

DALLAS PLANNING AREA SERVICE DELIVERY GUIDELINES

FY 2019-2020



Prepared by the Ryan White Planning Council of the Dallas Area
& the HIV Grants Management Division at Dallas County Health & Human Services

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INTRODUCTION

This document contains the following guidelines for the purpose of service delivery, billing, and documentation in the Dallas EMA/HSDA and the Sherman-Denison HSDA. The guidelines in this document are effective March 1, 2019 through February 28, 2020 and are not to be applied retroactively. The guidance in this document aligns with the state's standards. Any concerns or discrepancies should be brought to the attention of the Administrative Agency.

Activities May Include:

A list of specific activities that are reimbursable under this service category. This list **is not** comprehensive. Developed and approved by the RWPC.

Activities Must Include:

A list of specific reimbursable activities that must be included in the delivery of this service category. Developed and approved by the RWPC.

Activities May Not Include:

A list of specific activities, which are not reimbursable under this service category. Developed and approved by the RWPC.

By HRSA Definition, Other Unallowable Costs Include:

- Clothing
- Employment and Employment-Readiness Services, except in limited, specified instances (e.g. Non-Medical Case Management Services or Rehabilitation Services)
- Funeral and Burial Expenses
- Property Taxes
- Pre-Exposure Prophylaxis (PrEP)
- Non-occupational Post-Exposure Prophylaxis (nPEP)
- Materials, designed to promote or encourage, directly, intravenous drug use or sexual activity, whether homosexual or heterosexual
- International travel
- The purchase or improvement of land
- The purchase, construction, or permanent improvement of any building or other facility

Unit of Service:

The increment of service delivery used for reimbursement requests, documentation, and entry in the AIDS Regional Information and Evaluation System (ARIES) database. Developed and approved by the Dallas County Health & Human Services HIV Grants Management Division.

Billing Limitations:

Additional restrictions or limits on the type or amount of service(s) eligible for reimbursement under applicable service categories developed and approved by the Dallas County Health & Human Services HIV Grants Management Division.

How Best to Meet the Priority:

Special instructions developed and approved by the RWPC. These are recommendations in addition to services provided in accordance with this document and **may not** be eligible for reimbursement through Ryan White, HOPWA, or State Services grants.

Note: Backup documentation must be submitted for all units of service for which reimbursement is requested. Select reports from ARIES are an acceptable form of backup documentation for all service categories, except Health Education/Risk Reduction and Outreach Services, for which an alternate form of backup documentation is allowed as approved by the Dallas County Administrative Agency.

CORE MEDICAL SERVICES

OUTPATIENT/AMBULATORY HEALTH SERVICES

HRSA Definition

Outpatient/Ambulatory Health Services are diagnostic and therapeutic services provided directly to a client by a licensed healthcare provider in an outpatient medical setting. Outpatient medical settings include clinics, medical offices, and mobile vans where clients do not stay overnight. Emergency room, urgent care services, or ambulance services are not considered outpatient settings (RWHAP Legislation, HRSA PCN 16-02).

Allowable activities include:

- Medical history taking
- Physical examination
- Diagnostic testing, including laboratory testing
- Treatment and management of physical and behavioral health conditions, including minor surgeries, care of minor injuries and continuing care and management of chronic conditions.
- Behavioral risk assessment, subsequent counseling, and referral, including early intervention and risk assessment;
- Preventive care and screening
- Pediatric developmental assessment
- Prescription, and management of medication therapy including antiretroviral medications and prophylaxis and treatment of opportunistic infections;
- Treatment adherence
- Education and counseling on health, prevention, and nutritional issues
- Referral to and provision of specialty care related to HIV diagnosis

Activities must include:

- Provision of care that is consistent with Public Health Service guidelines.

Activities may not include:

- Complementary or alternative treatments including chiropractic care, massage therapy, hypnotherapy, and acupuncture;
- Inpatient medical services;
- Emergency room services;
- Pharmacist consultations.

Reference:

- **Service Standard:** <https://dshs.texas.gov/hivstd/taxonomy/#section1>; [Outpatient/Ambulatory Health Services Standards of Care](#)
- **Policy:** https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN_16-2Final.pdf

STATE AIDS DRUG ASSISTANCE PROGRAM TREATMENTS

HRSA Definition

The AIDS Drug Assistance Program (ADAP) is a State-administered program authorized under Part B of the Ryan White HIV/AIDS Program (RWHAP) to provide FDA-approved medications to low-income clients with HIV disease who have limited or no coverage from private insurance for eligible clients and for services that enhance access to, adherence to, and monitoring of antiretroviral therapy. RWHAP ADAP recipients must conduct a cost effectiveness analysis to ensure that purchasing health insurance is cost effective compared to the cost of medications in the aggregate. Eligible ADAP clients must be living with HIV and meet income and other eligibility criteria as established by the state (NOT FOR BID).

Activities include those determined by the state. State AIDS Drug Assistance Program (ADAP) funds may not be used for LPAP support. LPAP funds are not emergency financial assistance for medications. Allocations for State ADAP are administered through Part B funds and are not permitted to be allocated with Part A or MAI funds.

LOCAL PHARMACEUTICAL ASSISTANCE PROGRAM

HRSA Definition

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

Services: RWHAP Part A or B recipients or subrecipients using the LPAP service category must establish the following:

- Uniform benefits for all enrolled clients throughout the service area (recipient and subrecipient responsibility)
- A recordkeeping system for distributed medications (subrecipient responsibility)
- An LPAP advisory board (recipient responsibility)
- A drug formulary approved by the local advisory committee/board (recipient responsibility)
- A drug distribution system (subrecipient responsibility)
- A client enrollment and eligibility determination process that includes screening for ADAP and LPAP eligibility with rescreening at minimum of every six months (recipient and subrecipient responsibility)
- Coordination with the state's RWHAP Part B ADAP (subrecipient responsibility)
 - A statement of need should specify restrictions of the state ADAP and the need for the LPAP (recipient responsibility)
- Implementation in accordance with requirements of the 340B Drug Pricing Program and the Prime Vendor Program (subrecipient responsibility)

Activities must include: Payments to agencies made on behalf of an eligible client for prescribed medications within the RWPC approved drug formulary to prolong life, improve health, or prevent the deterioration of health. The provider wishing to prescribe a medication not on the formulary shall make a request to the LPAP Board for approval. Prescribed over-the-counter (OTC) medications may be purchased with LPAP funds if the medication is listed on the LPAP formulary and the provider has deemed that the medication is needed for prevention and treatment of opportunistic infections or to prevent the serious deterioration of health.

Activities may not include:

- The LPAP may not duplicate services available through the TX ADAP program.
- Payment for medications not included in the LPAP formulary.
- Payment for medications dispensed as part of an Emergency Financial Assistance Program;
- Payment for medications during the application period in the state AIDS Drug Assistance Program;
- Payment for medications that are dispensed or administered during the course of a regular medical visit or that are considered part of the services provided during that visit;
- Payment for more than one month of medication at a time;
- Payments for name brand prescriptions when generic scripts are available.

Reference:

- **Service Standard:** <https://dshs.texas.gov/hivstd/taxonomy/#section1>; [Local AIDS Pharmaceutical Assistance \(LPAP\) Standards](#)
- **Policy:** https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN_16-02Final.pdf

ORAL HEALTH CARE

HRSA Definition

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.

Activities must include:

- Diagnosis and treatment of existing dental disorders and services aimed at preventing similar disorders in the future.

Activities may include:

- Preventive Services - dental cleanings, examinations, x-rays, adjustments to removable appliances, and one surface restorations;

- Routine Services – initial examinations, emergency appointments, deep cleanings with anesthesia, simple extractions, multiple surface restorations, biopsies, and localized chemotherapy;
- Specialty Services – surgical extractions, extensive restorations, periodontal surgeries, and restorations requiring sedation, root canals, occlusal guards, and prosthodontics (partials and dentures).

Note: The total cost for services per client is capped at \$3,000 (regardless of funding stream). To exceed this cap, a request for approval must be submitted to the Administrative Agency.

Activities may not include:

- Cosmetic dentistry for cosmetic purposes only is prohibited.

Reference:

- **Service Standard:** <https://dshs.texas.gov/hivstd/taxonomy/#section1>; [Oral Health Services Standard](#)
- **Policy:** https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN_16-02Final.pdf

EARLY INTERVENTION SERVICES

HRSA Definition

RWHAP Parts A and B Early Intervention Services (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-infected
 - Recipients must coordinate these testing services with other HIV prevention and testing programs to avoid duplication of efforts
 - HIV testing paid for by EIS cannot supplant testing efforts paid for by other sources
- Referral services to improve HIV care and treatment services at key points of entry
- Access and linkage to HIV care and treatment services such as HIV Outpatient/Ambulatory Health Services, Medical Case Management, and Substance Abuse Care
- Outreach Services and Health Education/Risk Reduction related to HIV diagnosis

Early Intervention Services include: counseling individuals with respect to HIV/AIDS; testing individuals with respect to HIV/AIDS, including tests to confirm the presence of the disease, tests to diagnose the extent of the deficiency in the immune system, and tests to provide information on appropriate therapeutic measures for preventing and treating the deterioration of the immune system and for preventing and treating conditions arising from HIV/AIDS; referrals to entities receiving Part A or Part B funding; to biomedical research facilities of institutions of higher education that offer experimental treatment for such disease, or to community-based organizations or other entities that provide such treatment; or to grantees under Part D in the case of a pregnant woman; other clinical and diagnostic services regarding HIV/AIDS, and periodic medical evaluations of individuals with HIV/AIDS; and providing the therapeutic measures for preventing and treating the deterioration of the immune system and for preventing and treating conditions arising from HIV/AIDS.

