

Pennsylvania Program Service Standards

Ryan White Part B
Eligible Services

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pennsylvania
DEPARTMENT OF HEALTH

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Child Care Services

The Health Resources & Services Administration (HRSA) Ryan White HIV/AIDS Program (RWHAP) supports intermittent Child Care Services for the children living in the household of people living with HIV (PLWH) who are HRSA RWHAP eligible clients. The primary purpose of Child Care Services is to enable those clients to attend medical visits, related appointments, and/or HRSA RWHAP related meetings, groups, or training sessions.

Allowable use of funds includes:

- A licensed or registered childcare provider to deliver intermittent care; and
- Informal childcare 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).

Child Care Services funds cannot pay for childcare while the client is at work, school, or other activities unrelated to accessing medical care or RWHAP- related meetings, groups, or training sessions.

Direct cash payments are not permitted per federal guidance. The use of funds under this service category should be limited and carefully monitored as arrangements may raise liability issues for the funding source. Child Care Services payments are subject to income tax and, therefore, must be paid by check or electronic payment and claimed as income.

Early Intervention Services

Early Intervention Services (EIS) is the combination of services rather than stand-alone services. RWHAP Part B subrecipients and/or sub-sub recipients should be aware of programmatic expectations stipulating the allocation of funds into four specific service categories.

Written approval by the Pennsylvania Department of Health (DOH) is required for funding EIS. Any request for funding this category of service must be submitted in writing to the department's, Division of HIV. The request must detail how the subrecipient and/or sub-subrecipient will meet all four required components of this category.

HRSA RWHAP Part B EIS must include the following four components:

- Targeted HIV Testing to help the unaware learn of their HIV status and receive referral to HIV care and treatment services if found to be HIV positive. Subrecipients and/or sub-subrecipients must coordinate these testing services with other HIV prevention and testing programs to avoid duplication of efforts. HIV testing paid for under 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/or Substance Abuse Care/Services.
- Outreach Services and Health Education/Risk Reduction related to HIV diagnosis.

The requirement of all four components exists, however, reimbursement for EIS may be for one or more of these components if the subrecipient and/or sub-subrecipient is able to demonstrate other elements are in existence.

Emergency Financial Assistance

Emergency Financial Assistance (EFA) provides limited one-time or short-term payments to assist a HRSA RWHAP client with an urgent need for essential items or services necessary to improve health outcomes, including: utilities, housing, food (to include groceries and food vouchers), transportation, medication not covered by an AIDS Drug Assistance Program (short-term), AIDS Pharmaceutical Assistance (short-term), or other allowable cost necessary to improve health outcomes.

EFA must occur as a direct payment to an agency or through a voucher program. Direct cash payments to clients are not permitted. On-going or continuous costs of allowable activities are not EFA.

EFA funds used to pay for otherwise allowable HRSA RWHAP services must be accounted for under the EFA category. It is expected all other sources of funding in the community for EFA will be effectively used. Any allocation of RWHAP funds for these purposes will be as the payer of last resort, for limited amounts, uses, and periods of time.

To establish the need for the service and demonstrate the emergency nature of the request, a proof of hardship must be conducted and demonstrated by one or more of the below items:

- A significant increase in bills;
- A recent decrease in income;
- High unexpected expenses on essential items;
- The cost of shelter more than 30 percent of the household income;
- The cost of utility consumption more than 10 percent of the household income;
- Inability to obtain credit necessary to provide for basic needs and shelter; and/or
- A failure to provide EFA will result in danger to the physical health of client.

As per the Office of Management and Budget (OMB) Circular A-129, interest, fines, penalties, late fees, and/or reconnection fees are not allowed as part of the EFA.

Proper documentation of one or more the above-mentioned items needs to be submitted along with the request for reimbursement.

subrecipients and/or sub-subrecipients are required to maintain a database or spreadsheet, tracked by Ryan White (RW) service category, and submitted along with the monthly invoice for consideration of reimbursement.

EFA-Housing Support Sub-Service is not for mortgage payments and not for security deposits.

EFA, Other Sub-Service cannot include services already specified in EFA sub-services.

- EFA, Other Sub-Service: documentation must be clearly identified.

Food Bank/Home Delivered Meals

Food Bank/Home Delivered Meals refers to the provision of actual food items, hot meals, or a voucher program to purchase food. This category also includes the provision of essential non-food items, limited to the following:

- Personal hygiene products;
- Household cleaning supplies; and
- Water filtration/purification systems in communities where issues of water safety exist.

Unallowable Food Bank/Home Delivered Meal costs include household appliances, pet foods, and other non-essential products. Nutritional services and nutritional supplements provided by a registered dietitian are considered a Core Medical Service under RWHAP Medical Nutrition Therapy.

Food Bank: Should be provided to clients and contain high quality foods appropriate for individuals with HIV infection. Foods are culturally appropriate and nutritionally balanced, in accordance to the client's dietary needs, and are appealing to those receiving the service.

Home Delivered Meals: Should be provided to clients and contain high quality foods appropriate for individuals with HIV infection. Foods are culturally appropriate and nutritionally balanced, in accordance to the client's dietary needs, and are appealing to those receiving the service.

Congregate Meals: Are an allowable RW expense under this service category for HIV positive individuals and others who are not HIV positive in a group setting. Each HIV positive individual can have one guest in attendance at a congregated meal. All individuals must be registered on a list.

Health Education/Risk Reduction

Health Education/Risk Reduction is the provision of education to clients living with HIV regarding HIV transmission and how to reduce the risk of HIV transmission. This category of services includes sharing information about medical, psychosocial support services and counseling with clients to improve their health status.

Health Education/Risk Reduction cannot be delivered anonymously.

