SOUTH CAROLINA
DEPARTMENT OF
PUBLIC HEALTH

SOUTH CAROLINA RYAN WHITE PROGRAM

SERVICE STANDARDS

Revised: October 3, 2024

SOUTH CAROLINA DEPARTMENT OF PUBLIC HEALTH
BUREAU OF COMMUNICABLE DISEASE PREVENTION & CONTROL
STD, HIV, & VIRAL HEPATITIS SECTION
www.dph.sc.gov

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SUMMARY OF CHANGES

The South Carolina Ryan White Program Service Standards include the following key changes from the previous version (issued in 2022):

- Acronym glossary added
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- Documentation requirements clarified
- Expungement added to Other Professional Services
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- Gift Cards, Vouchers, & Prepaid Cards policy and procedure added
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- Security Deposits guidance added to Housing service
- Subrecipient responsibility updated for most service categories
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RYAN WHITE PROGRAM

ABOUT RYAN WHITE

In August of 1990, just four months after the death of Ryan White, Congress passed The Ryan White Comprehensive AIDS Resources Emergency (CARE) Act, commonly referred to as the Ryan White CARE Act, to fund programs to improve the availability of care for low-income, uninsured, or underinsured individuals living with HIV/AIDS and their families.

The Ryan White HIV/AIDS Program is the most extensive federal program focused primarily on HIV/AIDS care and has been reauthorized by the US Congress in 1996, 2000, 2006, and 2009, with each reauthorization accommodating new and emerging needs.

The Health Resources and Services Administration's (HRSA) Ryan White HIV/AIDS Program (RWHAP), which is part of the Department of Health and Human Services (HHS), oversees the Ryan White program and provides funding to help low-income people living with HIV receive medical care, medications, and essential support services to help them stay in care.

RYAN WHITE PARTS

PART A

Grants to Eligible Metropolitan & Transitional Areas

Part A funds are available to eligible metropolitan areas and transitional grant areas. These funds provide medical and support services to cities and counties most severely affected by HIV.

PART B

Grants to States & Territories

Part B funds are available to all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and six U.S. territories. It provides funds to improve the quality of and access to HIV health care and support in the U.S. and provides certain medications to low-income people living with HIV through the SC Drug Assistance Program (SC DAP).

PART C

Early Intervention Services & Capacity Development Program Grants

Part C funds are available to local community-based groups. It provides funds to provide medical care and support services for people living with HIV and helps community-based groups strengthen their capacity to deliver high-quality HIV care.

PART D

Services for Women, Infants, Children, & Youth

Part D funds are available to local community-based organizations. It provides medical care for low-income women, infants, children, and youth living with HIV and offers support services for people living with HIV and their family members.

PART F

AIDS Education Training Center (AETC)

These Part F funds are available to domestic public or private, non-profit organizations, schools, academic health science centers, faith-based organizations, and tribal organizations. It provides funds for training and technical assistance to providers treating patients with or at risk for HIV.

Special Projects of National Significance (SPNS)

These Part F funds are available to domestic public or private, non-profit organizations, schools, academic health science centers, faith-based organizations, tribes, and tribal organizations. It provides funds to help develop innovative models of HIV care and treatment to respond to Ryan White client needs.

Dental Program
These Part F funds are available to Dental schools, hospitals with postdoctoral dental residency programs, and community colleges with dental hygiene programs. It provides funds for oral health care for people with HIV and education about HIV for dental care providers.

Minority AIDS Initiative (MAI)
These Part F funds are available to RWHAP recipients. It helps RWHAP recipients improve access to HIV care and health outcomes for minorities.

See RWHAP Program Parts and Initiatives

See SC Ryan White Providers

SOUTH CAROLINA RYAN WHITE PROGRAM

The South Carolina Department of Public Health (SC DPH) administers the Ryan White Part B grant in South Carolina. The grant is managed by the STD, HIV, and Viral Hepatitis Unit within the Bureau of Communicable Disease Prevention & Control.

Part B funding of the Federal Ryan White HIV/AIDS Treatment Extension Act is to be used for developing and/or enhancing access to a comprehensive continuum of high-quality HIV care and treatment for low-income people living with HIV.