Activities 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 living with HIV;
- 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 OAHS, Medical Case Management (MCM), and Substance Use Care; and
- Outreach Services and Health Education/Risk Reduction related to HIV diagnosis.
- Counseling (pre- and post-test);
- HIV testing to confirm the presence of the disease or diagnose the extent of the deficiency of the immune system;
- Periodic examination and testing to monitor the extent of the deficiency of the immune system until client can access primary medical care;
- Referrals to primary medical care or biomedical research facilities;
- Providing therapeutic measures for preventing and treating the deterioration of the immune system until client can access primary medical care;
- Providing continuous follow-up care until there is confirmation the patient has accessed medical services;
- Providing information about other HIV service providers for support services that will increase access to primary care;

- Educating the client on the importance of remaining in primary medical care, including education and counseling in health maintenance and maintenance of the immune system.

Reference:

- **Service Standard:** <https://dshs.texas.gov/hivstd/taxonomy/#section1>; [Early Intervention Services Standard](#)
- **Policy:** https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN_16-02Final.pdf

HEALTH INSURANCE PREMIUM & COST SHARING ASSISTANCE

HRSA Definition

Health Insurance Premium & Cost Sharing Assistance provides financial assistance for eligible clients living with HIV to maintain continuity of health insurance or to receive medical and pharmacy benefits under a health coverage program. To use RWHAP funds for health insurance premium and cost-sharing assistance, a RWHAP recipient must implement a methodology that incorporates the following requirements:

- RWHAP recipients 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 Department of Health and Human Services (HHS) treatment guidelines along with appropriate HIV outpatient/ambulatory health services
- RWHAP recipients must assess and compare the aggregate cost of paying for the health coverage option versus paying for the aggregate full cost for medications and other appropriate HIV outpatient/ambulatory health services, and allocate funding to Health Insurance Premium and Cost Sharing Assistance only when determined to be cost effective

The service provision consists of either or both 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
- Paying cost-sharing on behalf of the client

Activities must include:

- Payment of insurance premiums (premiums will be paid directly to the insurance carrier or its designated agent);
- Payment of related co-pays **and/or** deductibles;
- Co-payments for prescriptions included in the RWPC’s adopted drug formulary with the exclusions listed in the Local Drug Reimbursement category;
- Payment of three-month prescription co-pays from mail-order pharmacies, where cost effective or plan required, with pro-rated monthly costs towards service cap.

Activities may include:

- Co-payments, premiums, co-insurance, or deductible costs for individuals enrolled in high risk pools;
- Supplemental healthcare coverage insurance.

Activities may not include:

- Direct payments to clients;
- Payments to Texas-operated high-risk pools.

Additional Provisions for Part B funded Health Insurance Premium and Cost Sharing Assistance

Activities must include:

- Financial assistance according to the policies from the Texas Department of State Health Services.

Activities may include:

- Co-payments, co-insurance, or deductible costs for individuals enrolled in the Texas Risk Pool.

Activities may not include:

- Co-payments, co-insurance, or deductible costs associated with hospitalization and/or emergency room care;
- Premium assistance for individuals enrolled in the Texas Risk Pool;
- A limit on the amount of assistance an individual may receive under the policies from Texas Department of State Health Services for costs associated with co-payments, co-insurance, or deductible payments.

Reference:

- **Service Standard:** <https://dshs.texas.gov/hivstd/taxonomy/#section1>; [Health Insurance Premium and Cost Sharing Assistance Service Standards](#)

- **Policies:** https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN_16-02Final.pdf; <https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/18-01-use-of-rwhap-funds-for-premium-and-cost-sharing-assistance.pdf>

HOME HEALTH CARE

HRSA Definition

Home Health Care is the provision of services in the home that are appropriate to a client's needs and are performed by licensed professionals. Services must relate to the client's HIV disease and 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
- Other medical therapies, including physical and rehabilitative treatment

The provision of Home Health Care is limited to clients that are homebound. Home settings do not include nursing facilities or inpatient mental health/substance abuse treatment facilities.

Activities may not include:

- Inpatient hospital services;
- Nursing home or other long-term care facility services.

Reference:

- **Service Standard:** <https://dshs.texas.gov/hivstd/taxonomy/#section1>; [Home Health Care Standards of Care](#)
- **Policy:** https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN_16-02Final.pdf

HOME AND COMMUNITY-BASED HEALTH SERVICES

HRSA Definition

Home and Community-based Health Services are provided to a client living with HIV in an integrated setting appropriate to a client's needs, based on a written plan of care established by a medical care team under the direction of a licensed clinical provider. Includes skilled health services furnished to the individual in the individual's home based on a written plan of care established by a medical case management team that includes appropriate health care professionals. Services include durable medical equipment; home health aide services and personal care services in the home; 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 administered in the home; and appropriate mental health, developmental, and rehabilitation services. This definition also includes non-medical, non-nursing assistance with cooking and cleaning activities to help clients with disabilities remain in their homes. Inpatient hospital services, nursing home and other long-term care facilities are NOT included. Services include:

- Appropriate mental health, developmental, and rehabilitation services
- Day treatment or other partial hospitalization services
- Durable medical equipment
- Home health aide services and personal care services in the home
- Assistance with housing-based testing, treatment and therapies;

Activities may not include:

- Inpatient hospital services;
- Nursing home or other long-term care facility services.

Reference:

- **Service Standard:** <https://dshs.texas.gov/hivstd/taxonomy/#section1>; [Home and Community-Based Health Services Standards of Care](#)
- **Policy:** https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN_16-02Final.pdf

HOSPICE SERVICES

HRSA Definition

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
- Room and board

Activities must include:

- Medically ordered care.

Reference:

- **Service Standard:** <https://dshs.texas.gov/hivstd/taxonomy/#section1>; **Hospice Standards of Care Policy:** https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN_16-02Final.pdf

MENTAL HEALTH SERVICES

HRSA Definition

Mental health services are the provision of outpatient psychological and psychiatric screening, assessment, diagnosis, treatment, and counseling services offered to clients living with HIV. Services are based on a treatment plan, conducted in an outpatient group or individual session, and provided by a mental health professional licensed or authorized within the state to render such services. Such professionals typically include psychiatrists, psychologists, and licensed clinical social workers.

Activities must include:

- Level I psychiatric services include individual psychiatric and medication treatment and monitoring of psychiatric disorders provided by a board certified or board eligible psychiatrist (D.O., M.D., or board certified Mid-level provider licensed and specializing in psychiatry (w/supervision as required by law). Services must be provided in an outpatient clinic setting; OR,
- Level II counseling services include intensive mental health therapy and counseling (individual, family, and/or group) provided solely by a state-licensed mental health professional. Direct service providers must possess postgraduate degrees in psychology, psychiatry, or counseling (Ph.D., PsyD., Ed.D., DSW, D.O., M.D., M.S., M.A., MSW, M.Ed., or equivalent), and must be licensed by the State of Texas to provide such services; OR,
- Level III counseling services include general mental health therapy and counseling (individual, family, and/or group). Direct service providers must possess a postgraduate degree in the appropriate related field, be in the process of obtaining Level II licensure with the State of Texas and be appropriately supervised by a licensed clinical supervisor approved by the state licensing board.

Reference:

- **Service Standard:** <https://dshs.texas.gov/hivstd/taxonomy/#section1>; **Mental Health Services Standards of Care**
- **Policy:** https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN_16-02Final.pdf

MEDICAL NUTRITION THERAPY

HRSA Definition

Medical nutrition therapy must include:

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

These services can be provided in individual and/or group settings and outside of HIV Outpatient/Ambulatory Health Services. All services performed under this category must be pursuant to a medical provider referral and based on a nutritional plan developed by the registered dietician or other licensed nutrition professional.

Activities may include:

- Referral for BMI (Body Mass Index), Bioelectrical Impedance Analysis (BIA) or other appropriate measure of nutritional status;
- Review of lab results to gauge nutritional/supplement needs;
- Provide counseling in health promotion, disease progression, and disease prevention;
- Provision of nutritional supplements.

Activities may NOT include:

- Provision of food or meals.