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 reduction of risk during pregnancy and transmission risks with breastfeeding when appropriate;
- Education on health care coverage options (e.g., qualified health plans through the Marketplace, Medicaid coverage, Medicare coverage);
- Health literacy; and
- Treatment adherence education.

Health Insurance Premium and Cost Sharing Assistance for Low Income Individuals

Health Insurance Premium and Cost Sharing Assistance for Low Income Individuals 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 stand-alone dental insurance.

The service provisions consist 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 stand-alone dental insurance premiums to provide comprehensive oral health care services for eligible clients; and/or
- Paying cost sharing on behalf of the client.

To use RWHAP funds for health insurance premium assistance (not stand-alone dental insurance assistance), RW Part B subrecipients and/or sub-subrecipients must implement a methodology incorporating the following components:

- RWHAP Part B subrecipients and/or sub-subrecipients must ensure that clients are buying health coverage that, at a minimum, includes at least one drug in each class of core antiretroviral therapeutics from the U.S. Department of Health

and Human Services (HHS) treatment guidelines along with appropriate HIV outpatient/ambulatory health services.

- RWHAP Part B subrecipients and/or sub-subrecipients must assess and compare the aggregate cost of paying for the health insurance option versus paying for the full cost for medications and other appropriate HIV outpatient/ambulatory health services to ensure that purchasing health insurance is cost effective in the aggregate, and allocate funding to Health Insurance Premium and Cost Sharing Assistance only when determined to be cost effective.
- To use RWHAP funds for standalone dental insurance premium assistance, an RWHAP Part B subrecipient and/or sub-sub recipient must implement a methodology that incorporates the following requirement:
 - RWHAP Part B subrecipients and/or sub-subrecipient must assess and compare the aggregate cost of paying for the stand-alone dental insurance option versus paying for the full cost of HIV oral health care services to ensure that purchasing stand-alone 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.

Paying cost sharing on behalf of a client is defined as the out-of-pocket cost of a RWHAP Part B client after primary insurance payment or denial on claims. These out of pocket amounts are considered an eligible service for individuals who have other insurance, and the other insurance has made a determination to pay or deny payment on the claim. Examples of substantiation can include a health insurance bill or statement from insurer specifying the amount the client owes after the insurance has made their determination of payment or denial. Statements from health insurers specifying 'THIS IS NOT BILL' are not permitted as they are estimates of what the other insurance may pay but not the actual payment amount.

Cost sharing reimbursement toward claims with out-of-pocket expenses is limited to claims for services directly related to HIV associated medical conditions.

If a co-morbidity is directly related to HIV diagnosis and is clearly documented in client's record, expense is allowable.

Home and Community-Based Services

Home and Community-Based Health Services are provided to an eligible client in an integrated setting appropriate to that client's needs, based on a written plan of care established by a medical care team under the direction of a licensed clinical provider.

Sub-services include:

- Specialized Care: Appropriate mental health, developmental, and rehabilitation services
- Day Treatment and/or Other Services
- Durable Medical Equipment (DME)
- Home Health aide services/Personal Care services in the home

Inpatient hospitals, Skilled Nursing Facilities and other long-term care facilities are not considered an integrated setting for the purposes of providing home and community-based health services and are not an allowable expense.

Specialized Care: If justification can be made and clearly documented in the client's medical record that the co-morbidity is directly related to HIV diagnosis, expense is allowable.

Home Health Care

Home Health Care is the provision of services in the home appropriate to a client's needs and are performed by licensed professionals. Services must be directly related to client's HIV Disease.

Home Health Care Services may include:

- Administration of prescribed therapeutics (e.g. intravenous and aerosolized treatment, and parenteral feeding);
- Preventive and specialty care;
- Wound care;
- Routine diagnostics testing administered in the home; and
- Other medical therapies.

The provision of Home Health Care is limited to clients who are homebound.

Home settings do not include Skilled Nursing Facilities or inpatient mental health/substance abuse treatment facilities.

Subrecipients and/or sub-subrecipients must ensure a Nursing Plan is developed to include an assigned Case Manager for each client accepted into this program. The Case Manager is required to ensure a Nursing Plan exists and confirm the Plan contains required information. The Plan will indicate whether the Home Health aide or nurse will provide services or specialized care and shall include the services to be provided, the roles and responsibilities, and the goals and activities involved, including dates as appropriate. These items will be documented in the client's medical record.

Professional Requirements: Pennsylvania Department of Primary Care Certification for Home Health, and Medicare Primary Care Certification.

Hospice Services

Hospice Services are end-of-life care services provided to clients in the terminal stage of an HIV-related illness.

Allowable services are:

- Mental health counseling;
- Nursing care;
- Palliative therapeutics;
- Physician services; and
- Room and board.

Palliative therapies must be consistent with those covered under private insurance, Medicare insurance, and/or respective state Medicaid programs. The above-mentioned sub-services must be performed at the time of hospice services. Hospice providers may provide these five components for a RWP Part B client who is terminally ill. Clients who are terminally ill are defined as a client with a life expectancy of six months or less.

Hospice services may be provided in a home or other residential setting, including a non-acute care section of a hospital that has been designated and staffed to provide hospice services. This service category does not extend to Skilled Nursing Facilities.

To meet the need for hospice services, a physician must certify that a patient is terminally ill and has a defined life expectancy as established by the subrecipient and/or sub-subrecipient. Counseling services provided in the context of hospice care must be consistent with the definition of mental health counseling. Palliative therapies must be consistent with those covered under respective state Medicaid programs.

Hospice Services can be used to purchase medications relating to end of life care.

Housing

RW 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.

It is intended to provide for the housing costs associated with treatment centers to ensure that treatment is not denied, because the funding to support the actual treatment does not allow for the housing component. Housing activities include housing referral services, such as assessment, search, placement, and housing advocacy services on behalf of the eligible client, as well as fees associated with these activities. Housing

may provide some type of core medical (i.e. Mental Health Services) or support services (i.e. Residential Substance Abuse Services).