Each subrecipient should use Part B funds administered by SC DPH to provide services to eligible persons in accordance with all federal and state requirements. The provisions of the subrecipient agreement are subject to all federal and state requirements as outlined in the scope of work and revisions to the requirements made during the subrecipient agreement period.

Each Ryan White Part B-funded subrecipient should assess the outcomes of their programs along the HIV Care Continuum and work with their community and public health partners to improve outcomes so that individuals diagnosed with HIV are linked to and engaged in care and started on ART as early as possible. subrecipients must establish, implement, and sustain quality management programs. This includes monitoring the quality of health services using the HAB Performance Measures to assess the efficacy of their programs and to analyze and improve gaps along the HIV Care Continuum.

RYAN WHITE SERVICE STANDARDS

The SC Ryan White Program Service Standards incorporate the RWHAP National Monitoring Standards (NMS), the RWHAP Part B Manual, and the RWHAP Policy Notices to provide South Carolina-specific service definitions, guidance, allowable and unallowable costs, subrecipient responsibilities, and other service-related information to ensure that all SC Ryan White-funded subrecipients offer the same fundamental components of a given service category across the state and to establish the minimal level of service or care that a SC Ryan White-funded subrecipient may offer.

The SC Ryan White Program Service Standards are consistent with applicable clinical and/or professional guidelines, best practices, state and local regulations, and licensure requirements. The standards outline vital components of each service category and establish performance benchmarks to monitor the degree to which services provided meet or exceed established professional standards and user expectations.

Adherence to the standards will be evaluated during the annual Comprehensive Ryan White Programmatic Site Visits and/or Monitoring Desk Reviews to ensure that subrecipients are meeting the minimal expectations and consistently providing quality care to all clients.

The information, requirements, and guidance found in the SC Ryan White Program Service Standards apply to all SC Ryan White-funded subrecipients. Each subrecipient may directly provide services or enter into contractual agreements with other acceptable entities for the provision of services with SC DPH's prior written approval. Such acceptable entities would include any entity that provides Ryan White eligible

services for people with HIV (PWH) in the service area. The subrecipient shall ensure entities receiving Ryan White Part B Program dollars for the provision of Ryan White services will adhere to all subrecipient subaward requirements as stated in this RFGA and the subrecipient subaward.

SUBRECIPIENT-SPECIFIC SERVICE STANDARDS

All SC Ryan White-funded subrecipients must have subrecipient-specific service standards for all SC Ryan White-funded services provided by the subrecipient. These subrecipient-specific service standards must incorporate the minimum standard of care found in this document; however, when setting and implementing priorities for allocating funds, subrecipients may optionally define eligibility for certain services more precisely, but they may not broaden the definition of who is eligible for services.

See RWHAP National Monitoring Standards for RWHAP Part B Recipients

See RWHAP Part B Manual

See RWHAP Policy Notices

RYAN WHITE PROGRAM ELIGIBILITY

ELIGIBILITY CRITERIA

In order to be eligible for SC Ryan White services, individuals must:

- Have a documented diagnosis of HIV/AIDS
- Have a household income at or below 550% of the Federal Poverty Level (FPL)
- Reside in South Carolina
- Ensure Ryan White is the payor of last resort

See HHS Poverty Guidelines

See also SC Drug Assistance Program Eligibility Criteria

HIV/AIDS DIAGNOSIS

Individuals with one positive immunoassay may be linked to a SC Ryan White-fund subrecipient for the purpose of confirmatory testing. Ryan White services should not be provided until the client has confirmed HIV disease, confirmed through one of the following options:

- Documentation from electronic medical/health record
- HIV viral load testing result with detectable HIV viral load (viral load testing results with an undetectable viral load will not be accepted on their own as proof of diagnosis)
- Letter from medical provider confirming diagnosis of HIV disease
- Positive HIV immunoassay and detectable HIV RNA
- Positive HIV immunoassay and positive Western Blot or Multispot
- Two positive HIV immunoassays (should be different assays based on different antigens or different principles)

See CDC Clinical Testing Guidance for HIV

RESIDENCY

In order for individuals to meet the eligibility requirements to receive Ryan White services, they must prove they reside in South Carolina. Some agencies may require a government-issued photo ID.