Reference:

- **Service Standard:** <https://dshs.texas.gov/hivstd/taxonomy/#section1>; [Medical Nutrition Therapy Standards of Care](#)
- **Policy:** https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN_16-02Final.pdf

MEDICAL CASE MANAGEMENT

HRSA Definition

Medical Case Management is the provision of a range of client-centered activities focused on improving health outcomes in support of the HIV care continuum. Activities may be prescribed by an interdisciplinary team that includes other specialty care providers. Medical Case Management includes all types of case management encounters (e.g., face-to-face, phone contact, and any other forms of communication).

Key activities include:

- Initial assessment of service needs
- Development of a comprehensive, individualized care plan
- Timely & coordinated access to medically appropriate levels of health & support services & continuity of care
- Continuous client monitoring to assess the efficacy of the care plan
- Re-evaluation of the care plan at least every 6 months with adaptations as necessary
- Ongoing assessment of the client's and other key family members' needs and personal support systems
- Treatment adherence counseling to ensure readiness for and adherence to complex HIV treatments
- Client-specific advocacy and/or review of utilization of services

Activities must include:

- Assessment of client's medical needs and overall acuity;
- Developing, implementing, managing, and reviewing a care plan (according to Standards of Care referenced below) based on client's needs and choices, with goals and strategies for completion;
- Medically focused form of case management;
- Linking and coordinating client care to ensure that quality medical care is received, including medical, mental health, vision and dental care;
- Coordination with client's medical providers;
- Providing information, referrals and assistance with linkages to needed medical services;
- Providing education about medical therapies including the benefits and side effects of medications;
- Providing interventions; treatment adherence counseling to improve adherence to medical therapies; compliance with medical appointments;
- In-patient case management to prevent unnecessary re-hospitalization or to expedite discharge;
- Assessment of client's need for medical nutrition therapy.

Activities may include:

- Behavioral risk screening followed by risk reduction interventions for HIV+ persons at risk of transmitting HIV;
- Implementing interventions or strategies promoting adherence to antiretroviral medications for HIV+ persons with all types of case management, including face-to-face, phone contact, and other forms of communication;
- Benefits Counseling, Enrollment & Outreach Education (e.g. Medicaid, Medicare, Market Place/Exchange, other private insurance, etc.);

- Allow Medical Case Managers to complete intakes, screening for client eligibility and determining need for all services;
- ARIES and/or other types of data entry or documentation directly related to case management performed for/on behalf of a client.

Activities may not include:

- Mental health or substance abuse counseling;
- Diagnostic or preventive care;
- Nutrition counseling;
- Complementary or alternative treatments including chiropractic care, massage therapy, hypnotherapy, herbal therapy other than those prescribed by a physician, and acupuncture;
- Compilation of outcome measures reports;
- Development, distribution, or analysis of client satisfaction surveys;
- Recreational activities.

Reference:

- **Service Standard:** <https://dshs.texas.gov/hivstd/taxonomy/#section1>; [Medical Case Management Standards](#)
- **Policy:** https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN_16-02Final.pdf

SUBSTANCE ABUSE OUTPATIENT CARE

HRSA Definition

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

Services limited to the services below as stated in the HRSA National Monitoring Standards. No use of RWHAP funds shall be used to carry out any program of distributing sterile needles or syringes for the hypodermic injection of any illegal drugs. Please reference the [Texas Health and Safety Code, Title 6, Subtitle C, Chapter 481, Subchapter A General Provisions](#).

Activities may include:

- Individual and group therapy;
- Skills training;
- Discharge planning;
- Aftercare and follow-up;
- Harm reduction counseling.

Activities may not include:

- Residential health services.

Reference:

- **Service Standard:** <https://dshs.texas.gov/hivstd/taxonomy/#section1>; [Substance Abuse Outpatient Care Standards of Care](#)
- **Policy:** https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN_16-02Final.pdf re

SUPPORT SERVICES

NON-MEDICAL CASE MANAGEMENT SERVICES

HRSA Definition

Non-Medical Case Management Services (NMCM) provide guidance and assistance in accessing medical, social, community, legal, financial, and other needed services. Non-medical case management 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, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, other state or local health care and supportive services, or health insurance Marketplace plans. This service category includes several methods of communication including face-to-face, phone contact, and any other forms of communication deemed appropriate by the RWHAP recipient. Key activities include:

- Initial assessment of service needs
- Development of a comprehensive, individualized care plan
- Continuous client monitoring to assess the efficacy of the care plan
- Re-evaluation of the care plan at least every 6 months with adaptations as necessary
- Ongoing assessment of the client's and other key family members' needs and personal support systems

Activities must include:

- Completing intakes, screening for client eligibility and determining need for all services;
- Assessing and reassessing (according to current Standards of Care) a client's bio-psychosocial history including needs of client and support system;
- Documented completion of the RWPC approved Client Needs Assessment evaluating client's level of need;
- Developing, managing, and periodically reviewing a care plan based on client's needs and choices with goals and strategies for completion;
- Implementing the care plan through time-lined strategies;
- Providing information, referrals and assistance with linkages to needed services;
- Monitoring and following up on the goals of the care plan;
- Advocating on behalf of a client to remove barriers to service;
- Collaborating with other service providers to coordinate client's care;
- Providing appropriate crisis intervention as needed.

Activities may include:

- Case management to prevent unnecessary hospitalization or to expedite discharge;
- Behavioral risk screening followed by risk reduction interventions for HIV positive persons at risk of transmitting HIV;
- Benefits Counseling, Enrollment & Outreach Education (e.g. Medicaid, Medicare, Market Place/Exchange, other private insurance, etc.).
- ARIES and/or other types of data entry or documentation directly related to case management performed for/on behalf of a client.

Activities may not include:

- Coordination and follow-up of medical treatments;
- Compilation of outcome measures reports;
- Development, distribution, or analysis of client satisfaction surveys;
- Recreational activities.

Reference:

- **Service Standard:** <https://dshs.texas.gov/hivstd/taxonomy/#section2> ;
<https://dshs.texas.gov/hivstd/taxonomy/nmcm.shtm>
- **Policy:** https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN_16-02Final.pdf re

HOUSING-BASED CASE MANAGEMENT

***SEE NON-MEDICAL CASE MANAGEMENT**

CHILD CARE SERVICES

HRSA Definition

The RWHAP supports intermittent *child care services* for the children living in the household of HIV-infected clients for the purpose of enabling clients to attend medical visits, related appointments, and/or RWHAP-related meetings, groups, or training sessions.

Allowable uses of funds include:

- 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)

Activities must include:

- Continuing or intermittent provision of basic childcare including child development activities that promote cognitive learning and social skills development.

Activities may not include:

- Off-site recreational or social activities;
- Daycare while the HIV+ parent, guardian, or caretaker is at work.

Reference:

- **Service Standard:** <https://dshs.texas.gov/hivstd/taxonomy/#section2> ; <https://dshs.texas.gov/hivstd/taxonomy/childcarestandards.shtm>
- **Policy:** https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN_16-02Final.pdf re

RESPITE CARE FOR CHILDREN/YOUTH

HRSA Definition

Respite care is the provision of community or home-based, non-medical assistance designed to relieve the primary caregiver responsible for providing day-to-day care of a client with HIV/AIDS.

Activities may include:

- Provision of basic child care including child development activities that promote cognitive learning and social skills development;
- Periodic and time-limited respite for the caregiver of the infected child/youth.

Activities may not include:

- Off-site recreational or social activities;
- Care of an adult.

RESPITE CARE FOR ADULTS

HRSA Definition

Respite care is the provision of community or home-based, non-medical assistance designed to relieve the primary caregiver responsible for providing day-to-day care of a client with HIV/AIDS.

Activities must include:

- Structured home or center-based activities that promote skills-building and social interaction that contribute to the maintenance and/or improvement of the client's support system;
- Periodic and time-limited respite for the caregiver(s) of the infected individual.

Activities may not include:

- Care of a child/youth.

Reference:

- **Service Standard:** <https://dshs.texas.gov/hivstd/taxonomy/#section2> ; <https://dshs.texas.gov/hivstd/taxonomy/respitcare.shtm>
- **Policy:** https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN_16-02Final.pdf

EMERGENCY FINANCIAL ASSISTANCE**HRSA Definition**

Emergency financial assistance provides limited one-time or short-term payments to assist the RWHAP client with an emergent need for paying for essential utilities, housing, food (including groceries, and food vouchers), transportation, and medication. NOTE: Part A and Part B programs must be allocated, tracked and report these funds under specific service categories as described under 2.6 in DSS Program Policy Guidance No. 2 (formerly Policy No. 97-02). Emergency financial assistance can occur as a direct payment to an agency or through a voucher program.

Activities must include:

- Payments are only allowable for antiretroviral medications.

Activities may NOT include:

- Provision of short-term payments for transportation, food, and medication assistance or payments made directly to clients.
- Provision of short-term payments for essential utilities to include: water, gas and electric bills paid directly to the utility provider.