HRSA RWHAP subrecipients and/or sub-subrecipients using 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 housing clients.

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

This category includes housing only where there is a current rental agreement in place and kept on file. Such documentation may include a lease, a signed letter on agency letterhead, a rent verification form, or other documents approved by the subrecipient and/or sub-subrecipient. Handwritten and typed documents are acceptable if the document includes, minimally, the landlord name and phone number, client name and phone number, address rent amount, and terms of payment that may be imposed on client outside of the rent.

RW Housing cannot pay for mortgage payments or security deposits.

Housing Opportunities for People with AIDS (HOPWA) -Permanent Placement Sub-Service includes Security Deposits and/or first/last month's rent. It is not to exceed two month's rent and is HOPWA Only.

Coordination with other Federal/State housing programs is encouraged.

Subrecipients and/or sub-subrecipients must assess the housing needs of new clients and annually review the housing needs of existing clients.

Clients cannot receive HOPWA housing and RW housing simultaneously for the same service.

For additional HOPWA guidance, see the Pennsylvania HOPWA manual.

Linguistic Services

Linguistic Services provide interpretation and translation services, both oral and written, to eligible clients. These services must be provided by qualified linguistic services providers as a component of HIV service delivery between the healthcare provider and the client. These services are to be provided when such services are necessary to facilitate communication between the subrecipient and/or sub-subrecipient and client and/or support delivery of RWHAP-eligible services.

Linguistic Services provided must comply with the [National CLAS \(Culturally and Linguistically Appropriate Services In Health and Health Care\) standards.](#)

Subrecipients and/or sub-sub recipients will develop and follow a written protocol for processing requests for client services, and for the delivery and monitoring of these services.

Subrecipients and/or sub-subrecipients are responsible to provide interpretation and translation requests for the primary languages in their area by fax or by telephone during normal business hours. Recipients and/or sub-subrecipients should access [national linguistic map](#) of primary languages in their region when establishing these services.

Subrecipients and/or sub-subrecipients are responsible to provide the ability to communicate with clients who are deaf or hard of hearing. Subrecipients and/or sub-subrecipients should inform clients of available aids and services available to clients.

Linguistic subscription/contract (s) are an administrative cost. The per service charge is the client cost.

Medical Case Management, including Treatment Adherence

Medical Case Management (MCM) is the provision of a range of client-centered activities focused on improving health outcomes in support of the HIV care continuum. Activities may be prescribed by an interdisciplinary team that includes other specialty care providers. MCM includes all types of case management encounters (e.g., face-to-face, non-face-to-face and client-specific supervision). MCM services have improving health care outcomes as their objective, whereas Non-Medical Case Management Services (NMCM) have providing guidance and assistance in improving access to needed services as their objective.

Key activities may include:

- Initial assessment of service needs;
- Development of a comprehensive, individualized care plan;
- Timely and coordinated access to medically appropriate levels of health and support services and continuity of care;
- Continuous client monitoring to assess the efficacy of the care plan;
- Re-evaluation of the care plan at least every six 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; and
- Follow-up.

In addition to providing the medically oriented services above, MCM may also provide benefits by assisting eligible clients in obtaining access to other public and private programs for which they may be eligible (i.e. 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).

Visits to ensure readiness for, and adherence to, complex HIV treatments is allowable for MCM or Outpatient/Ambulatory Health Services. Treatment Adherence Services provided during an MCM visit should be reported in the MCM service category whereas Treatment Adherence services provided during an Outpatient/Ambulatory Health Service visit should be reported under the Outpatient/Ambulatory Health Services category.

The minimum education requirements for a Case Management Supervisor and a Case Manager are as follows:

- MCM Supervisors:
 - Bachelor's degree required, Masters preferred, along with two years of experience performing Social Work and/or MCM activities.
- Medical Case Manager:
 - A licensed Registered Nurse; and/or bachelor's degree in social work, psychology, sociology or other related field; or bachelor's degree in a non-similar field; and two years' experience in case management, social work and/or a Community Health Worker Certification.

MCM Supervisors and/or Medical Case Managers employed prior to April 4, 2018 not meeting the minimum education requirements will be grandfathered in.

Caseload amounts per Case Manager is dependent on the ability of the Case Manager to adequately manage their clients. The Case Manager caseload will be reviewed during an Annual Site Visit.

Face-to-Face MCM are any face-to-face client-centered activities, including accompanied medical visits, focused on improving health outcomes.

Non-Face-to-Face MCM are any non-face-to-face client-centered activities, including documentation, focused on improving health outcomes.

Client-Specific Supervision activities are any client-specific encounter between an MCM and MCM supervisor (to be documented by either the MCM or supervisor).

Medical Nutrition Therapy

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

dietitian should be considered Psychosocial Support Services or Food Bank/Home Delivered Meals.

These services can be provided in individual and/or group settings and outside of HIV Outpatient/Ambulatory Health Services. Services must contain a consideration of a person's individual personal and cultural food preferences, budget, living situation, cooking skills and facilities.

Medical Nutrition Therapy includes:

- Nutrition assessment and screening;
- Dietary/nutritional evaluation;
- Food and/or nutritional supplements per medical provider's recommendation; and
- Nutrition education and/or counseling.

Medical Transportation

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

Medical transportation may be provided through:

- Contracts with providers of transportation services;
- 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 subrecipient and/or sub-subrecipient 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); and
- Voucher or token systems.

Transportation costs for medical providers to giving care should be categorized under the service category for the service being provided. All services billed to Medical Transportation need to be submitted on the Medical Transportation Services form.

Medical Transportation Services can only be provided to clients to access RW allowable services defined in these Standards.