Proof of residency includes:

- Letter from a homeless service provider verifying homelessness
- Most recent Social Security or VA benefits award letter
- Most recent W-2 from the employer
- Property tax statement
- Unemployment benefits award statement
- Unexpired government-issued ID showing South Carolina address
- Utility bills no more than three months old with the applicant's name and home address (cell phone bills not accepted)

INCOME

Income is defined as money from all sources before any deductions, such as income taxes, social security taxes, insurance premiums, charitable contributions, and bonds. Proof of income is required for the client, the client's spouse, dependent children, and/or dependent adults.

Ensure paystubs clearly show the client's name, start and end pay period date, and gross income amount. If the paystub has an end date only, you will need at least two consecutive paystubs to determine how often the client gets paid. Do not round up income.

The SC Ryan White Program and/or SC DAP retains the right to request additional information and/or documents to determine income eligibility.

Documentation for income includes the following:

- Alimony
- Business profits
- Child support
- Letter from employer (on company letterhead)
- Net earnings from self-employment
- Paystubs (salaries, wages, and/or tips)
- Rents, interest, dividends
- Royalties and commissions
- Scholarships
- Social Security cash benefits
- Unemployment compensation
- Veterans' benefits
- Workers' compensation
- Zero income form (statement of no income)

Income does not refer to the following:

- Assets withdrawn from a bank
- Capital gains from primary residence
- Car
- Compensation for injury (unless received for SC DPH provided treatment)
- Copy of direct deposits
- Gifts
- Loans
- Lump-sum inheritances
- One-time insurance payments
- Tax refunds
- Value of food and fuel produced and consumed on value of rent from an owner-occupied housing

See also SC Drug Assistance Program Income Guidelines

PAYOR OF LAST RESORT

Subrecipients must ensure Ryan White Program is the payor of last resort and vigorously pursue alternate payor sources. Charges that are billable to third-party payors are unallowable. Subrecipients must make every effort to ensure that alternate sources of payments are pursued, including third-party payors and other community resources. Subrecipients are required to use effective strategies to coordinate with third-party payors that are ultimately responsible for covering the cost of services provided to eligible or covered persons. Third-party sources include Medicaid, State Children's Health Insurance Programs (SCHIP), Medicare, including Medicare Part D, Veteran's Administration, Indian Health Service, and private insurance (including medical, drug, dental, and vision benefits).

Subrecipients should establish and maintain a schedule of charges policy for services billable to insurance that includes a cap on charges in accordance with HRSA's requirements for Imposition and Assessment of Client Charges. The policy must be posted publicly and be based on the current Federal Poverty Level. No charges may be imposed on clients with incomes below one hundred percent (100%) of the FPL. Charges to clients with incomes greater than the poverty level are determined by a three-tiered schedule of charges. Annual limitation of charges for Ryan White services are based on the percent of the client's annual income. The schedule of charges policy and annual caps must follow the guidelines in HRSA's National Monitoring Standards.

As part of the eligibility review, Medical Case Managers, or designated staff, must check client Medicaid eligibility in Provide Enterprise to ensure Ryan White is the payor of last resort. Medical Case Managers or designated staff should also complete the Benefit Assessment Tool (BAT) and complete enrollment for any payors for which the client may be eligible.

Eligibility for or enrollment in Medicaid or other health care programs may not be the sole factor in determining whether SC Ryan White services may also be needed to support the client's Action Plan.

All third-party payor sources must be documented and scanned into the client's Provide Enterprise profile.

See PCN 21-02: Determining Client Eligibility & Payor of Last Resort in the Ryan White HIV/AIDS Program

ELIGIBILITY SCREENING & VERIFICATION

All clients receiving SC Ryan White services must be verified as eligible before funded services are rendered and annually thereafter. If tentative eligibility verification is used, such as the Brief Assessment (BA) and/or Benefits Assessment Tool (BAT), to expedite services, verification (proof) of eligibility must be obtained within 45 days in order to continue services, or the client must be discharged. Services provided outside the eligibility verification timeline will be deemed ineligible, potentially leaving the subrecipient responsible for covering the cost of the service.