Reference:

- **Service Standard:** <https://dshs.texas.gov/hivstd/taxonomy/#section2> ; <https://dshs.texas.gov/taxonomy/efa.shtm>
- **Policy:** https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN_16-02Final.pdf
- Emergency Financial Assistance Bid #2017-053-6677; Court Order 2017-1092
EFA/Food Bank latest addendum of the 2016; Page 16B on Addendum 3 and Allocations Plan – EFA-Attachment

OTHER- STATE SERVICES (Health Education/Risk Reduction - HERR)**DSHS Definition**

This service may not be funded using Ryan White Part B funds. The provision of services not found in other service categories (e.g., Household Items, Eyewear, employment Assistance). Services to be provided under this service category must be approved by DSHS.

HRSA Definition

Health education/risk reduction is the provision of education to clients living with HIV about HIV transmission and how to reduce the risk of HIV transmission. It includes sharing information about medical and psychosocial support services and counseling with clients to improve their health status. 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
- Treatment adherence education

Activities must include:

- Preparation and dissemination of the informational handbook including the following information;
- Chart to track labs and medications;
- Efficient and useful comprehensive service agency listings;
- Risk reduction messages;
- Reasons to enter and remain in primary medical care;
- Information on Ryan White services;
- Information on eligibility for Ryan White services;

- A method to track referrals;
- General information for newly diagnosed;
- Space to write in provider information (physician, case manager, pharmacy, etc.);
- General health information including space to document and track body weight, blood pressure, nutrition questions, and questions about medications;
- Explanation of HOPWA;
- Phone numbers of other EMAs;
- Comprehensive Care Coordination section;
- Maintaining a distribution list which must include at a minimum: key points of entry, Part A, MAI, Part B, State Services, and State HOPWA funded providers.

Activities may not include:

- Provision of professional and volunteer training and education;
- Provision of verbal information and/or education about risk reduction and/or available HIV-related services.

Reference:

- **Service Standard:** <https://dshs.texas.gov/hivstd/taxonomy/#section2>;
<https://dshs.texas.gov/hivstd/taxonomy/herr.shtm>
- **Policy:** https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN_16-02Final.pdf

FOOD BANK

HRSA Definition

Food bank/home-delivered meals include the provision of actual food or meals. It does not include finances to purchase food or meals. The provision of essential household supplies such as hygiene items and household cleaning supplies should be included in this item. It includes vouchers to purchase food.

Activities may include:

- Providing food including fresh fruit, vegetables, meats, dairy products, staples, etc.;
- Providing personal hygiene products including toothpaste, feminine hygiene, bathing soap, shampoo and deodorant;
- Providing cleaning and paper goods such as toilet paper;
- Delivery of food, personal hygiene items, and cleaning goods to a client's home (rural areas only);
- Provision of nutritional supplements for the purpose of meal replacement;
- Provision of education for safe food preparation practices.

Activities may not include:

- The provision of meals;
- The provision of pet food or products;
- Nutrition counseling.

HOME-DELIVERED MEALS

HRSA Definition

Food bank/home-delivered meals include the provision of actual food or meals. It does not include finances to purchase food or meals. The provision of essential household supplies such as hygiene items and household cleaning supplies should be included in this item. It includes vouchers to purchase food.

Activities must include:

- Provision of nutritionally balanced meals, on site in a congregate housing setting, or home delivered meals to non-ambulatory individuals with a documented medical need for meal assistance.

Activities may not include:

- Provision of food pantry services.

Reference:

- **Service Standard:** <https://dshs.texas.gov/hivstd/taxonomy/#section2> ;
<https://dshs.texas.gov/hivstd/taxonomy/foodbank.shtm>
- **Policy:** https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN_16-02Final.pdf

HOUSING (State Services)

Definition

Housing services provide limited short-term assistance to support emergency, temporary, or transitional housing to enable a client or family to gain or maintain outpatient/ambulatory health services. Housing-related referral services include assessment, search, placement, advocacy, and the fees associated with these services.

Housing services are transitional in nature and for the purposes of moving or maintaining a client or family in a long-term, stable living situation. Therefore, such assistance cannot be provided on a permanent basis and must be accompanied by a strategy to identify, relocate, and/or ensure the client or family is moved to, or capable of maintaining, a long-term, stable living situation.

Eligible housing can include housing that provides some type of medical or supportive services (such as residential substance use disorder services or mental health services, residential foster care, or assisted living residential services) and housing that does not provide direct medical or supportive services, but is essential for a client or family to gain or maintain access to and compliance with HIV-related outpatient/ambulatory health services treatment.

Activities must include:

- See definition.

Activities may include:

- Housing operation costs associated with the day-to-day operations of the facilities, which include maintenance, security, operations, insurance, utilities, furnishings, equipment, supplies. Support services associated with providing direct services to clients which includes health, mental health, drug and alcohol abuse treatment and counseling, day care, nutritional services, etc.;
- Lease cost for facilities supported with HOPWA funds;
- Any other eligible activity, which is permitted in the HOPWA regulations, as stated in 24 CFR 574.300 and authorized by DCHHS.

Activities may not include:

- Direct payments to eligible clients.

Reference:

- **Service Standard:** <https://dshs.texas.gov/hivstd/taxonomy/#section2> ;
<https://dshs.texas.gov/hivstd/taxonomy/housingstandards.shtm>
- **Policy:** https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN_16-02Final.pdf

SHORT-TERM RENTAL ASSISTANCE (HOPWA Funded)

Definition

Provision of rental, mortgage, and utility payments.

Activities must include:

- Payment of rent, mortgage, and/or utility payments to a landlord, mortgage holder (HOPWA funds only), or utility service provider.

Activities may include:

- Any other eligible activity, which is permitted in the HOPWA regulations, as stated in 24 CFR 574.300, 574.310, and authorized by DCHHS.

Activities may not include:

- Direct payments to clients or family members of clients.

TENANT-BASED RENTAL ASSISTANCE (HOPWA Funded)

Definition

Provision of rental, and/or utility payments.

Activities must include:

- Payment of rent and/or utility payments to a landlord, mortgage holder, or utility service provider.

Activities may include:

- Any other eligible activity, which is permitted in the HOPWA regulations, as stated in 24 CFR 574.300 and authorized by DCHHS.

Activities may not include:

- Direct payments to clients.

Reference:

<https://dshs.texas.gov/hivstd/taxonomy/#section2>

Section 5 HOPWA:

<https://www.hudexchange.info/programs/hopwa/>

<https://www.hudexchange.info/programs/hopwa/hopwa-eligibility-requirements/>

<https://www.hudexchange.info/programs/hopwa/hopwa-law-regulations-and-notices/>

LEGAL SERVICES

***SEE OTHER PROFESSIONAL SERVICES**

LINGUISTICS SERVICES

HRSA Definition

Linguistics 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 provider and client and/or support delivery of RWHAP-eligible services.

Activities may include:

- Verbal interpretation between a client and/or caregiver and other service provider to facilitate the delivery of services;
- Written translation of documents into another language, or Braille, for other Dallas County pass-through grant-funded agencies to facilitate the delivery of services to a client or clients;
- Sign language translation between a client and/or caregiver and other service provider to facilitate the delivery of services.

Reference:

- **Service Standard:** <https://dshs.texas.gov/hivstd/taxonomy/#section2>;

<https://dshs.texas.gov/hivstd/taxonomy/linguistic.shtm>

- **Policy:** https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN_16-02Final.pdf

OTHER PROFESSIONAL SERVICES

HRSA Definition

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 individual living with HIV 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 RWHAP
- 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
- 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

Activities may not include:

- Legal services related to criminal defense, class action suits, or any legal matters unrelated to CARE Act service access.

Reference:

- **Service Standard:** <https://dshs.texas.gov/hivstd/taxonomy/#section2> ; <https://dshs.texas.gov/hivstd/taxonomy/otherprof.shtm>
- **Policy:** https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN_16-02Final.pdf

OUTREACH SERVICES

HRSA Definition

Outreach services include the provision of the following three activities:

- Identification of people who do not know their HIV status and linkage into Outpatient/Ambulatory Health Services
- Provision of additional information and education on health care coverage options
- Reengagement of people who know their status into Outpatient/Ambulatory Health Services

Activities must include:

- Identifying HIV positive individuals who know their HIV status and are not receiving care;
- Providing targeted verbal and written information with explicit and clear links to health care services; Directing individuals to early intervention services (EIS) or primary care (HIV counseling and testing, diagnostic, and clinical ongoing prevention counseling services with appropriate providers of health and support services);
- Educating the client on the importance of remaining in primary medical care;
- Completing follow-up by tracking linkages to primary medical care and services that will retain them in primary medical care and treatment;
- Outreach services conducted in conjunction with a primary medical care program.

Activities may include:

- Providing referrals to case management;
- Condom distribution;
- Individual prevention education, which includes behavioral risk screening followed by risk reduction interventions for HIV positive persons at risk of transmitting HIV.