Unallowable costs include:

- Direct cash payments or cash reimbursements to clients;
- Direct maintenance expenses (tires, repairs, etc.) of a privately-owned vehicle; and
- Any other costs associated with a privately-owned vehicle such as lease, loan payments, insurance, license, or registration fees.

Mental Health Services

Mental Health Services are the provision of outpatient psychological and/or psychiatric screening, assessment, diagnosis, treatment, and/or 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 of Pennsylvania to render such services. Such professionals typically include psychiatrists, psychologists, and licensed clinical social workers.

Mental Health Services are performed only by licensed, qualified mental health professionals. For services performed by non-licensed individuals, see Psychosocial Services.

Non-Medical Case Management

Non-Medical Case Management (NMCM) provides guidance and assistance in accessing medical, social, community, legal, financial, and other needed services. NMCM Services, unlike MCM Services, do not involve coordination and follow up of medical treatments.

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, non-face-to-face and client-specific supervision).

Telehealth technology is an allowable means of NMCM communication.

Key activities include:

- Initial assessment of service needs;
- Development of a comprehensive, individualized care plan;
- Timely and coordinated access to medically appropriate levels of health and support services and continuity of care;
- Client-specific advocacy and/or review of utilization of services;
- Continuous client monitoring to assess the efficacy of the care plan;

- Re-evaluation of the care plan at least every six months with adaptations as necessary; and
- Ongoing assessment of the client's and other key family members' needs and personal support.

NMCM may provide the client with assistance in accessing vocational and employment services.

Face-to-Face NMCM are any face-to-face client-centered activities, including accompanied medical visits, focused on improving health outcomes.

Non-Face-to-Face NMCM are any non-face-to-face client-centered activities, including documentation, focused on improving health outcomes.

Client-Specific Supervision activities are any client-specific encounter between an NMCM to be documented by NMCM.

Oral Health Care

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

Other Professional Services

Other Professional Services allow for the provision of professional and consultant services rendered by members of 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;
 - Living wills.
- Permanency planning to help clients/families make decisions about the placement and care of minor children after their parents/caregivers are deceased or are no longer able to care for them, including:
 - Social service counseling or legal counsel regarding the drafting of wills or delegating powers of attorney

- Preparation for custody options for legal dependents including standby guardianship, joint custody, or adoption
 - These services are only available prior to the death of the client.
- Income tax preparation services to assist clients in filing Federal tax returns that are required by the Affordable Care Act for all individuals receiving premium tax credits or for RW eligibility verification purposes.

Other Professional Services cannot be used for criminal defense or class-action lawsuits unrelated to access services eligible for funding under the RWHAP program.

Outpatient/Ambulatory Health Services

Outpatient/Ambulatory Health Services (OAHS) are diagnostic and therapeutic-related services provided directly to a client by a licensed healthcare provider in an outpatient medical setting. Outpatient medical settings may include clinics, medical offices, mobile vans where clients do not stay overnight, using telehealth technology and urgent care facilities for HIV-related visits. Emergency room services are not considered outpatient settings and they are not an allowable use of OAHS.

Allowable activities include:

- Medical history taking;
- Physical examination;
- Diagnostic testing, including laboratory testing;
- Treatment and management of physical and behavioral health conditions;
- Behavioral risk assessment, subsequent counseling, and referral;
- Preventive care and screening;
- Pediatric 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; and
- Acupuncture.

Telehealth is an allowable OAHS activity if it directly relates to the diagnosis of HIV (and/or related medical conditions noted by licensed healthcare provider). When providing this service remotely, through any telehealth modality, the subrecipient and/or sub-subrecipient must ensure ability of the equipment used to protect client confidentiality.

Treatment Adherence services provided during an OAHS visit should be reported under the OAHS category whereas Treatment Adherence services provided during an MCM visit should be reported in the MCM service category.

Acupuncture is an allowable expense if it is a part of a treatment plan.

HIV confirmatory and viral load testing is allowable.

HIV-related Specialty Care includes vision and audiology

Non-HIV related visits to urgent care facilities are not an allowable cost within the OAHS category.

Outreach Services

The Outreach Services category has, as its principal purpose, identifying PLWH who either do not know their HIV status, or who know their status but are not currently in care. As such, Outreach Services provide the following activities: 1) identification of people who do not know their HIV status and/or 2) linkage or re-engagement of PLWH who know their status into HRSA RWHAP services, including provision of information about health care coverage options.

Outreach Services are often provided to people who do not know their HIV status. Some activities within this service category will likely reach people who are HIV negative. When these activities identify someone living with HIV, eligible clients should be linked to HRSA RWHAP services.

Outreach Services must:

1. Use data to target populations and places that have a high probability of reaching PLWH who:
 - a. Have never been tested and are undiagnosed;
 - b. Have been tested, diagnosed as HIV positive, but have not received their test results; or
 - c. Have been tested, know their HIV positive status, but are not in medical care.
2. Be conducted at times and in places where there is a high probability that PLWH will be identified; and
3. Be delivered in coordination with local and state HIV prevention outreach programs to avoid duplication of effort.

Outreach Services may be provided through community and public awareness activities (e.g., posters, flyers, billboards, social media, TV or radio announcements) thus meeting the requirements above and include explicit and clear links to, and information about, available HRSA RWHAP services.

Outreach Services provided to an individual or in small group settings cannot be delivered anonymously, as some information is needed to facilitate any necessary follow-up and care.

Outreach Services must not include outreach activities exclusively used to promote HIV prevention education. Subrecipients and/or sub-subrecipients may use Outreach Services funds for HIV testing when HRSA RWHAP resources are available and where the testing would not supplant other existing funding.

Outreach services must have measurable deliverables including a workplan that depicts the goal of the program.

Outreach funds may pay for HIV testing but must not supplant other funding.