Proof of eligibility documentation must be scanned into the client's profile in Provide Enterprise. This safeguard ensures that documentation is available for auditing purposes and for applying a client to services such as SC DAP, Emergency Financial Assistance (EFA), SNAP, HOPWA, etc. Both Ryan White and SC DAP services follow the same criteria and guidelines.

While the SC Ryan White Program has allocated Ryan White Part B funding by service areas, clients are eligible to be served outside their service area if the SC Ryan White-funded subrecipient has the available funds and the client meets all eligibility criteria.

REGISTERING CLIENTS IN PROVIDE ENTERPRISE

The time from initial referral (first contact from referring agency or client) to the time a Medical Case Manager, or designated staff, contacts the client should be within two days but should not exceed five days. The first contact may occur face-to-face or by telephone.

Designated staff are required to attempt to register each client in Provide Enterprise immediately upon referral, even if proof of eligibility has not been obtained. Each SC Ryan White-funded subrecipient has flexibility in determining which staff will attempt the registration. However, Medical Case Management involvement may be required to obtain the actual release in Provide Enterprise.

If a client is already registered in Provide Enterprise, the "duplicate-check" feature will provide the name of the Ryan White-funded subrecipient who may have previously registered the client. For those clients already in the Provide Enterprise system, a release request, signed by the client, must be submitted to the agency currently holding the client's profile. For release requests that have not been completed within five days, the subrecipient may contact the designated SC Ryan White Program staff to facilitate the release request. All efforts must be made to avoid duplicate client records.

TENTATIVE ELIGIBILITY

The SC Ryan White Brief Assessment (BA) and Benefits Assessment Tool (BAT), located on pages one and two and six and seven of the Medical Case Management Intake/Reassessment form, may be used as tentative proof of eligibility to expedite or continue the use of SC Ryan White services.

Since the BA and BAT information is self-reported by the client, verification (proof) of eligibility must be obtained and scanned into Provide Enterprise within 45 days from completion. Should the client's eligibility documentation not be obtained and scanned into Provide Enterprise by the 45th day, the client must be

discharged from the SC Ryan White Program. This ensures that SC Ryan White services are not being provided to ineligible clients, as doing so may result in the subrecipient reimbursing the SC Ryan White Program for the amount spent on those ineligible services.

SC Ryan White-funded subrecipients concurrently serving a client may share or exchange the BA and BAT to expedite access to core medical and support services, as authorized by the client.

A client may need assistance obtaining proof of eligibility and/or transportation to an appointment. Completing the BA by phone prior to the appointments will allow the subrecipient to determine tentative eligibility. If the client is deemed tentatively eligible, services, such as transportation, may be provided to address any barriers to care.

Prior to verification of eligibility, staff must ensure they document the correct Contact Type and Category when creating a Progress Log.

For clients who may be difficult to contact and/or locate, an Outreach Referral Form should be completed and submitted to your agency's NHAS-funded Outreach Program, if applicable, prior to the 45-day eligibility verification cutoff to ensure continuity of care.

See also Documenting Provide Enterprise Prior to Eligibility Verification

SPECIAL POPULATIONS

AFFECTED INDIVIDUALS NOT IDENTIFIED WITH HIV

Affected individuals (people not identified with HIV) may be eligible for Ryan White services in limited situations, but these services for affected individuals must always benefit PWH. Funds awarded under the Ryan White Program may be used for services to individuals affected by HIV only in the circumstances described below:

- The primary purpose of the service is to enable the affected individual to participate in the care of a PWH. Examples include:
  - Caregiver training for in-home medical or Support Service
  - Psychosocial support services, such as caregiver support groups
  - Respite care services that assist affected individuals with the stresses of providing daily care for a PWH
- The service directly enables a PWH to receive needed core medical and support services by removing an identified barrier to care. Examples include:
  - Payment of a SC Ryan White client's portion of a family health insurance policy premium to ensure continuity of insurance coverage for the client
  - Childcare for the client's children while they receive core medical and support services

Services to affected individuals that meet these criteria may not continue subsequent to the death of the family member who was living with HIV.

