

**STD HIV Program
Ryan White/HOPWA**

2018 Service Definitions

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Glossary

- Agency—Organization funded to perform services
- CBO—Community Based Organization
- HHS—The Department of Health and Human Services
- HIP—Health Insurance Program
- HOPWA—Housing Opportunities for People With AIDS
- HUD—The Department of Housing and Urban Development
- LAHAP—Louisiana Health Access Program
- L-DAP—Louisiana Drug Assistance Program
- PLWH/PLWA—People Living with HIV/People Living with AIDS
- Service Provider or Provider—Individual providing services
- RWHAP—Ryan White HIV/AIDS Program

Eligibility and Requirements

The following sections apply to all clients and all activities funded by the Louisiana Department of Health STD/HIV program.

General Ryan White Program Eligibility Requirements

- A. Client must have a documented HIV infection;
- B. Client must be a Louisiana resident;
- C. Income must not exceed 400% of the federal poverty level guidelines;
- D. Client may not receive Case Management services from more than one Ryan White funded service provider(s).
- E. Client must not be able to access this service from any other payer sources

No eligible person will be refused services. Services will be provided without regard to age, sex, gender, race, color, religion, national origin, sexual orientation, political affiliation or disability.

General HOPWA Eligibility Requirements

- A. Client must be a Louisiana resident;
- B. Client must be a person living with HIV;
- C. Client must be screened for other housing assistance programs including Section 8;
- D. Income guidelines shall be in accordance with those established by HUD with client income not exceeding 80% of the HUD established median for the area.

No eligible person will be refused services. Services will be provided without regard to age, sex, gender, race, color, religion, national origin, sexual orientation, political affiliation or disability.

Recertification

To maintain eligibility for RWHAP and HOPWA services, clients must be recertified at least every six months. Clients may be recertified by the end of the calendar month in which their recertification is required.

Self-attestation allows flexibility in meeting the needs of clients and in reducing administrative burden on recipients. **Self-attestation may only be used once a year** and can be completed by phone, in person or via email. This process allows for recipients to set recertification schedules, and not require clients to come in separately to recertify.

Required Documentation

	Initial Visit and Yearly Recertification	6 Month Recertification
HIV Status	LAHAP Proof of Positivity Form, Letter from MD, Medical Records, CERV from New Orleans EMA *Documentation is not required after intake	No documentation necessary
Income	Pay Stubs, Disability Determination Letter, W2, benefit award letter, Certification of No Income/Cash Only Income, CERV from New Orleans EMA	Self-attestation of no change, Self-attestation of change with documentation, full documentation
Residency	Louisiana Driver's License, Louisiana ID, utility bill, voter registration, Social Security Statement, CERV from New Orleans EMA	Self-attestation of no change, Self-attestation of change with documentation, full documentation

Insurance Status	Medicaid card, Medicaid denial letter, private insurance card, private insurance termination notice, Medicare card, LAHAP application or approval, CERV from New Orleans EMA	Self-attestation of no change, Self-attestation of change with documentation, full documentation
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Ryan White Service Categories:

- Medical Case Management, including Treatment Adherence Services
- Non-Medical Case Management Services
- Mental Health Services
- Oral Health Care
- Child Care Services
- Emergency Financial Assistance Services
- Food Bank or Food Voucher Services
- Health Education & Risk Reduction Services (HERR)
- Housing Services
- Medical Transportation
- Psychosocial Support Services
- Referral for Health Care and Support Services
- Respite Care Services
- Substance Use Outpatient Care
- Other Professional Services
- Outreach Services

HOPWA Service Categories:

- Resource Identification (RI)
- Short-Term Rent, Mortgage, and Utility Assistance (STRMU)
- Tenant-Based Rental Assistance (TBRA)
- Permanent Housing Placement (PHP)

Ryan White Requirements to Participate

All services funded by the Ryan White Part B Program must meet the requirements to participate outlined below.

- A. Services must be available to the entire Louisiana Department of Health region either by a sole provider or by multiple providers.
- B. Providers must demonstrate adequate linkages with HIV and non-HIV service and community based organizations to allow for referrals to be made as needed.

- C. Services shall be provided to all eligible clients in accordance with their needs.
- D. For all activities and services using Ryan White Part B funds agencies must maintain digital or physical individual files, which document:
 - o Proof of residency
 - o Proof of income
 - o Proof of diagnosis
 - o Client demographics
 - o Services provided
 - o Referrals made
 - o Other agencies/services accessed
 - o Copies of assessments completed
 - o Plan of care
- E. The service provider agency shall conform to the reporting requirements of the annual Ryan White Services Report (RSR) as well as STD/HIV Program reporting requirements by implementation and use of the Ryan White CAREWare database, with timely submission of electronic data and invoices on a monthly basis.

HOPWA Requirements to Participate

All services funded by the HOPWA Program must meet the requirements to participate outlined below.