Psychosocial Support

Psychosocial Support services provide group or individual support and counseling services to assist eligible PLWH to address behavioral and physical health concerns. Activities provided under the Psychosocial Support Services may include:

- Bereavement counseling;
- Counseling (which may include child abuse and neglect counseling);
- HIV Support Groups;
- Nutrition counseling provided by a non-registered dietitian (see Medical Nutrition Therapy Services); and
- Pastoral care/counseling services.

Funds under this service category may not be used to provide nutritional supplements (See Food Bank/Home Delivered Meals).

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

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

Individual psychosocial support services require a goal plan and progress notes in the client's record.

Group activity requires a log of participants per session. Group activities must have a plan/structure. Individual notes for all group participants must be documented in client's record.

Referral for Healthcare and Support Services

Referral for Health Care and Support Services directs clients to needed core medical or support services in person, or through telephone, written or other type of communication.

This service may include referrals to assist eligible clients to obtain access to other public and private programs for which they may be eligible (e.g., Medicaid, Medicare Part D, Pa. Special Pharmaceutical Benefits Program, Pharmaceutical Manufacturer's Patient Assistance Programs, and other state or local health care and supportive services, or health insurance Marketplace plans).

Rehabilitation Services

Rehabilitation Services provide HIV-related therapies intended to improve or maintain a client's quality of life and optimal capacity for self-care on an outpatient basis, and in accordance with an individualized plan of HIV care.

Allowable activities under this category include physical, occupational, speech, and vocational therapy.

Rehabilitation services provided as part of in-patient hospital services, nursing home, and other long-term care facilities are not allowable under Rehabilitation Services.

Respite Care

Respite Care is the provision of periodic respite care in community or home-based settings which includes non-medical assistance designed to provide care for an HRSA RWHAP-eligible client to relieve the primary caregiver responsible for their day-to-day care.

Recreational and social activities are allowable program activities as part of a Respite Care provided in a licensed or certified provider setting including drop-in centers within HIV Outpatient/Ambulatory Health Services or satellite facilities.

Funds may be used to support informal, home-based Respite Care, but liability issues should be included in the consideration of this expenditure. Direct cash payments to clients are not permitted.

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

See *also* Psychosocial Support Services

Substance Abuse Outpatient Care

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;

- Acupuncture.

Acupuncture therapy is allowable under this service category only when, as part of a substance use disorder treatment program funded under the RWHAP, and it is included in a documented plan.

Substance Abuse Services (residential)

Substance Abuse Services (residential) activities are those provided for the treatment of drug or alcohol use disorders in a residential setting to include screening, assessment, diagnosis, and treatment of substance use disorder. Activities provided under the Substance Abuse Services (residential) service category include:

- Pretreatment/recovery readiness programs;
- Harm reduction;
- Behavioral health counseling associated with substance use disorder;
- Medication assisted therapy;
- Neuro-psychiatric pharmaceuticals;
- Relapse prevention; and
- 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).

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 HRSA RWHAP.

Acupuncture therapy may be an allowable cost under this service category only when it is included in a documented plan as part of a substance use disorder treatment program funded under the HRSA RWHAP.

HRSA RWHAP funds may not be used for inpatient detoxification in a hospital setting, unless the detoxification facility has a separate license.

Out-of-state Substance Abuse-Residential services must be pre-approved by the DOH.

Universal Standards

As part of its commitment to improving the quality of care and services and ultimately the quality of life for PLWH, HRSA/HAB directs subrecipients and/or sub-subrecipients of the RW Program to develop and implement quality management programs to address the quality of care for PLWH. HRSA/HAB's working definition of quality is "the degree to which a health or social service meets or exceeds established professional standards and user expectations." Subrecipient's and/or sub-subrecipient's quality management programs are required to:

- Assess the extent to which HIV health services are consistent with the most recent Public Health Service (PHS) guidelines and established clinical practice for the treatment of HIV disease and related opportunistic infections; and
- Develop strategies for ensuring that such services are consistent with the guidelines for improvement in the access to and quality of HIV services.

Universal Standards are the minimum requirements subrecipients and/or sub-subrecipients are expected to meet when providing HIV care and support services funded by the RWHAP. Universal Standards will be reviewed and modified cooperatively with the HIV Planning Group Quality Management Advisory Committee (HPG QMAC) Part A, Part B, subrecipients, sub-subrecipients and consumers in Pennsylvania as needed. Subrecipients evaluate sub-subrecipients compliance with the Universal Standards with the measures listed below, during annual site visits, and required reporting.

A subrecipient is defined as the entity who contracts with DOH. A sub-subrecipient is an entity who contracts with a subrecipient.

Eligibility:

- A. Subrecipient and/or sub-subrecipient must:
- a. Have a documented policy in place for verifying client's RW eligibility; screening for duplication of services; ensuring RW is the payer of last resort (cash payments to clients is not allowable).
 - b. Must collect the HRSA demographic information from client.
 - c. Develop and maintain client records containing documentation of client's eligibility determination, including the following:
 - i. Initial Eligibility Determination & Once annually (12-month period).
Recertification Documentation Requirements:
 1. HIV/AIDS diagnosis (at initial determination);
 2. Proof of residence;
 3. Low income documentation;
 4. Uninsured or underinsured status (Insurance verification as proof)

- a. Determination of eligibility and enrollment in other third-party insurance programs including Medicaid and Medicare
 - b. For underinsured, proof this service is not covered by other third-party insurance programs including Medicaid and Medicare.
- d. Proof of HIV status is only required during Initial Eligibility.
 - i. Recertification (minimum of every six months)
 - Documentation Requirements:
 - 1. Proof of residence;
 - 2. Low income documentation;
 - 3. Uninsured or underinsured status (insurance verification as proof)
 - a. Determination of eligibility and enrollment in other third-party insurance program (s) including Medicaid and Medicare.
- e. At six-month recertification one of the following is acceptable:
 - 1. Full application with documentation.
 - 2. Self-attestation of no change or self-attestation of change with documentation.
 - o A self-attestation statement can be done in person, over the telephone or via email (if self-attestation is done over the phone or via email, client must bring the required paperwork on their next visit).
- f. Appropriate documentation is required for changes in eligibility status and at least once per year.

