

# Approved Ryan White Direct Care Service Guidelines

Based on Funds Availability

## Ambulatory/Outpatient Medical Care

**HRSA Definition:** The provision of professional diagnostic and therapeutic services rendered by a physician, physician's assistant, clinical nurse specialist, nurse practitioner or other health care professional who is certified in their jurisdiction to prescribe Antiretroviral (ARV) therapy in an outpatient setting. Settings include clinics, medical offices and mobile vans where clients generally do not stay overnight. Emergency room services are not outpatient settings. Services includes diagnostic testing, early intervention and risk assessment, preventive care and screening, practitioner examination, medical history taking, diagnosis and treatment of common physical and mental conditions, prescribing and managing medication therapy, education and counseling on health issues, well-baby care, continuing care and management of chronic conditions and referral to and provision of specialty care (includes all medical subspecialties). Primary medical care for the treatment of HIV infection includes the provision of care that is consistent with the Public Health Service's (PHS) guidelines. Such care must include access to antiretroviral and other drug therapies, including prophylaxis and treatment of opportunistic infections and combination antiretroviral therapies.

Emergency room visits, urgent care visits or in-patient hospitalization care **are not covered** by the Ryan White Part B program

### **Additional PCHAP Guidelines**

#### ➤ **Genotyping & Phenotyping**

- **Unit of Service: one test billed at Current Medicaid Rate**
- Tests must be ordered by a registered, certified, or licensed medical provider and appropriate based on established clinical practice standards.
- Ryan White Part B funds will be authorized one (1) time per year, the twelve (12) month period of time to begin with the date of the first test.
- Approval for greater frequency will require a written exception request to the Lead Agency, including documentation of an adherence review from the individual's primary care physician.

#### ➤ **Specialty Care**

- Clients needing Chiropractic services will be referred to Palmer Chiropractic.

- **Payer of Last Resort:** A client may not be eligible for services from the HIV/AIDS Patient Care Programs if the client is already receiving or is eligible for the same benefits/services from other programs with the exception veteran's benefits. The services provided by Ryan White Part B and the other HIV patient care programs may be used for HIV-related services only when no other source of payment exists.
- **Pre-existing Medical Conditions:** Clients will not be denied access to HIV/AIDS Patient Care Programs for pre-existing health conditions.

## Approved Ryan White Direct Care Service Guidelines

Based on Funds Availability

### Oral Health (Dental Care)

**HRSA Definition:** Includes diagnostic, preventive, and therapeutic services provided by general dental practitioners, dental specialists, dental hygienists and auxiliaries, and other trained primary care providers.

#### **Additional PCHAP Guidelines**

- An annual preventative service (oral exam, cleaning, x-rays) **may** be available to clients receiving **Ryan White** Outpatient Medical services. Authorization should be in coordination with eligibility renewal and CAREWare must include documentation the client has had:
  - At least one medical visit in each 6-month period with a minimum of 60 days between medical visits
  - At least one CD4/VL measurement in each 6-month period with a minimum of 90 days between counts
- Other dental care will be provided if it is determined to be **medically necessary** and is related to loss/reduction of function, inability/difficulty chewing or swallowing, infection, or pain. Ryan White related dental services **may** include:
  - Initial oral exam with cleaning
  - Periodic oral exam with cleaning (twice a year)
  - X-rays (once a year)
  - Full mouth scaling (once a year)
  - Tooth extractions
  - Complete dentures (one time only)
  - Denture Realignment as needed (2 times a year)
  - Restorative fillings (limited to two per month)
  - Incision and drain procedures
  - Partial denture with documentation from dental provider that the remainder of the teeth are healthy
- **\$3000 allowable per client per year. Approval to exceed that amount requires a written exception request to the Lead Agency.** (One year time period begins with client's first visit)
- Case Manager must authorize dental visits with Ryan White dental providers. Case manager must receive a signed oral health treatment plan from the provider.
- Ryan White funding may be utilized for clients who have private dental insurance
- **Missed appointments:** dental care providers, as well as case managers, are responsible for educating clients about their missed appointment policy at the time of initial intake. Clients will be responsible for abiding by their dental care provider's missed appointment policy and will be held to the terms of this policy. Additionally, a client who is a **"no show" two times** will result in **forfeiture of dental services for a period of at least six months.**
- **Payer of Last Resort:** A client may not be eligible for services from the HIV/AIDS Patient Care Programs if the client is already receiving or is eligible for the same benefits/services from other programs with the exception veteran's benefits. The services provided by Ryan White Part B and the other HIV patient care programs may be used for HIV-related services only when no other source of payment exists.
- **Pre-existing Medical Conditions:** Clients will not be denied access to HIV/AIDS Patient Care Programs for pre-existing health conditions.