- A. Services must be available to the entire Louisiana Department of Health region either through multiple providers or a single provider.
- B. Provider(s) must demonstrate adequate linkages with HIV and non-HIV services organizations and community-based organizations.
- C. Rent and utility payments are to be made on behalf of a client and not directly to the client. In no instance are checks to be given to the client for delivery of payment. Checks written from providers may not have wording that might inadvertently disclose a client's status.
- D. Payments on behalf of clients will be paid individually and not en masse (i.e., payments for each utility payment must be paid with a separate check for each client).
- E. Agency must maintain individual client files, which document the following information as required by HOPWA regulations:

- Documentation of need for HOPWA assistance;
 - Proof of HIV status;
 - Proof of residency;
 - Proof of income;
 - A current lease agreement;
 - Proof of application to other housing assistance programs including Section 8;
 - Signed disclosure form on the hard-wired or battery operated smoke detector warning statement;
 - Signed disclosure form on lead-based paint and lead-based paint hazards;
 - Copy of invoices (and check) for which payment is made;
 - Documentation of other forms of assistance that are provided by the agency; and
 - Housing Care Plan that pertains to developing/procuring long-term housing.

- F. Providers must work with clients to develop a housing plan that addresses the clients' housing needs, and that demonstrates a plan for the procurement of long-term housing.

- G. The service provider agency shall conform to the reporting requirements of the HOPWA Annual Progress Report as well as STD/HIV Program reporting requirements by implementation and use of the Ryan White CAREWare database, with timely submission of electronic data and invoices on a monthly basis.

- H. Agencies must have policies in place to address the following issues
 - Program Eligibility
 - Tenant Selection/Occupancy Standards
 - Client Participation Agreement
 - Program/House Rules
 - Housing Search Process
 - Move In Procedures
 - Emergency Procedures
 - Termination of Assistance and Eviction
 - Surviving Family Members
 - Grievance Procedures
 - Shared Housing
 - Referral and Wait List Management

- I. Provider must demonstrate that the services are in accordance with HUD's goals of:

- Increasing the availability of decent, safe, and affordable housing for low-income people living with HIV/AIDS.
 - Creating and supporting affordable housing units for PLWHA by matching HOPWA funds with other resources through community planning for comprehensive housing strategies
 - Creating partnerships and innovative strategies among state and local governments and community-based non-profit organizations to identify and serve the housing and supportive service needs of PLWHA.
- J. Provider shall demonstrate compliance with the HUD code of federal regulations 24 Part 574: Housing Opportunities for Persons with AIDS (HOPWA) (April 1, 2000).

Ryan White Services

Medical Case Management and Treatment Adherence Services

I. Definition of Service

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 service plan;
- Coordination of services required to implement the plan and client monitoring to assess the efficacy of the plan
- Re-evaluation every 6 months and adaptation of the plan as necessary over the life of the client. May include client-specific advocacy and/or review of utilization of services.

Medical Case Management also includes the provision of treatment adherence counseling to ensure readiness for, and adherence to, complex HIV treatments.

II. Services Provided

Medical Case Management services have as their objective improving health care outcomes. Priority populations include but are not limited to individuals who are newly diagnosed, homeless, pregnant, have a mental

health diagnosis, have a history of substance use, are out of care, have a language or cultural barrier, or have the absence of or limitations to speech, sight, hearing or mobility.

Essential functions include:

- A. Intake into care;
- B. On-going assessment of client needs;
- C. On-going service planning;
- D. Provision of treatment adherence counseling;
- E. Coordination of and referral to primary care;
- F. Coordination of and referral to other medical and support services;
- G. Coordination with Ryan White Non-Medical Case Management
- H. Monitoring and follow-up; and
- I. Discharge/Transition planning.

III. Additional Client Eligibility Requirements

- o None

IV. Units of Service

- o 1 intake = 1 unit
- o 1 referral = 1 unit
- o 1 assessment / re-assessment event = 1 unit
- o 1 15 min. face to face encounter with registered nurse or LPN = 1 unit (*non – intake*)
- o 1 15 min. registered nurse or LPN other encounter = 1 unit (*telephone contact with client, or on client's behalf*)
- o 1 15-minute unit of face to face treatment adherence information; inclusive of side effects and drug interaction = 1 unit

V. Requirements to Participate

- A. Medical Case Management must meet the Ryan White Requirements to Participate as outlined in this document.
- B. Medical Case Management must be collocated with an existing medical facility or have an agreement in place with a medical facility that allows staff to access client level medical information.
- C. Medical Case Management shall be provided to all eligible clients with a demonstrated need for services.
- D. Medical Case Managers must be medical professionals who have access to client level medical information and the skills to understand the implications of that data. Medical Case Managers must be a

Registered Nurse, or a Licensed Practical Nurse licensed to practice in the State of Louisiana.

- E. It is recommended that caseloads not exceed thirty (30) medically case managed clients per full-time medical case manager.

Non-Medical Case Management

I. Definition of Service

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, the state AIDS Drug Assistance Program (ADAP), Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, other state or local health care and supportive services, or health insurance Marketplace plans.

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; and
- Ongoing assessment of the client's and other key family members' needs and personal support systems

The Non-Medical Case Management Services objective is to provide guidance and assistance in improving access to needed services.

Non-Medical Case Management does not involve coordination and follow-up of medical treatments, as Medical Case Management does.

