitioner in an outpatient setting (not a hospital, hospital emergency room, or any other type of inpatient treatment center), consistent with Public Health Services (PHS) guidelines and including access to antiretroviral and other drug therapies, including prophylaxis and treatment of opportunistic infections and combination antiretroviral therapies. Allowable services include: diagnostic testing; early intervention and risk assessment; preventive care and screening; practitioner examination; medical history taking; diagnosis and treatment of common physical and mental conditions; prescribing and managing of medication therapy; education and counseling on health issues; well-baby care; continuing care and management of chronic conditions; referral to and provision of HIV-related specialty care (includes all medical subspecialties even ophthalmic and optometric services)."

"As part of outpatient and ambulatory medical care, provision of laboratory tests integral to the treatment of HIV infections and related complications"

- **Units Definition**: 1 unit = 15 minutes of service provided
- **Definition of sub-service categories**:
 - Medical New Routine: activities related to the evaluation and management of a new patient, which requires a detailed history and physical examination, and medical decision-making of *low acuity*
 - Medical New Complex: activities related to the evaluation and management of a new patient, which requires a detailed history and physical examination, and medical decision-making of *moderate to high acuity*
 - Medical Return Routine: activities related to the evaluation and management of an established patient, which requires addressing any medical changes since last visit that may require follow up, and/or medical decision-making of *low acuity*
 - Medical Return Complex: activities related to the evaluation and management of an established patient, which requires addressing any medical changes since last visit that may require follow up, and/or medical decision-making of *moderate to high acuity*
 - Medical Follow Up: activities related to clinical staff providing follow up from a clinical visit, such as abnormal labs, physician orders, physician referrals, medication changes, or any direct clinical staff orders

- Medical Treatment Adherence: activities related to assessing and addressing medication adherence issues provided in the medical setting
- Medical Nursing Assessment: comprehensive nursing assessment that includes but is not limited to: base vital signs, pain assessment, respiratory assessment, gastrointestinal assessment, neurological checks, medical history, and medication reconciliation
- Medical Nursing Health Education/ Risk Reduction: general overall health education provided to the client which may address: smoking cessation, diabetes, obesity, hypertension, hepatitis, age-appropriate health screens (such as paps, mammograms, cholesterol, etc), medication regimens, vaccination, gastrointestinal issues, hygiene, or any other education regarding the prevention and/or management of chronic disease care
- Medical Nursing Care Coordination: nursing activities that provide for the exchange of nursing and medical client information that is shared with the interdisciplinary HIV care team related to coordinating the client's services
- Medical Pediatric Developmental Assessment: the provision of professional, early interventions by physicians, developmental psychologists, educators, and others in the psychosocial and intellectual development of infants and children
- Medical Telehealth Return Routine: activities related to the evaluation and management of an established patient, which requires addressing any medical changes since last visit that may require follow up, and/or medical decision-making of *low acuity via telehealth technology*
- Medical Telehealth Return Complex: activities related to the evaluation and management of an established patient, which requires addressing any medical changes since last visit that may require follow up, and/or medical decision-making of *moderate to high acuity via telehealth technology*
- Medical Telehealth New Routine: activities related to the evaluation and management of a new patient, which requires a detailed history and physical examination, and medical decision-making of *low acuity via telehealth technology*
- Medical Telehealth New Complex: activities related to the evaluation and management of a new patient, which requires a detailed history, delayed physical exam and medical decision-making of *moderate to high acuity via telehealth technology*
- Medical Telehealth Follow Up: activities related to the evaluation and management of an established patient, which requires addressing any medical changes since last visit that may require follow up, and/or medical decision-making of *moderate to high acuity via telehealth technology*

Outreach Services:

SUPPORT

- **HRSA Program Standard:** "Support for Outreach Services designed to identify individuals who do not know their HIV status and/or individuals who know their status and are not in care and help them to learn their status and enter care. Outreach programs must be: planned and delivered in coordination with local HIV prevention outreach programs to avoid duplication of effort; targeted to population known through local epidemiologic data to be at disproportionate risk for HIV infection; targeted to communities or local establishments that are frequented by individuals exhibiting high-risk behavior; conducted at times and in places where there is a high probability that individuals with HIV infection will be reached; designed to provide quantified program reporting of activities and results to accommodate local evaluation of effectiveness. Funds may not be used to pay for HIV counseling and testing. "
- **Units Definition:** 1 unit = 15 minutes of service provided
- **Definition of sub-service categories:**
 - MDOC/MAI Outreach: all activities related to connecting an incarcerated individual to community case management upon release and following up that linkage has occurred
 - MDOC/MAI Medication Access Confirmed: activities related to confirming that a client recently released from incarceration has access to medications
 - Identification Outreach: activities related to identification of people who do not know their HIV status

- Linkage/Re-engagement Outreach: activities related to linking or re-engaging clients to care, treatment, and services.