## Approved Ryan White Direct Care Service Guidelines

Based on Funds Availability

### Drug Reimbursement Program

**HRSA Definition:** Includes local pharmacy assistance programs implemented by Part B Programs to provide HIV/AIDS medications to clients. Local pharmacy assistance programs are **not** funded with ADAP earmark funding.

#### **Additional PCHAP guidelines**

- Entire ADAP formulary is allowable, *with the exception of Fuzeon (Enfuvirtide) and Maraviroc (Selzentry)*
- HAART medications will only be accessible through enrollment in manufacturer's Compassionate Use Programs or ADAP. An exception will allow up to a 30-day prescription for individuals transitioning into the systems that are ***already on a HAART regime*** and/or transitioning to/from Med Waiver or to private insurance. This will allow sufficient time for enrollment into one of the above mentioned programs
- Pharmacies are authorized to dispense generic drugs. Brand names may be dispensed only when generics are not available
- Generic drugs for the following: antibiotics, high blood pressure/heart/renal, and psych/anxiety may be authorized. Brand names may be dispensed only when generics are not available. Antibiotics available for free must be accessed before utilizing Ryan White funds.
- Ryan White is the payer of last resort. All alternative funding resources must be accessed including:
 

Private, Group, or COBRA Insurance	ADAP
Medicare Part D	Compassionate Use
Medicaid (all programs)	Local Patient Assistance Programs
- Clients who have been off of any one of their HAART medications, against medical advice, for more than 30 days will be required to see their physician prior to Ryan White Part B authorization for payment of prescriptions
- Pursuant to the Ryan White Part B, drug reimbursement will be at or below the Medicaid rate
- Co-payments are allowable – single source billings should be accumulated to reach a \$9 or greater payment
- Over-the-counter vitamin supplements, are available up to \$25.00, as prescribed by a primary care physician and deemed medically necessary
- Pre-existing Medical Conditions: Clients will not be denied access to HIV/AIDS Patient Care Programs for pre-existing health conditions.
- **Prescriptions for controlled substances must be preauthorized by the Lead Agency**

# Approved Ryan White Direct Care Service Guidelines

Based on Funds Availability

## Health Insurance Assistance

**HRSA Definition:** The provision of financial assistance for eligible individuals living with HIV to maintain a continuity of health insurance or to receive medical benefits under a health insurance program. This includes premium payments, risk pools, co-payments and deductibles.

### **Additional PCHAP Guidelines**

- Service referral made by Case Managers
- Basis of referral: Insurance verification is required and no other payer sources available
- Payer of Last Resort: A client may not be eligible for services from the HIV/AIDS Patient Care Programs if the client is already receiving or is eligible for the same benefits/services from other programs with the exception veteran's benefits. The services provided by Ryan White Part B and the other HIV patient care programs may be used for HIV-related services only when no other source of payment exists.
- Every reasonable effort must be made to ensure all uninsured clients enroll in any health coverage options for which they may be eligible, and be informed about any consequences for not enrolling.
- Pre-existing Medical Conditions: Clients will not be denied access to HIV/AIDS Patient Care Programs for pre-existing health conditions.

### **Service Limitations:**

- Insurance co-pays and deductibles, unlimited based on funds availability only for Ryan White approved services
- Individuals possessing Medicaid coverage, Medicare coverage (Part A,B & D) or Medicare Supplemental policies are not eligible for Health Insurance Assistance
- Individuals who become eligible for Medicare and/or Medicaid at any time must be disenrolled from the Health Insurance Assistance within 60 days
- AIDS Insurance Premium Plus Services (AIPPS) recipients must enroll in Special Services for co-pay assistance
- COBRA and/or health insurance premium payments based on funds availability and the client is applying for another payer source (AIPPS)
- Individuals who receive a premium tax credit or plan to claim the premium tax credit must file a federal income tax return. Excess premium tax credit a client receives is due back to the program.
- Marketplace premiums may be considered if they are deemed cost-effective.