II. Services Provided

Non-Medical Case Management services are home and community-based. Case Managers will encounter clients in their environment, which may include a residence, a public facility, in the streets, or in the facilities of the Case Management service provider agency.

Services will target individual clients who have difficulty functioning well in the community due to barriers which include, but are not limited to: lack of knowledge regarding available services, inability to maintain financial independence, homelessness, deteriorating medical condition,

psychiatric illness, substance abuse, illiteracy, inability to complete necessary forms, inability to arrange and complete entitlement and medical appointments, language/cultural barriers, and/or the absence of speech, sight, hearing, or mobility

Essential functions include:

- Continuation in care;
- Periodic assessment of client needs;
- Limited service planning;
- Limited monitoring and follow up; and
- Discharge and Transition planning into self-management

III. Additional Client Eligibility Requirements

- None

IV. Units of Service

- 1 assessment / re-assessment event = 1 unit
- 1 intake = 1 unit
- 1 15 min. social work face to face encounter = 1 unit (*non - intake*)
- 1 15 min. other staff face to face encounter = 1 unit (*non - intake*)
- 1 15 min. social work other encounter = 1 unit (*telephone contact with client, or on client's behalf*)
- 1 15 min. other staff, other encounter = 1 unit (*telephone contact with client, or on client's behalf*)

V. Requirements to Participate

- A. Non-Medical Case Management must meet the Ryan White Requirements to Participate as outlined in this document.
- B. It is recommended that caseloads not exceed forty (40) non-medical case managed clients per full-time case manager.
- C. Non-Medical Case Managers must have achieved a Bachelor's degree in a human services field with at least one year of case management experience.

Mental Health Services

I. Definition of Service

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. This typically includes psychiatrists, psychologists, and licensed clinical social workers.

II. Services Provided

Mental health counseling services includes intensive mental health therapy and counseling in individual, family or group settings. Mental health services can also include consultation or treatment with a psychiatrist. Counseling services may include general mental health therapy, counseling, education and bereavement support for clients.

III. Additional Client Eligibility Requirements

A. Client may be referred by an approved, case manager or other approved personnel, including a physician. Clients may access services without a case management referral as well.

IV. Units of Service

1 hour = 50 min of client time, 10 min of case charting.

- 1 hour adult individual—psychological = 1 unit
- 1 15 min. adult individual—psychiatric = 1 unit
- 1 hour for each adult client attending group = 1 unit
- 1 hour adult individual—mental health professional = 1 unit
- 1 hour adult group—mental health professions = 1 unit
- 1 hour for each adult client attending group—mental health professional = 1 unit

- 1 hour child individual—psychological = 1 unit
- 1 15 min. child individual—psychiatric = 1 unit
- 1 hour for each child client attending group = 1 unit
- 1 hour child individual—mental health professional = 1 unit
- 1 hour for each child client attending group—mental health professional = 1 unit

- 1 hour individual family / significant other counseling = 1 unit
- 1 hour for each family/ significant other attending group counseling = 1 unit

V. Requirements to Participate

A. Mental Health Services must meet the Ryan White Part B Requirements to Participate as outlined in this document.

B. Eligible clients receiving substance abuse treatment must be linked to a primary medical care provider by the organization.

- C. Provider(s) must be state-licensed mental health professionals. In the absence of such license, direct service provider(s) must possess a graduate degree and be under the supervision of a professional licensed by the State of Louisiana. Counselors and social workers in the process of seeking licensure must be supervised by a licensed therapist qualified by the State of Louisiana to provide clinical supervision.
- D. Provider(s) must demonstrate that they will adhere to applicable Professional Standards of Practice and Code of Ethics of their licensure.
- E. Providers shall be in good standing with their licensure boards and not be under investigation for ethical or other violations.
- F. Individual/family client case records shall include documentation of eligibility, assessment, treatment plans, progress notes and discharge summary.
- G. Attendance records shall be kept for group sessions.
- H. Provider(s) must arrange for twenty-four (24) hour crisis response by a licensed professional for active clients who may experience emotional emergencies. This may be arranged by a contract or MOU with a local mental health hotline.
- I. Appropriately licensed case managers may provide mental health services to their clients.

Oral Health Care Services

I. **Definition of Service**

Diagnostic, preventive, and therapeutic outpatient services provided by general dental practitioners, dental specialists, dental hygienists and auxiliaries.

II. **Services Provided**

Routine dental care examinations, prophylaxis, x-rays, fillings, replacements, treatment of gum disease and oral surgery.

Services do not include cosmetic dental care and non-medically required dental care. Services covered by an individual's existing plan are not considered eligible for Ryan White services.

III. **Additional Client Eligibility Requirements**

- None.

IV. Units of Service

- 1 dental care dollar = 1 unit

V. Requirements to Participate

- Oral Health Services must meet the Ryan White Requirements to Participate as outlined in this document.
- Private insurance should be billed first, with Ryan White Funding used as payer of last resort.
- Referrals shall be made only to provider(s) who can demonstrate that they will adhere to clinical standards of care accepted for the dental treatment of people living with HIV individuals and perform oral health care techniques approved by the American Dental Association.
- Referrals shall be made only to persons who are licensed by the State of Louisiana, including but not limited to:
 - Dentist
 - Dental Hygienist or
 - Dental Assistant with state radiology certification

Child Care Services

I. Definition of Service

Intermittent child care services for the children living in the household of people living with HIV clients for the purpose of enabling clients to attend medical visits, related appointments, and/or RWHAP-related meetings, groups, or training sessions.