Activities may not include:

- HIV counseling/testing;
- Needle distribution;
- Broad scope awareness activities that address the general public;
- Marketing efforts for specific agencies that do not include information about services available in the continuum;
- Outreach conducted in-group settings.

OUTREACH – STREET

HRSA Definition

Outreach services are programs that have as their principal purpose identification of people with unknown HIV disease or those who know their status so that they may become aware of, and may be enrolled in care and treatment services (i.e., case finding), not HIV counseling and testing nor HIV prevention education. These services may target high-risk communities or individuals. Outreach programs must be planned and delivered in coordination with local HIV prevention outreach programs to avoid duplication of effort; be targeted to populations known through local epidemiologic data to be at disproportionate risk for HIV infection; be conducted at times and in places where there is a high probability that individuals with HIV infection will be reached; and be designed with quantified program reporting that will accommodate local effectiveness evaluation.

Activities must include:

- Providing referrals to case management;
- Providing targeted verbal and written information;
- Directing individuals to early intervention services (EIS) or primary care (HIV counseling and testing, diagnostic, and clinical ongoing prevention counseling services with appropriate providers of health and support services);
- Educating the client on the importance of remaining in primary medical care;
- Completing follow-up by tracking linkages to early intervention services, primary medical care, and services that will retain them in primary medical care and treatment;
- Targeting populations that are identified in local needs assessment, epidemiological data, and/or service utilization data as being at high-risk of HIV disease.

Activities may include:

- Condom distribution;
- Prevention education, which includes behavioral risk screening followed by risk reduction interventions to reduce acquisition/transmission of HIV; HIV counseling/testing.

Activities may not include:

- HIV counseling/testing;
- Needle distribution;
- Marketing efforts for specific agencies that do not include information about services available in the continuum;
- Outreach conducted in-group settings of more than 10 individuals.

Reference:

- **Service Standard:** <https://dshs.texas.gov/hivstd/taxonomy/#section2> ; <https://dshs.texas.gov/hivstd/taxonomy/outreach.shtm>
- **Policy:** https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN_16-02Final.pdf

MEDICAL TRANSPORTATION

HRSA Definition

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

Activities must include:

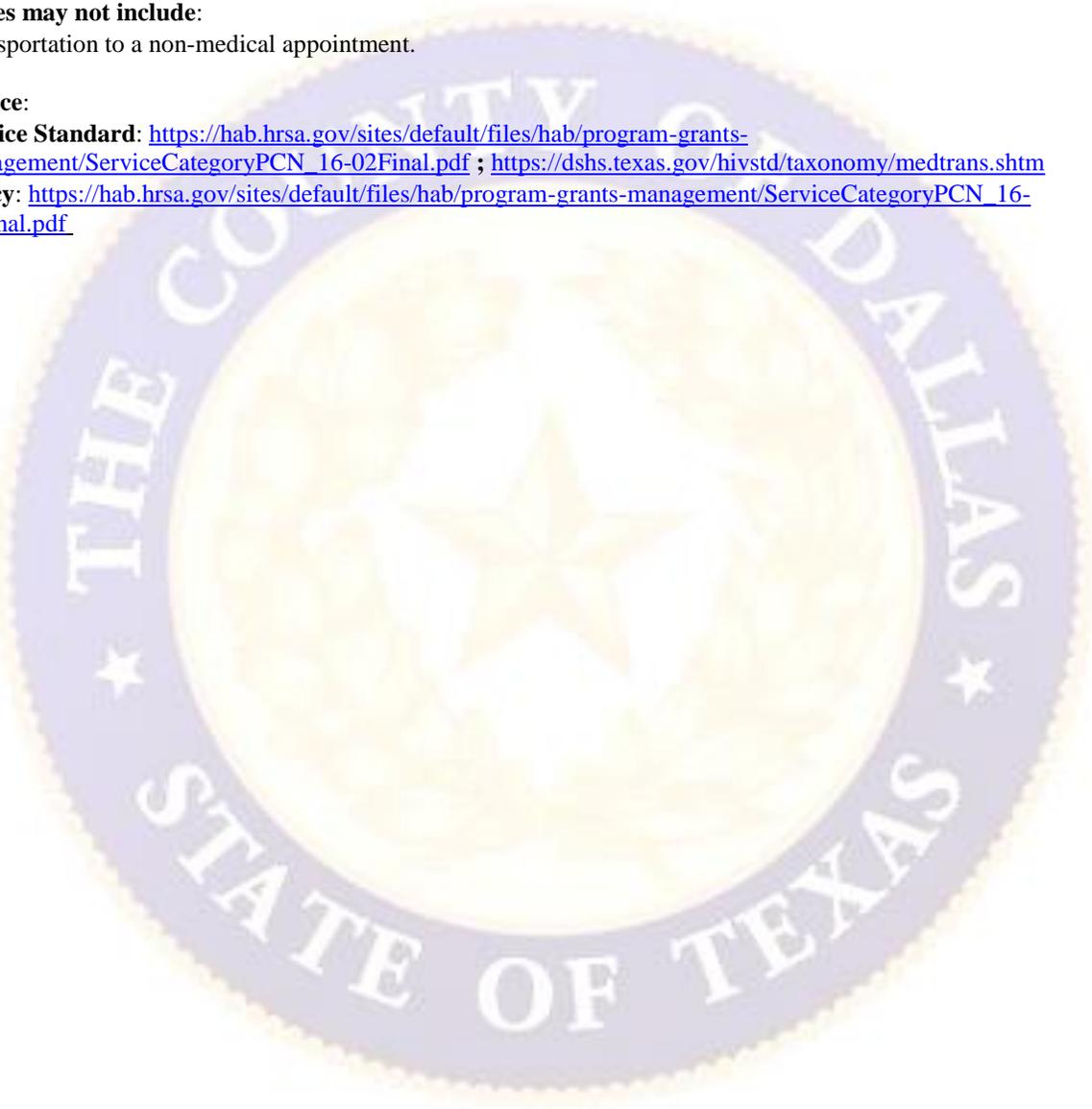
- Transporting an eligible client to an HIV-related medical appointment;
- Delivering HIV-related medications to an eligible client, or in bulk quantity to community-based agencies;
- Distributing bus passes and/or taxi vouchers to provide access to HIV-related appointments.

Activities may not include:

- Transportation to a non-medical appointment.

Reference:

- **Service Standard:** https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN_16-02Final.pdf ; <https://dshs.texas.gov/hivstd/taxonomy/medtrans.shtm>
- **Policy:** https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN_16-02Final.pdf



FY 2019 How Best to Meet the Priority Ryan White Planning Council of the Dallas Area

(Changes from prior year are italicized)

FY 2019 Rank	CORE MEDICAL SERVICES	Special Instructions
5	AIDS Pharmaceutical Assistance	<ul style="list-style-type: none"> • Provide information on drug reimbursement programs to <i>formerly incarcerated</i> individuals <i>who are recently released</i>. • Provide information to populations in the Stemmons Corridor area (see zip code table attached). • Provide information to consumers on co-payment assistance available through Ryan White and alternative insurance funding.
6(t)	Health Insurance Premium & Cost Sharing Assistance	<ul style="list-style-type: none"> • Educate consumers about the various types of insurance, program requirements and necessary documentation in medical clinics.
4	Medical Case Management	<ul style="list-style-type: none"> • Educate consumers about the differences between medical and social case management and the appropriate usage of each. • Provide information about the importance of remaining in primary care and the importance of dental hygiene. • Collaborate with, and refer clients to, prevention case managers or risk reduction specialists, in order to encourage risk reduction behavior • Inform newly diagnosed <i>individuals</i> about the importance of entering and remaining in primary medical care. • Provide information in English and Spanish about availability of local drug reimbursement programs. • Increase the number of bi-lingual medical case managers as funding allows. • Provide information and referrals to gender-segregated programs (if any) that are appropriate to the client's self-affirmed gender identity and sense of safety. • Educate and partner with alternatively funded substance abuse programs on treatment of PLWH.
3	Mental Health	<ul style="list-style-type: none"> • Provide information about the importance of remaining in primary care while retaining mental health counseling, and information on available primary medical care services. • Partner with Early Intervention Services to support newly diagnosed and consumers reentering HIV medical care. • Educate and partner with alternatively funded substance abuse programs on treatment of PLWH.
2	Oral Health Care	<ul style="list-style-type: none"> • Inform medical and non-medical case managers about dental care options and providers to make appropriate referrals.
1	Outpatient/Ambulatory Health Services	<ul style="list-style-type: none"> • Provide information about Ryan White programs to reduce financial concerns about seeking care.