## Approved Ryan White Direct Care Service Guidelines

Based on Funds Availability

### Mental Health Therapy/Counseling

**HRSA Definition:** Psychological and psychiatric treatment and counseling services for individuals with a diagnosed mental illness. These services are conducted in a group or individual setting 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.

#### **Additional PCHAP Guidelines**

- Billed at the current Medicaid rate under Community Mental Health Rule per 15-minute unit for individual (four 15-minute units = 1 hour)
- Payer of Last Resort: A client may not be eligible for services from the HIV/AIDS Patient Care Programs if the client is already receiving or is eligible for the same benefits/services from other programs with the exception veteran's benefits. The services provided by Ryan White Part B and the other HIV patient care programs may be used for HIV-related services only when no other source of payment exists.
- Pre-existing Medical Conditions: Clients will not be denied access to HIV/AIDS Patient Care Programs for pre-existing health conditions.

#### **Service Limitations:**

- 52 hours per year, per client for individual or group counseling
- One year time period begins with client's first visit

## Approved Ryan White Direct Care Service Guidelines

Based on Funds Availability

### Medical Transportation

**HRSA Definition:** Medical transportation services include conveyance services provided, directly or through voucher, to a client so that he or she may access health care services. (HRSA definition)

#### **Additional PCHAP Guidelines**

- Each case manager will assess and document the status of available and reliable transportation for each client in order to access necessary services and appointments as part of the initial comprehensive and the ongoing needs assessment processes. The case manager will ensure that each client's case file will contain documentation regarding any change(s) in the status of available transportation.
- Payer of Last Resort: A client may not be eligible for services from the HIV/AIDS Patient Care Programs if the client is already receiving or is eligible for the same benefits/services from other programs with the exception of veteran's benefits. The services provided by Ryan White Part B and the other HIV patient care programs may be used for HIV-related services only when no other source of payment exists. All alternative transportation resources must be accessed prior to utilizing Ryan White Part B funds for transportation purposes.
- A priority ranking system of transportation services should be followed by each case manager; private transportation, provided either by the client, family member, caregiver, friend, volunteer, etc., should be accessed first and at all possible times for each client.
- All clients who meet the eligibility requirements must apply for the Medicaid pass for public transportation services. The distribution of bus tokens to clients should be considered a last resort for the provision of transportation services.
- The distribution of bus tokens to a client should be at the discretion of that individual's primary case manager. Bus tokens should only be provided to clients in order to access health care or psycho-social support services.
- The distribution of bus tokens to a client must be noted on his/her plan of care (or case note as applicable), and the need and intended use of the bus tokens must be documented in the case manager's notes.
- The case manager must complete a review for each client who requests bus tokens on an ongoing basis to verify the need and to rule out other possible resources of transportation. This review must be noted in the client's case file.
- Case Managers must complete a service in CAREWare for reporting purposes. A unit of service as defined by HRSA is one round trip taxi ride, bus trip or other form of transportation per day. For example, if a client is given a bus pass that is good for one week, the client has been given seven units of service.
- Case Managers must document a scheduled outpatient/ambulatory medical appointment, case management appointment, eligibility appointment or a medication prescription pick up scheduled for the month the bus pass is distributed. Appointments must be documented in CAREWare.
- Pre-existing Medical Conditions: Clients will not be denied access to HIV/AIDS Patient Care Programs for pre-existing health conditions.