This does not include daycare while the client is at work.

II. Services Provided

Reimbursement for 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). Check for child care services should be mailed from the agency to individual providing childcare services. Agency should include a care log, and self-addressed stamped envelope so that caregiver may send care log back upon completion.

III. Additional Client Eligibility Requirements

- None

IV. Units of Service

- 1 hour of child day care delivered = 1 unit
- 1 child day care dollar issued = 1 unit

V. Requirements to Participate

- A. Child Care Services must meet the Ryan White Requirements to Participate as outlined in this document.
- B. Agencies must establish and provide each client with a copy of reimbursement policies related to Child Care services.
- C. Any staff or volunteers identified by agency providing child care must be thoroughly screened including reference checks, background checks, and fingerprinting prior to beginning work and should be maintained in the client file.

Emergency Financial Assistance Service

I. Definition of Service

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. Emergency financial assistance can occur as a direct payment to an agency or through a voucher program. Payments should be limited in time and amount, and continuous provision of an allowable service to a client should not be funded through emergency financial assistance.

Direct cash payments to clients are not permitted.

II. Services Provided

Payments may be made on behalf of eligible clients who are unable to access assistance from other resources or other Ryan White categories; while awaiting intake to medical care or confirmation of HIV status; while awaiting intake or results from applications to Medicaid or other social services; or who have a case manager documented emergency not covered by another service category.

Services available through this category may include:

- Essential Utilities (water, gas, electricity, phone)
- Housing expenses (mortgage, or rent)
- Transportation
- Medications

III. Additional Client Eligibility Requirements

- A. Client may be referred for services by an approved case manager, direct assistance coordinator, or other approved personnel.
- B. Client must not be able to access this service from any other payer sources including other Ryan White programs.

IV. Units of Services

Expenditures must be reported under the relevant sub-service category.

- 1 EFA essential utility dollar issued = 1 unit
- 1 EFA transportation dollar issued = 1 unit
- 1 EFA food dollar issued = 1 unit
- 1 EFA medication copay dollar issued = 1 unit

V. Requirements to Participate

- A. EFA must meet the Ryan White Requirements to Participate as outlined in this document.
- B. Clients receiving Emergency Financial Assistance services must be documented as awaiting intake or reengagement into medical care or awaiting intake or results from applications to Medicaid or other social services, or have an emergency documented by a case manager not covered by another service category.
- C. One payment in each sub-category of this definition may be made on behalf of self-declared people living with HIV. Agency must obtain all necessary documentation regarding HIV status within thirty (30) days of the first payment made on behalf of the individual. One payment may be made for a self-declaration of an emergency with the approval of Case Management Supervisor, or agency CEO.
- D. Cash payments to clients are prohibited.
- E. Payments on behalf of clients must be made individually and not en masse (i.e., payments for each utility payment must be paid with separate checks for each client). This payment policy does not apply to medications that are purchased through a charge system.

Food Bank or Food Voucher Services

I. Definition of Service

Food Bank refers to the provision of actual food items, or a voucher program to purchase food.

This also includes the provision of essential non-food items that are limited to the following:

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

Unallowable costs include household appliances, pet foods, and other non-essential products.

II. Services Provided

The establishment of a central distribution center (food bank) that provides a variety of food, hygiene items and household cleaning supplies.

Food vouchers may also be used to allow clients to purchase food and other approved items.

Vouchers may be utilized to supplement an existing food bank, or as a standalone program, and may not exceed \$25.00 each in value.

III. Additional Client Eligibility Requirements

- A. Client should be referred for services by an approved case manager, direct assistance coordinator
- B. Client must be properly screened for other available food assistance programs, such as Louisiana Supplemental Nutrition Assistance Program (SNAP) and WIC. New applications should be submitted annually. Participation in another food assistance program does not preclude a client from receiving food bank services.

IV. Units of Service

- 1 food voucher dollar = 1 unit
- 1 food bag = 1 unit

V. Requirements to Participate

- A. Food Bank Services must meet the Ryan White Requirements to Participate as outlined as outlined in this document.
- B. Provider(s) must demonstrate the capacity to secure food donations for the food pantry.
- C. Provider(s) must maintain appropriate permits, which may include Food Dealer's Permit, Occupancy Permit and Fire Marshall's Permit. Copies of all permits must be posted on food bank premises.

- D. Food vouchers may not be used to purchase any item not explicitly described above, such as alcohol, tobacco, or pet supplies. Provider(s) must develop a mechanism to ensure that vouchers are not utilized to purchase these items.

Health Education & Risk Reduction

I. Definition of Service

Health Education and Risk Reduction includes sharing information about medical and psychosocial support services and counseling with clients to improve their health status. 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.