Client Rights:

- A. Services must be made available to all individuals meeting RW eligibility requirements.
- B. Subrecipients and/or sub-subrecipients must:
 - a. Ensure clients' right to access all RW services in a safe and accessible facility regardless of physical or cognitive limitations;
 - b. Have a Non-Discrimination policy in place stating they will not discriminate against any client or potential client on the basis of race, color, creed, religion, national origin, sex, marital status, status in regard to public assistance, membership or activity in a local commission, disability, sexual orientation, gender identity and expression and/or age; and
 - c. Have a Grievance policy in place for clients to access in the event they are dissatisfied with any aspect of the service (s) they receive
- C. Client must be provided with:
 - a. Appropriate interpretive services;

- b. Education on available HIV services and how to access them, as necessary or on request;
 - c. Privacy Notice/Confidentiality Statement on how client information is protected, shared and used;
 - d. Client/Patient Bill of Rights;
 - e. Grievance policy;
 - f. Copies of any releases of information (if applicable);
 - g. Copy of Non-Discrimination policy upon request; and
 - h. Copy of Service Standards and Universal Standards upon request.
- D. Client file must contain a signed:
- a. Release of Information (ROI) reviewed annually, as required, with details on who is sending information; who is receiving information; what information is being shared; how client may revoke ROI;
 - b. Consent to Services; and
 - c. Acknowledgement of having received items Da-Db;

Subrecipient and/or Sub-Subrecipient Qualifications:

- A. Subrecipients and/or sub-subrecipient must:
- a. Have documentation of all current staff including job description, resume, education, certification, licensure, work experience, background checks, skills and training needs/plans.
 - b. Ensure their staff have the required certification, licensure, training, knowledge, skills, and abilities required by statute/law and service care standards necessary to completely provide contracted services, for which all documentation shall be retained (PCN 16-02, RWHAP Part B Manual & HIV/AIDS Bureau National Monitoring Standards).
- B. Track all completed trainings and retain records. This information will be provided upon request.
- C. Ensure staff will have knowledge of or training on:
- a. All MCM Supervisors and MCM's meet the minimum educational requirements outlined for their roles.
 - b. Specific and required education/training:
 - i. Documentation of policies and staff training on the requirement that RW be the payer of last resort and how that requirement is met.
 - ii. Documentation of all staff involved in Eligibility Determination complete the required training.
 - c. General education/training topics may include:

- i. HIV basics (i.e. getting tested, transmission, disease stages, understanding lab results);
- ii. RW system, services provided, and eligibility;
- iii. HIV Care Continuum;
- iv. Retention in care and referral strategies;
- v. Cultural responsiveness;
- vi. Confidentiality/privacy policies;
- vii. Universal Standards;
- viii. Service specific standards; and
- ix. Required documentation for RW program compliance.
- x. Subrecipients and/or sub-subrecipients are required to maintain staff training records, to be reviewed during an Annual Site Visit.

Administration:

- A. Subrecipients and/or sub-subrecipients must:
 - a. Ensure all services/activities paid for by the RW Grant are allowable, ensure RW is the payer of last resort and no cash payments can be made to clients.
 - b. Mobile devices (e.g., telephones, tablets, laptops) and connectivity costs (e.g., data plans, phone cards), collectively referred to as “mobile technology,” are allowable uses of federal funds in instances where the RWHAP subrecipient and/or sub-subrecipient office can ensure that costs are reasonable, allocable, and needed in order to achieve the statutory purpose of the program. Subrecipients and/or sub-subrecipients can fund mobile technology costs to support access to HIV care, treatment, and support via telehealth across various core medical and support services, in accordance to the specifics of the service category identified. These would be direct service costs. However, and in addition, mobile technology and related costs are allowable uses of federal funds for members of RWHAP planning councils and planning bodies, or other advisory groups, as needed to participate in activities with subrecipients and/or sub-subrecipients. In cases such as these, the costs would be administrative funds. Any purchases for mobile technology for client access to services or for planning/Advisory members must be justified in documentation on a case by case basis and comport with all contractual requirements regarding purchases of equipment with RW funds in your subrecipient and/or sub-subrecipient contracts.
 - c. Have a policy on and demonstrate compliance regarding:
 - i. Intake and Assessment;
 - ii. Case Closure;

- iii. Waiting Lists;
 - iv. Caps on charges; and
 - v. Sliding-fee scale for services provided.
- d. Have a complete, current, secure, individual record (electronic or hard copy) maintained for each client receiving RW funded services with eligibility documents, intake/assessment/application, record of all RW funded services provided, and all service-specific documentation requirements. Ensure all electronic records are password protected and backed up at least weekly. Backed up records shall be maintained in a safe and secure (off-site) location.
 - e. Ensure all RW funded services are accurately entered into the client level data reporting system (CAREWare) monthly in accordance with contract guidance, with types, dates, quantity, duration and services provided matching submitted invoices.
 - f. Submit outcomes and evaluation data through quarterly reports on schedule specified in contract guidance, through CAREWare, and the RW Services Report (RSR).
 - g. Comply with the contract, HRSA and HHS requirements.
 - h. Conduct annual client/community input through an anonymous survey allowing subrecipients and/or sub-subrecipients to collect and evaluate client feedback to improve service delivery and Cultural Responsiveness across all services.
 - i. Collect and maintain client utilization outcomes data which indicates:
 - 1. Number and demographics of clients who are receiving each funded service;
 - 2. Communities or populations underutilizing services;
 - 3. Disparities in HIV related client-level health outcomes;
 - 4. Subrecipients and/or sub-subrecipients can utilize their organization's Community Advisory Board (CAB) to review the results of the annual client survey and provide recommendation (s) to be included in the Quality Improvement Plan based on the responses;
 - a. If an organization does not have a CAB, or is unable to utilize their CAB, subrecipients and/or sub-subrecipients can conduct the review of the annual client survey and provide recommendations.