## Approved Ryan White Direct Care Service Guidelines

Based on Funds Availability

### Food Bank/Home Delivered Meals

**HRSA Definition:** 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. Also includes vouchers to purchase food.

#### **Additional PCHAP Guidelines:**

- Payer of Last Resort: A client may not be eligible for services from the HIV/AIDS Patient Care Programs if the client is already receiving or is eligible for the same benefits/services from other programs with the exception veteran's benefits. The services provided by Ryan White Part B and the other HIV patient care programs may be used for HIV-related services only when no other source of payment exists.
- Clients accessing food services (food, vouchers or meals) must be receiving Ambulatory Outpatient Medical Care (AOMC) for HIV treatment as documented by a CD4/VL measurement and/or AOMC visit in an HIV care setting in each 6-month period with a minimum of 60 day interval between visits or measurements.
- The distribution of food services to a client must be noted on his/her plan of care (or case note as applicable), and the need for the service must be documented in the case notes. Prior to receiving assistance through Ryan White, all other avenues (i.e. food stamps, food pantries or other funding sources) of food/non-food assistance must be utilized and/or exhausted.
- Duration of food service provision is to be temporary and is subject to funds availability.
- Individuals may NOT be enrolled in the Ryan White program for the sole purpose of receiving non-emergency food assistance.
- Food vouchers may be provided to a currently enrolled client once every 6 month renewal period without documentation of a medical or financial emergency.
- Emergency Food Assistance – assistance exceeding the above guideline should be related to a medical or financial emergency
  - Medical necessity is related to serious HIV related health issues including wasting and food restrictions that have a serious health impact. (Need is established by physician.)
  - A financial emergency is an extreme change of circumstance within the last three weeks: loss of income (i.e., job loss or departure of person providing support), loss of housing, or release from institutional care (substance abuse treatment facility, hospital, jail, or prison).
- Case Managers must maintain documentation that only allowable items were purchased with voucher. The client must provide a receipt showing allowable purchases were made. Food products are limited to items for human consumption and provide nutritional value to the client. Pet food, lottery tickets, alcoholic beverages, tobacco, candy, or any other product that does not provide nutritional value is not allowed. The provision of essential household supplies such as hygiene items and household cleaning supplies can be included.
- No direct cash payments may be paid using Ryan White funds.
- Pre-existing Medical Conditions: Clients will not be denied access to HIV/AIDS Patient Care Programs for pre-existing health conditions.

## Approved Ryan White Direct Care Service Guidelines

Based on Funds Availability

### Medical Nutrition Therapy

**Florida Administrative Guideline Definition:** Medical Nutrition Therapy is provided by a licensed registered dietitian outside of a primary care visit. The provision of food, nutritional services and nutritional supplements may be provided pursuant to a physician's recommendation and a nutritional plan developed by a licensed, registered dietitian.

Nutritional services not provided by a licensed, registered dietitian shall be considered a support service. Food, nutritional services and supplements not provided pursuant to a physician's recommendation and a nutritional plan developed by a licensed, registered dietitian also shall be considered a support service.

#### **Additional PCHAP Guidelines:**

- Clients accessing medical nutrition therapy must be receiving Ambulatory Outpatient Medical Care (AOMC) for HIV treatment as documented by a CD4/VL measurement and an AOMC visit in an HIV care setting.
- Nutrition services may only be authorized with a physician's recommendation for "food, nutritional services and supplements".
- A physician's recommendation **and** nutritional plan are required for food or supplements to be provided.
- The nutritional status of individuals; and the management of nutrition-related complications associated with HIV disease and related co-morbidities should be assessed. The nutritional assessment to prioritize nutrition interventions and to integrate them into a multi-disciplinary HIV care plan will be shared with the referring physician and case management.
- Case manager must receive a signed nutritional plan from the nutrition provider. At a minimum the nutritional plan must include:
  - Recommended services and course of medical nutrition therapy to be provided, including types and amounts of nutritional supplements and food
  - Goals and desired outcomes developed in conjunction with the client and signed by the client
  - Date service is to be initiated
  - Planned number and frequency of sessions
  - Signature of the registered dietitian who developed the plan.
- Medical Nutrition Therapy provider must, at a minimum, maintain documentation of services, including:
  - Nutritional supplements and food provided, quantity, and dates
  - The signature of each registered dietitian who rendered service, the date of service
  - Dates of assessment/reassessment
  - Termination date of medical nutrition therapy
  - Any recommendations for follow up.
- No direct cash payments may be paid using Ryan White funds.
- Payer of Last Resort: A client may not be eligible for services from the HIV/AIDS Patient Care Programs if the client is already receiving or is eligible for the same benefits/services from other programs with the exception veteran's benefits. The services provided by Ryan White Part B and the other HIV patient care programs may be used for HIV-related services only when no other source of payment exists.
- Pre-existing Medical Conditions: Clients will not be denied access to HIV/AIDS Patient Care Programs for pre-existing health conditions.