		<ul style="list-style-type: none"> • Ensure providers are knowledgeable regarding management of patients co-infected with HIV and HCV. • Provide information about the importance of remaining in primary care and the importance of dental hygiene. • Provide information in English and Spanish about the availability of local drug reimbursement programs. • Incorporate prevention messages into the medical care of PLWH. • <i>Educate and partner with alternatively funded substance abuse programs on treatment for PLWH.</i> • <i>Educate and partner with alternatively funded mental health programs on treatment for PLWH.</i>
6(t)	Substance Abuse Services	<ul style="list-style-type: none"> • Educate and partner with alternatively funded substance abuse programs on treatment for PLWH. • Educate and partner with alternatively funded mental health programs on treatment for PLWH. • Placement in/or assignment to gender-segregated programs (if any) shall be based on client's self-affirmed gender identity, and will take into consideration a client's sense of where they will be safest and receive the most benefit.
FY 2019 Rank	SUPPORT SERVICES	Special Instructions
2	Case Management (Non-Medical)	<ul style="list-style-type: none"> • Collaborate with non-Ryan White key points of entry anywhere a client may present for HIV care to provide information on <i>Ryan White</i> Case Management services. • Provide educational materials and/or activities to promote self-empowerment and reduce fear and denial to facilitate entry into primary medical care. • Provide information about the benefits and security of the ARIES system to promote client sharing. • Collaborate with, and refer clients to, prevention case managers or risk reduction specialists in order to encourage risk reduction behavior. • Educate clients on the importance of remaining in primary medical care. • Provide information in English and Spanish about the availability of local drug reimbursement programs. • Target outreach to African American, <i>Hispanic</i>, and other vulnerable populations to increase utilization of insurance assistance programs. • Increase the number of bi-lingual non-medical case managers as funding allows. • Educate consumers on their role in the case management process to encourage self-efficacy. • Provide information and referrals to gender-segregated programs (if any) that are appropriate to the client's self-affirmed gender identity and sense of safety. • Ensure that intake data collected for transgender clients is sufficient to make full use of the transgender-related categories available in ARIES. • Incorporate prevention messages into the medical care of PLWH.
13	Child Care Services	<ul style="list-style-type: none"> • Evaluate options for providing childcare at medical clinics or other appointments, not including work, to encourage clients (especially women) to attend medical appointments.

7	Congregate Housing	<ul style="list-style-type: none"> • Provide information about the importance of remaining in primary care while addressing housing needs and provide information on available primary medical care services. • Placement in/or assignment to gender-segregated programs (if any) shall be based on client's self-affirmed gender identity, and will take into consideration a client's sense of where they will be safest and receive the most benefit. • Care plans and client advocacy to remove barriers to service should take into consideration a client's self-affirmed gender identity and sense of safety where appropriate.
1	Food Bank	<ul style="list-style-type: none"> • Provide quality and comprehensive food pantry services in both rural and urban areas. • Provide information about available primary care services.
4	Housing-Based Case Management	<ul style="list-style-type: none"> • Collaborate with non-Ryan White key points of entry anywhere a client may present for HIV care to provide information on Ryan White Case Management services. • Provide referrals to non-Ryan White community resources when appropriate. • Provide educational materials and/or activities to promote self-empowerment and reduce fear and denial to facilitate entry into primary medical care. • Provide information about the benefits and security of the ARIES system to promote client sharing. • Collaborate with, and refer clients to, prevention case managers or risk reduction specialists in order to encourage risk reduction behavior. • Partner with homeless shelters to link out of care PLWHA to housing services. • Placement in/or assignment to gender-segregated programs (if any) shall be based on client's self-affirmed gender identity, and will take into consideration a client's sense of where they will be safest and receive the most benefit. • Care plans and client advocacy to remove barriers to service should take into consideration a client's self-affirmed gender identity and sense of safety where appropriate.
3	Medical Transportation	<ul style="list-style-type: none"> • Identify additional options for those living in suburban and rural areas with limited public transportation.
6	Outreach-Lost to Care	<ul style="list-style-type: none"> • Track the barriers to care that caused clients to cease accessing medical care, and provide an annual report to the Ryan White Planning Council. Each client contacted must be asked to provide reasons for dropping out of care whether they reconnect to care or not. Each answer should be recorded.

FY 2019 How Best to Meet the Priority **Ryan White Planning Council of the Dallas Area**

Service Categories with no Special Instructions

Core Medical Services

Home Health Care
Home and Community Based Health Care
Hospice
Medical Nutrition therapy
State ADAP
Early Intervention Services

Support Services

Day Respite Care for Children/Youth/Adolescents
Emergency Financial Assistance
Health Education-Risk Reduction
Home Delivered Meals
Legal Services
Long-Term Rental Assistance
Outreach-Street
Respite Care for Adults
Short Term Rental Assistance
Transportation-State Services
Linguistic Services

Zip Codes with High Rates of Incidence

ZONE 1- EAST DALLAS, MESQUITE/GARLAND, VICKERY	
75204	East Dallas
75206	East Dallas
75214	East Dallas
75218	East Dallas
75223	East Dallas
75226	East Dallas
75228	East Dallas
75246	East Dallas
75040	Mesquite/Garland
75041	Mesquite/Garland
75042	Mesquite/Garland
75043	Mesquite/Garland
75044	Mesquite/Garland
75048	Mesquite/Garland
75088	Mesquite/Garland
75150	Mesquite/Garland
75182	Mesquite/Garland
75231	Vickery
75238	Vickery
75243	Vickery
ZONE 2- GRAND PRAIRIE, IRVING, WEST DALLAS, NORTHERN CORRIDOR	
75050	Grand Prairie
75051	Grand Prairie
75052	Grand Prairie
75053	Grand Prairie
75102	Grand Prairie
75001	Irving
75006	Irving
75015	Irving
75019	Irving
75038	Irving
75039	Irving
75060	Irving
75061	Irving
75062	Irving
75063	Irving
75234	Irving
75261	Irving
75212	West Dallas
75080	Northern Corridor
75081	Northern Corridor
75205	Northern Corridor
75225	Northern Corridor
75230	Northern Corridor
75240	Northern Corridor
75244	Northern Corridor
75248	Northern Corridor
75251	Northern Corridor

ZONE 3- NW OAK CLIFF, SOUTH OAK CLIFF	
75104	NW Oak Cliff
75106	NW Oak Cliff
75115	NW Oak Cliff
75116	NW Oak Cliff
75123	NW Oak Cliff
75137	NW Oak Cliff
75208	NW Oak Cliff
75277	NW Oak Cliff
75233	NW Oak Cliff
75236	NW Oak Cliff
75237	NW Oak Cliff
75249	NW Oak Cliff
75134	South Oak Cliff
75146	South Oak Cliff
75203	South Oak Cliff
75216	South Oak Cliff
75224	South Oak Cliff
75232	South Oak Cliff
75239	South Oak Cliff
75241	South Oak Cliff
ZONE 4- SE DALLAS, SOUTH DALLAS	
75141	SE Dallas
75149	SE Dallas
75159	SE Dallas
75172	SE Dallas
75180	SE Dallas
75181	SE Dallas
75217	SE Dallas
75227	SE Dallas
75253	SE Dallas
75210	South Dallas
75215	South Dallas
ZONE 5- STEMMONS CORRIDOR	
75201	Stemmons Corridor
75202	Stemmons Corridor
75207	Stemmons Corridor
75209	Stemmons Corridor
75219	Stemmons Corridor
75220	Stemmons Corridor
75229	Stemmons Corridor
75235	Stemmons Corridor
75247	Stemmons Corridor

Appendix A: UNITS OF SERVICE AND BILLING LIMITATIONS

Category	Units of Service	Billing Limitations
AIDS Pharmaceutical Assistance	<ul style="list-style-type: none"> • One (1) prescription 	<ul style="list-style-type: none"> • Generic medications should be used when available; • Prescriptions issued for cosmetic purposes, non-medically necessary purposes, and over-the-counter medications are not reimbursable; • Only one month of medications may be filled at a time; • Erectile dysfunction and human growth hormone prescriptions are not reimbursable; and • Medications must fall within the Texas Medicaid Formulary in order to be reimbursable.
Case Management (non-medical)	<ul style="list-style-type: none"> • One (1) fifteen (15) minute, face-to-face/other encounter 	<ul style="list-style-type: none"> • Units billed must be based on documented time spent delivering the service; • Administrative activities may not be billed as units of service; • Case conferencing units may only be billed by one staff person (case management, housing based case management, and disease management); • Generic newsletters, invitations, etc. sent to clients may not be billed; and • Messages left for clients or on behalf of a client may not be billed.
Child Care Services (Part A and Part B-funded)	<ul style="list-style-type: none"> • One (1) hour of child care for an affected child 	NONE
Congregate Housing (State Services-funded)	<ul style="list-style-type: none"> • One (1) day of housing 	<ul style="list-style-type: none"> • Effective March 27, 2008, there is a 24 month cumulative period of eligibility per household for housing services (HRSA HAB Policy 99-02).