Cultural Responsiveness:

- A. Cultural Responsiveness is defined as the ability to learn from and relate respectfully with people from your own culture as well as those from other cultures. Cultural Responsiveness should be incorporated into all aspects of our service delivery.
- B. Operations & Structure:
 - a. Organizations will train staff to be prepared for a diverse client population:

- i. Provide a welcoming environment, which is culturally inclusive and respectful of the client populations being served.
- ii. Collect and analyze client demographic data to identify disparities and develop strategies to eliminate disparities, as well as to support continuous improvement around cultural responsiveness.

Confidentiality, Security & Compliance:

- A. Subrecipient and/or sub-subrecipient will demonstrate structured and ongoing efforts to avoid fraud, waste and abuse (mismanagement) in any federal or state funded program.
 - a. Subrecipient and/or sub-subrecipient will utilize monitoring system (s) to enforce and ensure compliance with federal requirements and programmatic expectations;
 - b. Subrecipient and/or sub-subrecipient will maintain evidence demonstrating federal funds have been used for allowable services and comply with Federal and RW requirements.
 - c. Subrecipient and/or sub-subrecipient will demonstrate evidence of financial monitoring. Subrecipient and/or sub-subrecipient will provide financial reports specifying expenditures by service category and use of Ryan White funds as specified by DOH;
 - d. Subrecipient and/or sub-subrecipient will prepare and submit timely and detailed response to monitoring findings and will provide timely progress reports on implementation of corrective action plans;
 - e. Subrecipient and/or sub-subrecipient will demonstrate identification and description of individual employee salary expenditures to ensure salaries are within the HRSA salary limit.
 - f. Subrecipient and/or sub-subrecipient will provide newly hired employees and annually thereafter, a copy of the organizations Code of Conduct (which includes HIPAA, Conflict of Interest & Anti-Kickback policies);
 - g. Subrecipient and/or sub-subrecipient will maintain professional certifications and licensure documents for medical professionals providing care to RW clients and make them available to PADOH upon request.
 - h. Subrecipient and/or sub-subrecipient will participate in and provide all materials necessary to carry out monitoring activities.
 - i. Subrecipient and/or sub-subrecipient will conduct background checks prior to employment.
 - i. Background checks are an administrative cost and is billable to RW.
 - ii. Staff are to notify their employer of legal infractions impacting their role and/or certification/licensure.

- j. Any identified misuse of RWHAP Part B funds by an individual and/or entity must be reported to DOH within 24 hours of being made aware.
- k. In the event clarification is required, sub-subrecipients are to contact their subrecipient for guidance and subrecipients are to contact their assigned Project Officer (PO) for additional clarification as needed.

Taxonomy for Ryan White Eligible Service

2020 Service Category	2020 Service Definitions	2020 Sub-Service	2020 Sub-Service Definition	1 unit =
Child Care Services	See Service Standard Definition and Program Guidance	Child Care Services		30 Minutes
Early Intervention Services (EIS)	See service standard definition and program guidance	EIS-Testing	Must obtain written approval from DOH for EIS.	1 Test
		EIS-Referral services	Must obtain written approval from DOH for EIS.	1 Referral
		EIS-Outreach-HIV positive	Must obtain approval from DOH for EIS. Cannot be delivered anonymously.	15 Minutes
		EIS-Outreach-referral	Must obtain written approval from DOH for EIS.	15 Minutes
		EIS-Outreach follow-up	Must obtain written approval from DOH for EIS.	15 Minutes
		EIS-Education risk reduction	Must obtain written approval from DOH for EIS.	15 Minutes
Emergency Financial Assistance (EFA)	See service standard definition and program guidance	EFA-Food	Proof of hardship to be conducted prior to service.	1 Food voucher
		EFA-Housing support		1 Payment
		EFA-Medications	EFA-Housing support is not for mortgage	1 Filled prescription

2020 Service Category	2020 Service Definitions	2020 Sub-Service	2020 Sub-Service Definition	1 unit =
		EFA-Transportation	payments and not for security deposits.	1 Way trip or 1 round trip
		EFA-Utilities		1 Bill/expense
		EFA-Other	Cannot include services already specified in EFA sub-services above. Documentation for this subservice must be clearly identified.	1 Payment
Food Bank/ Home Delivered Meals	See service standard Definition and program guidance	Food bank-Congregate meals		1 Meal
		Food bank-home delivered meals	Home delivered meals (The number of meals and deliveries of meals to HIV+clients). This does not reflect finances to purchase food or meals.	1 Meal
		Food bank-visit	This represents the number of visits to the food bank.	1 Visit
		Food bank-voucher		1 Voucher
		Food bank-nutritional supplements	Nutritional services and nutritional supplements provided by a registered dietitian is considered a core medical service under RWHAP.	1 Supplement
		Food bank-water filter/replacement		1 Filter or replacement
Health Education/Risk Reduction	See service standard definition and program guidance	Health ed./risk reduction	Cannot be delivered anonymously.	15 Minutes