Topics covered may include but are not limited to:

- Education on health care coverage options (e.g. qualified health plans through the Marketplace, Medicaid coverage, Medicare coverage)
- Health literacy
- Treatment adherence education
- Education on risk reduction strategies to reduce transmission such as pre-exposure prophylaxis (PrEP) for clients' partners and treatment as prevention (TasP)

Health Education/Risk Reduction services cannot be delivered anonymously.

These services must be offered as an adjunct to Case Management and should demonstrate a specific program above and beyond the referrals and linkages to primary medical care and psychosocial support services that are routinely a component of Case Management. This service category may be used to support the salary of a health insurance advocate, or benefits coordinator.

II. Services Provided

Provision of educational curricula and programing designed to improve health status of individuals living with HIV. These services can be delivered individually or in a group setting.

III. Additional Client Eligibility Requirements

- None.

IV. Units of Service

- 1 hr education intake counseling = 1 unit
- 1 15 min. individual education = 1 unit
- 1 hr benefit counseling = 1 unit
- 1 hour for each adult client attending group education = 1 unit

V. Requirements to Participate

- A. Health Education/Risk Reduction must meet the Ryan White Requirements to Participate as outlined in this document.
- B. Provider(s) must demonstrate topic-specific knowledge which will be used to provide these services.
- C. Attendance records must be kept for group sessions.

Housing Services

I. Definition of Service

Housing services provide transitional, short-term, or emergency housing assistance to enable a client or family to gain or maintain outpatient/ambulatory health services and treatment. The State of Louisiana defines transitional housing as up to 24 months.

If housing services include other service categories (e.g. meals, case management, etc.) these services should also be reported in the appropriate service categories.

Housing services cannot be in the form of direct cash payments to clients and cannot be used for mortgage payments.

Eligible housing can include either housing that:

- Provides some type of core medical services (such as residential substance use disorder services or mental health services, residential foster care, or assisted living residential services); or
- Does not provide core medical or support services, but is essential for a client or family to gain or maintain access to and compliance with HIV-related outpatient/ambulatory health services and treatment. The necessity of housing services for the purposes of medical care must be documented.

II. Services Provided

Assistance includes negotiating housing payments, as well as providing financial assistance to maintain or obtain housing, which supports the client's ability to gain or maintain access to medical care.

All clients under RWHAP must be assessed for housing needs during their initial intake session. Providers must also include the development of an individualized housing plan, updated annually, to guide the client's linkage to permanent housing. Housing services also can include housing referral services: assessment, search, placement, and advocacy services; as well as fees associated with these services

Face-to-face and other encounters with or on behalf of the client as related to locating affordable housing or group housing (case management), accompanying the client to housing-related appointments, and resource development are not eligible in this category. This service category does not include travel, the actual provision of transportation, or clerical support. Time may not be counted more than once.

III. Additional Client Eligibility Required

- A. Client must be adequately screened for and apply to housing assistance programs, including Section 8 and Housing Opportunity for People With AIDS (HOPWA)
- B. Client must gain or be maintained in medical care as a result of the provision of this service

IV. Units of Service

- o 1 housing dollar issued = 1 unit
- o 1 short term emergency housing dollar issued = 1 unit
- o 1 housing placement, assessment or advocacy = 1 unit
- o 1 15 minute placement, assessment or advocacy activity = 1 unit

V. Requirements to Participate

- A. Housing Services must meet the Ryan White Requirements to Participate as outlined in this document.
- B. Provider(s) must demonstrate that employees authorized to provide Housing Assistance have extensive knowledge of local, State and Federal housing resources and know how clients can access these services.
- C. Provider(s) must demonstrate that these short-term emergency housing dollars are linked to medical services or are certified as essential to a client's ability to gain or maintain access to HIV-related medical care or treatment.
- D. If necessary, one payment may be made on behalf of self-declared people living with HIV before documentation of status is obtained.

Agency must obtain all necessary documentation regarding HIV status within thirty (30) days of the first payment made on behalf of the individual.

E. Cash payments to clients are prohibited.

Linguistic Services

I. Definition of Service

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.

All individuals providing Linguistic services must keep a log of their activities.

II. Services Provided

Translation and interpretation services to facilitate communication between the provider and client and/or support delivery of RWHAP-eligible services.

III. Additional Client Eligibility Requirements

- o None

IV. Units of Service

- o 1 hour of linguistic delivered = 1 unit
- o 15 minutes of linguistic services delivered = 1 unit

V. Requirements to Participate

- A. Linguistic Services must meet the Ryan White Requirements to Participate as outlined in this document.
- B. Agencies must establish and provide each client with a copy of reimbursement policies related to Linguistic Services.
- C. Services provided must comply with the National Standards for Culturally and Linguistically Appropriate Services (CLAS).
- D. Linguistic services may be billed in 15 minute or one hour units depending on the negotiated subcontract with an organization or individual in compliance with the National Standards for Culturally and Linguistically Appropriate Services (CLAS).

Medical Transportation

I. Definition of Service

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

II. Services Provided

Transportation services for people living with HIV and accompanying significant others to access medical and/or support services. Transportation can include, but is not limited to, scheduled and unscheduled routes and destinations as supported by documented client need. This service does not include emergency transportation services.

Services may include distribution of bus tokens, bus tickets, bus passes, gasoline vouchers, the subcontract of a van service, and taxi services.