	<p>born to an HIV+ mother (aged birth to 12 months)</p> <ul style="list-style-type: none"> • One (1) hour of day/respice care for an HIV+ child (aged 12 months to 13 years) • One (1) hour of day/respice care for an HIV+ youth (aged 13 years to 25 years) One (1) hour of day/respice care for an affected infant, child, or youth 	
Early Intervention Services	<ul style="list-style-type: none"> • One (1) medical visit • One (1) fifteen (15) minute counseling and referral contact 	NONE
Emergency Financial Assistance	<ul style="list-style-type: none"> • One (1) prescription 	NONE
Food Bank	<ul style="list-style-type: none"> • One (1) visit, for up to a seven (7) day supply of food 	NONE
Health Education/Risk Reduction	<ul style="list-style-type: none"> • One (1) fifteen (15) minute individual intervention • One (1) fifteen (15) minute group- level intervention 	NONE

Health Insurance Premium and Cost Sharing Assistance	<ul style="list-style-type: none"> One (1) monthly payment 	<ul style="list-style-type: none"> Payments will be at a <i>monthly</i> rate not to exceed seven hundred fifty dollars (\$750.00) as established by the Ryan White Planning Council, for the premium, related co-pays, and deductible.
Home and Community Based Health Services	<ul style="list-style-type: none"> One (1) visit by non-licensed health care workers Durable medical equipment 	<ul style="list-style-type: none"> Any service provided to an individual eligible for home health coverage under another third party reimbursement plan may not be billed to DCHHS unless the client has exhausted the benefits available under the plan; and
Home Health Care	<ul style="list-style-type: none"> One (1) visit by licensed health care workers 	<ul style="list-style-type: none"> Any service provided to an individual eligible for home health coverage under another third party reimbursement plan may not be billed to DCHHS unless the client has exhausted the benefits available under the plan; and No units of service will be reimbursed without a physician's order.
Home-Delivered Meals	<ul style="list-style-type: none"> One (1) on-site meal or nutritional supplement 	NONE
Hospice	<ul style="list-style-type: none"> One (1) day of hospice care 	NONE
Housing-Based Case Management	<ul style="list-style-type: none"> One (1) intake One (1) fifteen (15) minute, face-to-face/other encounter 	<ul style="list-style-type: none"> Units billed must be based on documented time spent delivering the service; Administrative activities may not be billed as units of service; Case conferencing units may only be billed by one staff person (case management, housing based case management, and disease management); Generic newsletters, invitations, etc. sent to clients may not be billed; and Messages left for clients or on behalf of a client may not be billed.

<p>Other Professional Services (Legal Services)</p>	<ul style="list-style-type: none"> • One (1) fifteen (15) minute period of consultation or legal advocacy by an attorney or a paraprofessional 	<p>NONE</p>
<p>Linguistic Services</p>	<ul style="list-style-type: none"> • One (1) fifteen (15) minute increment of interpretation or sign language • One (1) document 	<ul style="list-style-type: none"> • Units billed must be based on documented time spent delivering the service; and • Interpretation or translation provided for another agency or for groups will be reimbursed for the amount of time spent interpreting or translating, not the number of clients receiving the interpretation.
<p>Medical Case Management</p>	<ul style="list-style-type: none"> • One (1) fifteen (15) minute face-to-face/other encounter 	<ul style="list-style-type: none"> • Units billed must be based on documented time spent delivering the service; • Administrative activities may not be billed as units of service; • Case conferencing units may only be billed by one staff person (case management, housing based case management, and disease management); • Generic newsletters, invitations, etc. sent to clients may not be billed; and • Messages left for clients or on behalf of a client may not be billed.
<p>Medical Nutrition Therapy (Not funded for FY2019-2020)</p>	<ul style="list-style-type: none"> • One (1) visit 	<ul style="list-style-type: none"> • No more than one (1) visit, per client, per day, may be reimbursed; • Medical Nutrition Therapy services provided over the phone are not reimbursable as units of service; and • Any service provided to an individual eligible for medical care coverage under another third party reimbursement plan may not be billed to DCHHS unless the client has exhausted the benefits available under the plan.
<p>Medical Transportation Services</p>	<ul style="list-style-type: none"> • One (1) van trip, per one way 	<ul style="list-style-type: none"> • Pick-up and return van trips during which client and/or medication are not being transported may not be billed as units of service; and

	<ul style="list-style-type: none"> • One (1) bus pass/token • One (1) taxi voucher • One (1) delivery of medications (regardless of the number of medications to be delivered in a single delivery) per one way 	<ul style="list-style-type: none"> • Only one (1) unit of delivery of medications may be billed regardless of the number of medications to be delivered in a single one-way delivery per client.
Mental Health Services	<ul style="list-style-type: none"> • One (1) individual Level I psychiatric evaluation visit • One (1) individual Level I medication management visit • One (1) Level II individual forty-five (45) minute session • One (1) Level III individual fort-five (45) minute session • One (1) patient participating in a sixty (60) minute Level II group session • One (1) patient participating in a sixty-(60) minute Level III group session 	<ul style="list-style-type: none"> • Mental health therapy groups may have no more than twelve (12) participants per group; • Individual sessions should be at least 45 minutes in length and will be reimbursed by the session; • Group sessions should be at least 60 minutes in length and will be reimbursed by the session; • No more than four (4) psychiatric evaluation visits per year, per client may be reimbursed; • Fractions of a unit may not be billed; • Any service provided to an individual eligible for mental health services coverage under another third party reimbursement plan may not be billed to DCHHS unless the client has exhausted the benefits available under the plan; and • Inpatient psychiatric or psychological services may not be reimbursed.

Oral Health Care	<ul style="list-style-type: none"> • One (1) dental prophylaxis • One (1) dental routine visit • One (1) dental specialty visit • One (1) prosthetic device 	<ul style="list-style-type: none"> • A maximum of two (2) visits per day, per client may be reimbursed. A single visit may include multiple services or procedures; and • Any service provided to an individual eligible for dental health services coverage under another third party reimbursement plan may not be billed to DCHHS unless the client has exhausted the benefits available under the plan. • Total cost for services per client is capped at \$3,000 (regardless of funding stream). To exceed this cap, requests for approval must be submitted to the Administrative Agency.
Outpatient/ Ambulatory Medical Care	<ul style="list-style-type: none"> • One (1) visit • One (1) laboratory service • One (1) diagnostic service 	<ul style="list-style-type: none"> • No more than two (2) visits, per client, per day, may be reimbursed; • Outpatient medical services provided over the phone are not reimbursable as units of service; and • Any service provided to an individual eligible for medical care coverage under another third party reimbursement plan may not be billed to DCHHS unless the client has exhausted the benefits available under the plan.
Outreach-Lost to Care	<ul style="list-style-type: none"> • One (1) documented encounter 	NONE
Outreach-Street (Not funded for FY2019-2020)	<ul style="list-style-type: none"> • One (1) documented encounter 	NONE
Respite Care for Adults	<ul style="list-style-type: none"> • One (1) hour of respite care to an HIV+ adult (aged 25+ years) 	<ul style="list-style-type: none"> • Units billed must be based on documented time spent delivering the service.
Short-Term Rental Assistance (HOPWA- funded)	<ul style="list-style-type: none"> • One (1) short-term rental, mortgage, utility assistance payment 	NONE

State ADAP	<ul style="list-style-type: none"> • Not Applicable—Not for bid 	
Substance Abuse	<ul style="list-style-type: none"> • One (1) individual fort-five (45) minute counseling session • One (1) patient participating in a sixty (60) minute group session (not to exceed ten (10) grant-funded patients per group) 	<ul style="list-style-type: none"> • Any service billed to DCHHS must be provided at the facility location licensed by the Department of State Health Services to provide that level of treatment; • Individual sessions should be at least 45 minutes in length and will be reimbursed by the session; • Group sessions should be at least 60 minutes in length and will be reimbursed by the session; • Fractions of a unit may not be billed; and • Any service provided to an individual eligible for substance abuse services coverage under another third party reimbursement plan may not be billed to DCHHS unless the client has exhausted the benefits available under the plan.
Tenant-Based Rental Assistance (HOPWA-funded)	<ul style="list-style-type: none"> • One (1) tenant-based rental payment • One (1) utility payment 	NONE

Appendix B: DOCUMENTATION REQUIREMENTS

For agencies receiving funding awards, documentation requirements for all service categories must be completed prior to submission for a reimbursement request. Documentation should occur at the completion of each contact resulting in a reimbursable unit of service. Documentation should include the following elements for *all service categories* unless noted below:

1. WHO RECEIVED - Who received the service? Client's name or identifying number should be on all backup documentation. Not required for Outreach-Street.

2. WHO PROVIDED - Who provided the service? For every unit of service for which reimbursement is requested, someone at the agency level had to interface with the client – the backup documentation for every encounter should include their name, signature, and credentials if appropriate. Not required for Insurance Assistance and Drug Reimbursement.

3. WHAT - What service was provided? All documentation should indicate what service was being provided: medical case management, transportation, food pantry, etc.

4. WHEN - Date and time of service provided; the duration of time on that date or start and stop times.

1 unit	2 units	3 units	4 units
1-29 minutes	30-44 minutes	45-59 minutes	60 minutes

5. HOW MUCH – How many units of the service were provided? Each unit of service billed to DCHHS should match the number of units documented. This documentation of units should follow the guidelines in the *Dallas Planning Area Service Delivery Guidelines* for each service category.