2020 Service Category	2020 Service Definitions	2020 Sub-Service	2020 Sub-Service Definition	1 unit =
Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals	See service standard definition and program guidance	Medicare premium		1 Premium
		Medicare deductible/co-pay		1 Payment
		Other insurance premium		1 Premium
		Other insurance deductible/co-pay		1 Payment
Home and Community-Based Services	See service standard definition and program guidance	HCBS-Day treatment/other	Day treatments or other partial hospitalization services.	1 Day
		HCBS-DME	Durable medical equipment	1 Item
		HCBS-Aide/personal services	Home health aide services/personal care services.	1 Hour
		HCBS-Specialized care		1 Hour
Home Health-Care	See service standard definition and program guidance	Home health care		1 Hour
Hospice Services	See service standard definition and program guidance	Hospice-Residential		1 Hour
		Hospice-In home		1 Hour
Housing Services	See Service Standard Definition and Program Guidance	RW Housing assistance / information services	RW only	15 Minutes
		Housing support	RW only (not for mortgage payments; not for security deposits)	1 Payment
		HOPWA-STRMU	Short-term rent, mortgage, utility payments-HOPWA only	1 Payment

2020 Service Category	2020 Service Definitions	2020 Sub-Service	2020 Sub-Service Definition	1 unit =
		HOPWA-TBRA	Tenant based rental assistance-HOPWA only	1 Payment
		HOPWA-Permanent housing placement	Security deposits and/or first/last month's rent, not to exceed two month's rent. HOPWA only.	1 Payment
		HOPWA-Case management	HOPWA case management only	1 Payment
Linguistics Services	See service standard definition and program guidance	Translation/interpretation services	The per service charge is the client cost. Linguistic subscription/contract is an administrative cost.	15 Minutes
Medical Case Management (MCM), including Treatment Adherence Services	See service standard definition and program guidance	MCM, face-to-face	The sub-services listed may include the following: MCM Intake, MCM assessment, MCM re-assessment/re-certification, MCM follow-up, MCM referral and/or MCM treatment adherence.	15 Minutes
		MCM, non-face-to-face		15 Minutes
		MCM, client specific supervision		15 Minutes
Medical Nutrition Therapy	See service standard definition and program guidance	Medical nutrition therapy	Services provided by registered/licensed dietitian.	15 Minutes
Medical Transportation	See service standard definition and program guidance	Medical transportation	Medical transportation services can only be provided to a client when accessing RW allowable services defined in service standards.	1 Way trip or 1 round Trip
Mental Health Services	See service standard definition and	Mental health services		15 Minutes

2020 Service Category	2020 Service Definitions	2020 Sub-Service	2020 Sub-Service Definition	1 unit =
	program guidance			
Non-Medical Case Management (NMCM)	See service standard definition and program guidance	NMCM, face-to-face	The sub-services listed may include the following: NMCM intake, NMCM assessment, NMCM re-assessment/recertification, NMCM follow-up and/or NMCM referral.	15 Minutes
		NMCM, non-face-to-face		15 Minutes
		NMCM, client specific supervision		15 Minutes
Other Professional Services	See service standard definition and program guidance	Legal services		15 Minutes
		Permanency planning	Permanency planning services are only available prior to the death of a client.	15 Minutes
		Tax preparation		15 Minutes
Oral Health Care	See service standard definition and program guidance	OHC, face-to-face office visit	The sub-service may include: Diagnostic, preventative and/or therapeutic Services.	1 Visit
Outpatient/ Ambulatory Health Services	See service standard definition and program guidance	OAHS, face-to-face	OAHS provides diagnostic and therapeutic related activities directly to a client by a licensed healthcare provider in an outpatient setting. OAHS may include: Diagnostic, therapeutic,	1 Visit
		OAHS, telehealth		1 Visit

2020 Service Category	2020 Service Definitions	2020 Sub-Service	2020 Sub-Service Definition	1 unit =
			treatment adherence, acupuncture and vision care. Outpatient medical settings may include clinics, medical offices, mobile vans, using telehealth technology and/or urgent care facilities for HIV-related visits.	
Outreach Services	See service standard definition and program guidance	Outreach services, encounters	Cannot be delivered anonymously.	1 HIV case identified
		Outreach services, referrals	Cannot be delivered anonymously.	15 Minutes
		Outreach services, follow-up	Cannot be delivered anonymously.	15 Minutes
Psychosocial Support Services	See service standard definition and program guidance	Psychosocial support services, bereavement counseling		15 Minutes
		Psychosocial support services, caregiver support group		30 Minutes Per Person
		Psychosocial support services, counseling		15 Minutes
		Psychosocial support services, HIV support group		30 Minutes per person
		Psychosocial support services,		15 Minutes

2020 Service Category	2020 Service Definitions	2020 Sub-Service	2020 Sub-Service Definition	1 unit =
		non-professional nutritional counseling		
		Psychosocial support services, pastoral care		15 Minutes
Referral for Health Care and Supportive Services	See service standard definition and program guidance	Referral for health care/support services		15 Minutes
Rehabilitation Services	See service standard definition and program guidance	Rehabilitation services	Allowable activities under this category include physical, occupational, speech, and vocational therapy.	15 Minutes
Respite Care	See service standard definition and program guidance	Respite care, community		1 Hour
		Respite care, in home		1 Hour
Substance Abuse Outpatient Care	See service standard definition and program guidance	Substance abuse OP, acupuncture	Can only be delivered if part of a treatment plan.	1 Visit
		Substance abuse OP, counseling/behavioral health		15 Minutes
		Substance abuse OP, adherence/harm reduction		1 Visit
		Substance abuse OP, medication assistance therapy		1 Dose

2020 Service Category	2020 Service Definitions	2020 Sub-Service	2020 Sub-Service Definition	1 unit =
		Substance abuse OP, neuropsychiatric medication		1 Dose
		Substance abuse OP, pre-treatment readiness		1 Visit
		Substance abuse OP, relapse prevention		1 Visit
		Substance abuse OP, screening/assessment/diagnosis		1 Visit
		Substance abuse services, residential: acupuncture	Can only be delivered if part of a treatment plan.	1 Visit
Substance Abuse Services (residential)	See service standard definition and program guidance			
		Substance abuse services, residential		1 Day