III. Client Eligibility

- A. Client must be ineligible for Medicaid transportation or other transportation services;
- B. Client should be referred for services by an approved case manager, direct assistance coordinator, or other approved personnel.

IV. Units of Service

- o 1 one-way trip = 1 unit
- o 1 transportation dollar issued = 1 unit

V. Requirements to Participate

- A. Transportation Services must meet the Ryan White Requirements to Participate as outlined in this document.
- B. All service provider drivers must hold, and maintain as current, all appropriate licensing for operating the service provider's vehicle/fleet of vehicles in the State of Louisiana.
- C. Service provider must maintain detailed records in legible form of mileage driven, name of individuals provided with transportation, origin, destination, and purpose for all trips provided.
- D. Provider's operation hours must accommodate transportation need TO and FROM all appointments scheduled at primary medical and social service facilities within the region.
- E. Family members and significant others will be allowed to accompany people living with HIV persons according to HRSA guidelines and policy.

- F. All drivers (volunteer or staff) who are transporting clients must possess a valid and appropriate driver's license, and proof of liability insurance. A copy of the current license and current insurance card must be included in the personnel record of the employee or volunteer providing this service.
- G. Agency procedures shall include use of seatbelts/restraint systems as required by law, including use of child safety seats as applicable.
- H. Reimbursement for mileage shall not exceed the State reimbursement rate.
- I. Transportation services shall be provided in the most efficient and cost effective method possible.
- J. Cash payments to clients are prohibited.

Other Professional Services—Income Tax Preparation

I. Definition of Services

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. These services include income tax preparation.

II. Services Provided

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. Agencies are expected to contract with a CPA or other tax professional to provide services.

III. Additional Client Eligibility Requirements

- o None.

IV. Units of Service

- o 1 15 min. activity on behalf of a client = 1 unit

V. Requirements

- A. Other Professional Services must meet the Ryan White Service Categories: as outlined in this document.

- B. Contractor must be available to provide services to eligible clients through telephone contact, personal visits with the client in the appropriate setting, or in the offices of the agency or contractor.
- C. Contractors should keep a log of all activities on behalf of Ryan White Part B clients and submit it to the Agency monthly.
- D. Individuals providing services must be appropriately licensed Enrolled Agents, Certified Public Accountants, or appropriately Supervised Preparers, and/or Non-1040 Preparers. For additional information about the licensure of tax preparers see IRS Policy Notice 2011-6.

Outreach Services

I. **Definition of Service**

At this time Ryan White Part B Outreach services should be focused on individuals who have been lost to care, and other reengagement activities. Outreach should be conducted for purposes of educating individuals living with HIV/AIDS about treatment opportunities available within the community, reengaging clients in care, and following-up on a periodic basis to ensure the client is still in medical care or support services.

II. **Services Provided**

Outreach Services include the provision of reengagement of people who know their status into health services.

Funds may not be used to pay for HIV counseling or testing under this service category. Outreach services may not be delivered anonymously.

III. **Additional Client Eligibility Requirements**

None.

IV. **Units of Service**

- o 1 15 min. of outreach = 1 unit

V. **Requirements to Participate**

- A. Outreach Services must meet the Ryan White Requirements to Participate as outlined in this document.
- B. Provider(s) must demonstrate that employees hired to provide Outreach services have adequate knowledge of local primary care sites and agencies that provide supportive services, and are able to

appropriately assist eligible people living with HIV in accessing these services.

Psychosocial Support Services

I. **Definition of Service**

Psychosocial Support Services provide group or individual support and counseling services to assist eligible people living with HIV to address behavioral and physical health concerns.

Ryan White-funded pastoral counseling must be available to all eligible clients regardless of their religious denominational affiliations.

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

II. **Services Provided**

These services may include, but are not limited to:

- Bereavement counseling
- Child abuse and neglect counseling
- HIV support groups
- Nutrition counseling provided by a non-registered dietician
- Pastoral care/counseling services

III. **Additional Client Eligibility Requirements**

None.

IV. **Units of Service**

1 hour = 50 min of client time, 10 min of case charting

- 1 hour for each client attending group = 1 unit
- 1 hour individual—mental health professional = 1 unit
- 1 hour individual—other staff = 1 unit

V. **Requirements to Participate**

A. Psychosocial Support Services must meet the Ryan White Requirements to Participate as outlined in this document.

B. Providers(s) do NOT have to be mental health professionals to provide Psychosocial Support Services. If provider(s) are mental health professionals (including but not limited to social workers, counselors, psychiatrists, and psychologists) the provider(s) are required to be appropriately licensed or under the supervision of a licensed provider.

- C. Provider(s) must demonstrate topic-specific knowledge prior to providing any of the eligible services funded under this category.
- D. Proof of appropriate knowledge (i.e., resumes, curriculum vitae) of provider(s) must be maintained by service provider agency.
- E. Services may be provided on a paid or volunteer basis.

Referral for Health Care and Support Services

I. **Definition of Service**

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

Referrals for health care and support services provided by case managers (medical and non-medical) should be reported in the appropriate case management category (i.e., Medical or Non-Medical Case Management). This category may be used for individuals who do not qualify for case management, do not want or need case management.