6. WHERE - Where was the service provided? Specify the location: clinic, street corner, client's home, van, health fair, etc. Not required for Insurance Assistance and Drug Reimbursement.

7. WHY - What was the purpose or intent of the service encounter? Documentation should always reflect what needs, goals or objectives have been identified in the client's care plan. Not required for Outreach-Street.

8. STATUS - Progress or lack of progress in achieving goals outlined in the care plan. Not required for Insurance Assistance, Drug Reimbursement, Outreach-Street, and Interpretation/ Translation.

Agencies may develop documentation formats to meet their own needs while incorporating these required elements. Most of these elements can be documented in checkboxes and tables. Sample documentation forms for each service category may be obtained from a DCHHS program monitor.

**RYAN WHITE PLANNING COUNCIL OF THE DALLAS AREA
PLANNING AND PRIORITIES COMMITTEE RECOMMENDATION
To the Executive Committee on November 7, 2018**

Background:

Planning Councils have the authority to identify categorically specific activities that address “how best to meet the need.” Specific components, or interventions, can be modified for and within categories, populations, and geographic areas of focus to enhance HIV programming and service delivery within the Dallas EMA.

Rationale:

Increase in financial eligibility for FY 2019 Dallas EMA/HSDA Service Categories for Ryan White Part A, B and State Services based on Federal Poverty Guidelines

Justification:

Due to the increased cost of insurance plans, HIV medication, and outpatient medical care visits, the committee proposes an increase in financial eligibility in four core medical service categories based on the Federal Poverty Guidelines for 1-year to assess the impact on service utilization, linkage to care, treatment retention, and viral suppression. Additional provisions include an analysis to track/document the number of individuals who qualified for services at 300-400% & 400-500% intervals.

Recommendation:

The Planning and Priorities Committee recommends percentage increases in financial eligibility for FY 2019 Dallas EMA/HSDA Service Categories based of the Federal Poverty Guidelines for the four service categories shown below The remaining service categories shall remain at 300%. The Planning and Priorities Committee recommends the approval of the suggestions in Table A.

Table A. Service Category FY 2019 Financial eligibility for the Dallas EMA/HSDA based on Federal Poverty Guidelines			
Service Definitions	FY 2018 Financial Eligibility Based on Federal poverty guidelines Status: Current	FY 2019 Financial Eligibility Based on Federal poverty guidelines Status: Proposed	FY 2019 Financial Eligibility Based on Federal poverty guidelines Status: Approved
CORE MEDICAL SERVICES			
Outpatient/Ambulatory Medical Care - Part A, B, S	300%	400%	
Oral Health Care - Part A, B	300%		
Mental Health Services- Part A, S	300%		
Medical Case Management - Part A, B, S	300%	400%	
AIDS Pharmaceutical Assistance- Part A, B, S	300%	500%	
Substance Abuse Services – Part A	300%		
Health Insurance Premium and Cost Sharing Assistance for Low- Income Individuals - Part A, B	300% ACA Plans: must have a subsidy	400%	
Early Intervention Services Part A,	300%	Not Funded	
Home and Community-Based Health Services	Not Funded		
Home Health Care	Not Funded		
Medical Nutrition Therapy	Not Funded		
Hospice Services	Not Funded		
SUPPORT SERVICES			
Food Bank- Part A, B, S	300%		
Non-Medical Case Management Services- Part A, B, S	300%		
Medical Transportation- Part A, B, S	300%		
Housing-Based Case Management- Part A, B, S	300%		
Emergency Financial Assistance - Part A, B, S	300%		
Outreach Services- Part A, B			
Congregate Housing- S HUD Regulations Apply	10% of Gross Income 30% Adjusted Income		
Other Professional Services (Legal Services) Part A, B, S	300%		
Home Delivered Meals- Part A, B, S	300%		
Health Education/Risk Reduction	300%		
Respite Care for Adults- Part A	300%		
Day Respite Care for Children/Youth/Adolescents Part A, B, S	300%		
Child Care Services - Part A, S	300%		
Linguistic Services Part A	300%		


Executive Committee Chair, Lionel Hillard
OR Co-Chairs, Auntjuan Wiley, Evany Turk

11.7.18
Date

Statement of Conflict: Conflicted members are All Funded Providers

Appendix A

HIV/STD policy 240.000 Documenting Case Management Actions in ARIES

ARIES AIDS Regional Information and Evaluation System (ARIES) is a browser-based, client level software used by Ryan White funded providers to report all Ryan White eligible services for all Ryan White eligible clients.

Type This is a selection in ARIES that must be chosen after the user determines that a case note needs to be written. It encompasses the general nature of the case note and the user has one of four choices they may make in assessing the type of note: case conference, crisis note, progress note or a reassessment. The following are available selections of "types" in ARIES:

Assessment/Reassessment

This is a **type** of case note that should be done at initial intake or at a set or standardized time for client reassessment. Information would include but is not limited to initial or updated information about the client's medical status, social situation, legal, financial and or housing issues.

Case Conference

This is a **type** of case note that includes information discussed in a group setting between professionals. Professionals could include (but not limited to) case managers, supervisors, MD, NP or a mental health or substance abuse counselor. Information about the client discussed could include ongoing issues and a plan on how to address them.

Crisis Note

This is a **type** of case note that should be used in lieu of a progress note when the client came in with an urgent need that had significant implications for their care and/or well being.

Progress Note

This **type** of case note contains updates to a client situation including routine case management visit or an impromptu visit/phone call the client made to the agency requesting additional assistance or information. Any case note that does not fit into the above categories should be a progress note.

Category This is a selection in ARIES that is chosen after a type of case note is determined. The selection of category further delineates the exact nature of the contact with the client and what issue was addressed.

Adherence

This is a **category** of case note encompassing counseling related to medications. Documentation should include issues regarding taking medications, barriers encountered and the plan for the client to overcome

these barriers. This could be counseling provided by the case manager or information regarding discussions with the client's health provider about medication issues.

Administration

This is a **category** of case note intended to capture information not appropriately categorized elsewhere. This can include phone calls made, faxes received (services that do not necessitate units of service but the Case Manager would like to document the occurrence). Units of service provided that did not necessitate a case note but did require a unit of service to be documented in ARIES can also be documented here such as giving a food or transportation voucher.

Education

This is a **category** of case note that includes information given to the client, such as education about services the agency offers or information about literacy programs. Also included in this category is information about clients who are in school or taking classes to further their education. Health education provided to clients is not included here because it has a separate category.

Employment

This is a **category** of case note that includes information about a client's current work status, referrals to job training or barriers the client is encountering related to his/her work status.

Family/ Social Support

This is a **category** of case note that would include family issues brought to the attention of the case manager as well as assistance given to affected family members.

Financial

This is a **category** of case note that includes new or updated information about the client's household income, financial need, currently approved or pending benefits (e.g., Medicaid, Food Stamps, AIDS Drug Assistance Program application submission), plans for improving the client's financial situation, and actions taken by the client and case manager to meet financial goals.

Health education

This is a **category** of case note regarding education about HIV and other diseases, disease management, referrals to other programs for health education, reference to any printed literature given, and other related health topics, such as smoking cessation, weight management, nutrition, and hygiene. If printed literature is given, it should be reviewed with the client to ensure they understand the information.

Housing

This is a **category** of case note regarding a client's current living situation, including Housing Opportunities for People living With AIDS

(HOPWA). Case notes regarding HOWPA enrollment/ usage should have corresponding documentation in the HOPWA module.

Legal

This **category** of case notes includes information about any current legal issues the client has or needs assistance with, as well as updates to current situations, including incarceration.

Medical

This **category** of case notes includes information that DIRECTLY relates to a client's medical well being and/or current medical or dental care.

Mental Health (MH)

This **category** of case notes includes results of the SAMISS scale or other validated screening tool with discussion of referrals made to and accepted/rejected by the client. It should also include any MH issues the client is dealing with, including: inability to keep appointments; progress in treatment; ongoing work with clients who are referred to MH services but refuse treatment; clients who are on a wait list for treatment; and behavior at CM sessions possibly related to MH issues that are inhibiting progress toward care plan goals.

Risk Reduction

This **category** of case note includes ongoing discussion with the client about current sex partners or any other risk behavior. This includes referrals to prevention programs, partner services and STDs screening and treatment programs. Working with a client on reducing substance use risk should be categorized in the SA category.

Substance abuse (SA)

This **category** of case notes includes results of the SAMISS scale or other validated screening tool with discussion of referrals made to and accepted/rejected by client. It should also include any SA issues the client is dealing with, including: inability to keep appointments; progress in treatment; ongoing work with clients who are referred to SA services but refuse treatment; clients who are on a wait list for treatment; current substance use patterns noted or observed; and behavior at CM sessions possibly related to SA issues that are inhibiting progress toward care plan goals.