Psychosocial Support Services:

SUPPORT

- **HRSA Program Standard:** “Support for Psychosocial Support Services that may include: support and counseling activities; child abuse and neglect counseling; HIV support groups; pastoral care/counseling; caregiver support; bereavement counseling; nutrition counseling provided by a non-registered dietitian. Funds under this service category may not be used to provide nutritional supplements. Pastoral care/counseling supported under this service category to be: provided by an institutional pastoral care program (e.g. components of AIDS interfaith networks, separately incorporated pastoral care and counseling centers, components of services provided by a licensed provider, such as home care or hospice provider); provided by a licensed or accredited provider wherever such licensure or accreditation is either required or available; available to all individuals eligible to receive Ryan White services, regardless of their religious denominational affiliation.”
- **Units Definition:** 1 unit = 15 minutes of service provided
- **Definition of sub-service categories:**
 - PSS Individual Support and Counseling: the activity of providing support and counseling services to eligible individuals
 - PSS Support Group: the activity of providing psychosocial support in a group setting

Rehabilitation Services:

SUPPORT

- **HRSA Program Standard:** “Funding for Rehabilitation Services: Services intended to improve or maintain a client’s quality of life and optimal capacity for self-care, provided by a licensed or authorized professional in an outpatient setting in accordance with an individualized plan of care. May include: physical and occupational therapy; speech pathology services; low-vision training.”
- **Units Definition:** 1 unit = 15 minutes of service provided
- **Definitions of sub-service categories:**
 - Rehabilitation Service: the activity of providing a session of rehabilitative services
 - Rehabilitation Assessment: activities related to completing rehabilitation assessment, completing consents and releases (if applicable)
 - Rehabilitation Care Plan/Service Plan Development: activities related to completing the service plan at assessment or reassessment; this must be done every 6 months at minimum
 - Rehabilitation Discharge: activities related to terminating client’s services; can include discussing discharge with client and paperwork related to discharge.

Substance Abuse Treatment Services-Outpatient:

SUPPORT

- **HRSA Program Standard:** “Support for Substance Abuse Treatment Services-Outpatient, provided by or under the supervisor of a physician or other qualified/licensed personnel; may include use of funds to expand HIV-specific capacity programs if timely access to treatment and counseling is not otherwise available. Services limited to the following: pre-treatment/recovery readiness programs; harm reduction; mental health counseling to reduce depression, anxiety and other disorders associated with substance abuse; outpatient drug-free treatment and counseling; opiate assisted therapy; euro-psychiatric pharmaceuticals; relapse prevention; limited acupuncture services with a written referral from the client’s primary health care provider, provided by certified or licensed practitioners wherever State certification or licensure exists; services provided must include a treatment plan that calls only for allowable activities and includes: the quantity, frequency, and modality of treatment provided; the date treatment begins and ends; regular monitoring and assessment of client progress; the signature of the individual providing the service and/or the supervisor as applicable.”
- **Units Definition:** 1 unit = 15 minutes of service provided
- **Definition of sub-service categories:**

- SA Assessment: activities related to completing SA assessment and acuity scale
- SA Care Plan/Service Plan Development: activities related to completing the service plan at assessment or reassessment; this must be done every 6 months at minimum
- SA General Support: activities that do not easily fit into other categories listed here; can include: listening to client, providing support, advocating on client's behalf, etc.
- SA Treatment Adherence: activities related to assessing and addressing medication adherence issues
- SA Monitoring: activities related to monitoring client's service plan needs
- SA Discharge: activities related to terminating client's services; can include discussing discharge with client and paperwork related to discharge.
- SA Referral: activities related to providing a referral of ANY type, advocating on client's behalf regarding referral, following up with referral source or client on referral outcome, and confirming referral was actualized
- SA Individual Support and Counseling: the activity of providing support and counseling services to eligible individuals
- SA Support Group: the activity of providing psychosocial support in a group setting

Housing Services:

SUPPORT

- **HRSA Program Standard:** "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 achieve 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. The 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."
- **Units Definition:** 1 unit = 15 minutes of service provided
- **Definition of sub-service categories:**
 - Housing Assessment: activities related to completing Housing assessment
 - Housing Care Plan/Service Plan Development: activities related to completing the service plan at assessment or reassessment; this must be done every 6 months at minimum
 - Housing General Support: activities that do not easily fit into other categories listed here; can include: listening to client, providing support, advocating on client's behalf, etc.
 - Housing Referral: activities related to referring client
 - Housing Monitoring: activities related to monitoring client's housing service plan needs
 - Housing Discharge: activities related to terminating client's housing services; can include discussing discharge with client and paperwork related to discharge activities

Other Professional Services (Previously Legal and Permanency Planning):

SUPPORT

- **HRSA Program Standard:** "Other Professional Services allow for the provision of professional and consultant services rendered by members of particular professions licensed and/or qualified to offer such services by local governing authorities. Such services may include: Legal services provided to and/or on behalf of the HRSA RWHAP-eligible PLWH and involving legal matters related to or arising from their HIV disease, including: Assistance with public benefits such as Social Security Disability Insurance (SSDI), Interventions necessary to ensure access to eligible benefits, including discrimination or breach of confidentiality litigation as it relates to services eligible for funding under the HRSA RWHAP, and Preparation of: Healthcare power of attorney, Durable powers of attorney, and Living wills."
- **Units Definition:** 1 unit = 15 minutes of service provided
- **Definition of sub-service categories:**
 - Other Professional Services Assessment: activities related to completing assessment of client needs

- Other Professional Services Plan/Service Plan Development: activities related to completing the service plan at assessment or reassessment; this must be done every 6 months at minimum
- Other Professional Services Payment:
- Other Professional Services Income tax preparation: activities related to preparation of income tax returns
- Other Professional Services Document preparation: activities related to preparation of healthcare power of attorney, durable powers of attorney and living wills
- Other Professional Services Legal: activities related to legal services involving legal matters related to or arising from their HIV disease only, does not include criminal defense and class-action suits
- Other Professional Services Permanency Planning: activities related to assisting clients with making decisions about the placement and care of minor children after their death or after they are no longer able to care for them: including drafting a will or delegating powers of attorney, preparing custody options, guardianship, joint custody or adoption

Referral for Health Care & Support Services

SUPPORT

- **HRSA Program Standard**: “Referral for Health Care and Support Services directs a client to needed core medical or support services in person or through telephone, written, or other type of communication. Activities provided under this service category may include referrals to assist HRSA RWHAP 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, and other state or local health care and supportive services, or health insurance Marketplace plans).”
- **Units Definition**: 1 unit = 15 minutes of service provided
- **Definition of sub-service categories**:
 - Referral Services Assessment: activities related to completing assessment of client needs
 - Referral Services: activities related to referral and follow up in obtaining access to other public and private programs, such as insurance assistance, Health Insurance Plans/Payment Options (CARE/HIPP, COBRA, OBRA) Health Insurance Assistance (HIA), Medicaid, Medicare, Private, ACA/Marketplace), Social Security Programs (SSI, SSDI, SDI), Veteran's Administration Benefits (VA), IAP or Medigap, Other public/private benefits programs, and Other professional services.

Note: Suggestions for edits to this document will be accepted on an ongoing basis. Updates will be made once per year. To suggest edits, please contact Program or QM staff: 517-241-5900

References

For more information on the HRSA Program Standards mentioned above, please access the following documents:

HIV/AIDS Bureau, Division of State HIV/AIDS Programs National Monitoring Standards for Ryan White Part B Grantees: Program—Part B at <http://hab.hrsa.gov/manageyourgrant/files/programmonitoringpartb.pdf>

Health Resources and Services Administration, HIV/AIDS Bureau Policy Clarification Notice 16-02: Ryan White HIV/AIDS Program Services: Eligible Individuals and Allowable Uses of Funds at http://hab.hrsa.gov/healthcarelandscape/service_category_pcn_16-02_final.pdf

Health Resources and Services Administration, HIV/AIDS Bureau Policy Clarification Notice 16-02: Ryan White HIV/AIDS Program Services: Eligible Individuals and Allowable Uses of Funds Frequently Asked Questions Document: https://hab.hrsa.gov/sites/default/files/hab/Global/faq_service_definitions_pcn_final.pdf