II. **Services Provided**

Referral and direction of clients to medical, psychosocial and educational resources as deemed necessary.

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, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, and other state or local health care and supportive services, or health insurance Marketplace plans).

III. **Additional Client Eligibility Requirements**

- o No eligibility requirements are attached to this service.

IV. **Units of Service**

- o 1 completed referral = 1 unit

V. **Requirements to Participate**

A. Referral Services must meet the Ryan White Requirements to Participate as outlined in this document.

B. Referrals must be tracked with date of service and date of appointment in the Referral tab in CAREWare.

- C. Service provider must specify employees eligible to provide services through the Referral for Health Care/Supportive Services category.
- D. Service provider must demonstrate that employees authorized to provide Referrals have topic-specific knowledge regarding referral categories. May be provided routinely or on an emergency basis.

Respite Care Services

I. Definition of Service

Periodic home or community-based non-medical assistance designed to relieve the primary caregiver responsible for the day-to-day care of an adult or minor living with HIV.

II. Services Provided

Respite care services may be provided in the home or in a location of the client or care giver's choice (but not within a paid care facility such as a nursing home or hospital).

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.

III. Additional Client Eligibility Requirements

A. Client must be a person living with HIV with a condition which prohibits independent functioning. Documentation of need may come from a physician, or licensed mental health professional and should be maintained in the client file.

IV. Units of Service

- o 1 hour of respite services delivered = 1 unit
- o 1 respite services dollar issued = 1 unit

V. Requirements to Participate

A. Respite Care Services must meet the Ryan White Requirements to Participate as outlined in this document.

Substance Use Outpatient Care

I. Definition of Service

Provision of medical treatment and/or counseling to address substance abuse problems (including alcohol and/or legal and illegal drugs) provided in an outpatient setting rendered by a physician or under the

supervision of a physician or by other qualified personnel. Other qualified personnel may include nurses, mental health professionals, psychiatrists or psychologists.

II. Services Provided

Services include regular, ongoing substance abuse treatment and counseling on an individual and group basis by a state-licensed provider. Services may also include screening, assessment and diagnosis of drug or alcohol use disorders.

Services may include:

- A. Pretreatment/recovery readiness programs
- B. Harm reduction
- C. Behavioral health counseling associated with substance use disorder
- D. Outpatient drug-free treatment and counseling
- E. Medication assisted therapy
- F. Neuro-psychiatric pharmaceuticals
- G. Relapse prevention
- H. Acupuncture*

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

III. Additional Client Eligibility Requirements

None.

IV. Units of Service

1 hour = 50 min of client time, 10 min of case charting

- 1 addiction assessment = 1 unit
- 1 physical assessment = 1 unit
- 1 hour outpatient counseling = 1 unit
- 1 hour for each client attending group counseling = 1 unit
- 1 hour individual family/ significant other counseling = 1 unit
- 1 hour for each family/ significant other attending group counseling = 1 unit
- 1 licensed professional other encounter = 1 unit (*telephone contact with client, or on client's behalf*)

V. Requirements to Participate

- A. Substance Use Services must meet the Ryan White Requirements to Participate as outlined in this document.

- B. Eligible clients receiving substance abuse treatment should be referred to a primary medical care provider by the agency within one week of the first contact.
- C. Provider(s) must be licensed substance abuse counselors. In the absence of such license, direct service Provider(s) must possess a graduate degree and be under the supervision of a professional licensed by the State of Louisiana. Counselors in the process of seeking licensure must be supervised by a licensed therapist qualified by the State of Louisiana to provide clinical supervision. Qualified personnel also include rehabilitation counselors, substance use counselors, and peer navigators.
- D. Provider(s) must demonstrate that they will adhere to applicable Professional Standards of Practice and Code of Ethics.
- E. Service provider agencies shall maintain linkages with one or more inpatient facilities and be able to refer a client to an inpatient treatment program or emergency department, in collaboration with the client, case manager and primary care physician as appropriate.

HOPWA Services

Permanent Housing Placement (PHP)

I. Definition of Service

PHP is intended to assist program participants to secure and move into permanent housing. PHP is used to place individuals into housing, and not assist individuals already in housing. PHP can be used in conjunction with Tenant Based Rental Assistance.

II. Services Provided

- A. Application fees and credit check expenses
- B. One time utility connection fees and deposits
- C. Rental Security Deposits or First/Last Month's Rent

The total of any payments associated with the rental security deposit or first/last month's rent cannot exceed the value of 2 months' rent.

PHP funds cannot be used for moving costs, standard furnishings, or housekeeping/household supplies.

III. Additional Client Eligibility Requirements

- o None

IV. Units of Service

- 1 HOPWA PHP dollar = 1 unit

Note: the total unit cost cannot exceed \$1.07

V. Requirements to Participate

- A. PHP services must meet HOPWA Requirements to Participate as outlined in this document.
- B. Units paid for through PHP should meet the basic Habitability Standards outlined at 24 CFR 574.310 (b) (2)
- C. Security deposits are program funds that must be returned to the program when the assisted tenant leaves the unit. A good faith effort must be made to recover program funds upon the departure of the beneficiary from the unit. These efforts should be documented in a case note.
- D. HUD requires that organizations track and report costs separately as HOPWA housing subsidy assistance expenses.
- E. Copies of client's bill or lease, and proof of payment must be submitted with invoice to SHP.

Resource Identification

I. Definition of Service

The Department of Housing and Urban Development (HUD) Housing Opportunities for Persons with AIDS (HOPWA) program provides funding for services to low-income persons living with HIV/AIDS and their families in order to prevent homelessness. Funds in the category of Resource Identification may be utilized to establish, coordinate, and develop housing resources for eligible persons. These activities may include conducting preliminary research and expenditures necessary to determine the feasibility of specific housing related initiatives for the eligible population.

II. Services Provided

Services provided may include outreach and relationship building with landlords, the creation of brochures, and identification and/or development of appropriate local resources on the Internet, and the location and identification of housing resources and/or vacancies.

III. Additional Client Eligibility

None.

IV. Units of Service

- 1 HOPWA Resource Identification dollar = 1 unit

Note: the total unit cost cannot exceed \$1.07

V. Requirements to Participate

- A. Resource Identification services must meet HOPWA Requirements to Participate as outlined in this document.
- B. Provider shall ensure that activities conducted utilizing resource identification funds will complement activities conducted under the other HOPWA programs including TBRA, STRMU and PHP.
- C. Provider(s) must demonstrate the capacity to expand housing resources in their service area (for all eligible clients living with HIV, not just clients of the service provider).
- D. Providers must develop and maintain a housing resource directory for the benefit of clients, staff, and collaborative agencies.
- E. Staff funded through Resource Identification will be required to submit monthly documentation on their activities. The documentation requirements can be found at [LINK HERE](#).
- E. Provider shall demonstrate compliance with the HUD code of federal regulations 24 Part 574: Housing Opportunities for Persons with AIDS (HOPWA) (April 1, 2000).

Short Term Rent, Mortgage, Utility Services (STRMU)

I. Definition of Service

The Department of Housing and Urban Development (HUD) Housing Opportunities for Persons with AIDS (HOPWA) program provides funding for housing and services for low-income persons living with HIV/AIDS and their families in order to prevent homelessness. This includes assistance with emergency short-term rent, mortgage and utility payments.

II. Services Provided

Payments for eligible persons who are in danger of becoming homeless to assist them with remaining in their home. Specifically, short-term rent, mortgage and utility payments may be made on behalf of eligible clients.

III. Additional Client Eligibility Requirements

- A. Clients may receive HOPWA assistance payments for a maximum of 21 weeks within a fifty-two week period. This translates to five (5) payments within the client's year of eligibility.

IV. Units of Service

- 1 HOPWA STRMU dollar = 1 unit

Note: the total unit cost cannot exceed \$1.07

V. Requirements to Participate

- A. STRMU services must meet HOPWA Requirements to Participate as outlined in this document.
- B. Providers must work with clients to develop a care plan that addresses the clients' housing needs, and that demonstrates a plan for the procurement of long-term housing.
- C. Client eligibility is to be re-certified, at a minimum, on the anniversary of the client's 52 week eligibility period. The minimum time frame for determining client income shall be no more than the previous twelve months, but no less than the previous three months.
- D. Organizations must have in place a policy describing how they intend to calculate the weeks of service within the 52 week eligibility period. Guidance from HUD on how to calculate weeks of service can be found at LAHealthHub.com/Services.
- E. Copies of client's bill, and proof of payment must be submitted with invoice to SHP.

Tenant-Based Rental Assistance (TBRA)

I. Definition of Service

Tenant-based rental assistance is a rental subsidy used to help participants obtain permanent housing in the private rental housing market that meets housing quality standards and is rent reasonable.

II. Services Provided

Under TBRA, funding is provided to an eligible client and the client selects a housing unit of his or her choice. If the client moves out of the unit, the contract with the owner ends and the client can move with continued assistance to another unit. In other words, TBRA is portable and moves with the client.

Clients may receive ongoing TBRA support for up to 24 months. In the case that a client needs to extend their time with TBRA support, a waiver can be requested by the case manager.

III. Additional Client Eligibility Requirements

None.

IV. Units of Service

- 1 HOPWA TBRA dollar = 1 unit

Note: the total unit cost cannot exceed \$1.07

V. Requirements to Participate

- A. TBRA services must meet HOPWA Requirements to Participate as outlined in this document.
- B. Providers must work with clients to develop a care plan that addresses the clients' housing needs, and that demonstrates a plan for the procurement of long-term housing.
- C. Documentation of Rent Payment Calculations must be kept on file.
- D. TBRA funded units must be assessed for their eligibility including:
 - Rent Reasonableness
 - Fair Market Rent
 - Lead Based Paint
 - Habitability Standards
 - Proof of Ownership
 - Proof of smoke detector
- E. Copies of client's lease must be submitted with the first invoice to SHP.
- F. Provider shall demonstrate compliance with the HUD code of federal regulations 24 Part 574: Housing Opportunities for Persons with AIDS (HOPWA) (April 1, 2000).