See PCN 16-02: Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds

AMERICAN INDIANS & ALASKA NATIVES

Those eligible for Indian Health Services (HIS) are exempt from the payor of last resort requirement, which also deems them eligible for all Ryan White services.

See Ryan White Program and IHS

IMMIGRANTS & UNDOCUMENTED INDIVIDUALS

Immigration status is irrelevant for the purposes of eligibility for SC Ryan White services. Subrecipients should not share immigration status with immigration enforcement agencies.

See PCN 21-02: Determining Client Eligibility & Payor of Last Resort in the Ryan White HIV/AIDS Program

INCARCERATED & JUSTICE-INVOLVED INDIVIDUALS

Individuals with HIV who are incarcerated within federal and state prisons are not eligible for SC Ryan White services other than transitional services within 90 days of release, where no other services exist.

SC Ryan White funds can be used to provide HIV care and treatment for inmates within a county, city, or municipal jail if the institution is not legally responsible for and/or financially able to meet the HIV care and treatment needs of the incarcerated individual.

Individuals on probation or parole are eligible for SC Ryan White services since they are not in the care or custody of a jail or prison system.

SC Ryan White funds may be used to aid in the expungement of criminal records. Expungement of criminal records is an effective way to remove barriers to care and services, protect privacy, mitigate stigma, and support successful reentry into the community.

See PCN 18-02: The Use of Ryan White HIV/AIDS Program Funds for Core Medical Services and Support Services for People Living with HIV Who Are Incarcerated and Justice Involved

See also Other Professional Services

VETERANS

Subrecipients may not deny the delivery of any Ryan White services, including prescription drugs, to an eligible veteran or cite the payor of last resort language to compel an eligible veteran to obtain services from a VA health care system. Services may be refused on the same basis as decisions of refusal for non-veterans.

See PCN 16-01: Clarification of the Ryan White HIV/AIDS Program (RWHAP) Policy on Services Provided to Veterans

SOUTH CAROLINA DRUG ASSISTANCE PROGRAM

The South Carolina Drug Assistance Program (SC DAP) is a state-administered program authorized under the Ryan White Part B Program to provide FDA-approved medications to eligible individuals who have limited or no health insurance.

SC DAP also provides health insurance to eligible clients and provides services that improve access to, adherence to, and monitoring of HIV drug treatments.

See SC DPH Drug Assistance Program Website

See PCN 07-03: The Use of Ryan White HIV/AIDS Program, Part B AIDS Drug Assistance Program (ADAP) Funds for Access, Adherence, and Monitoring Services

ELIGIBILITY CRITERIA

In order to be eligible for SC DAP, individuals must:

- Have a confirmed diagnosis of HIV/AIDS
- Reside in South Carolina
- Have limited income at or below 550% of the Federal Poverty Level (FPL) for all service tiers
- Not be eligible for Medicaid
- Not be eligible for Medicare Part D with Full Subsidy
    - To be eligible for a full subsidy, an individual's countable income must be less than 150% of the FPL for their state and family size
- Have a valid prescription for HIV medication from a medical provider

See also Ryan White Program Eligibility

See also Recertification

FORMULARY

The formulary includes a list of FDA-approved medications that can be covered by SC DAP. Medications prescribed that are not found on SC DAP's formulary will have to be covered by other means, such as through a pharmaceutical Patient Assistance Program (PAP).

See SC Drug Assistance Program Formulary

SERVICE TIERS

DIRECT DISPENSING PROGRAM

The Direct Dispensing Program (DDP) provides assistance for clients who are uninsured or under-insured. This program is intended to be a temporary payor until the client can be enrolled into another payor source, such as an ACA insurance plan.

Client enrolled in DDP will receive their medications directly through Blue Sky Specialty Pharmacy (BSSP), a specialty mail-order pharmacy located in Mt. Pleasant, SC.

INSURANCE ASSISTANCE PROGRAM

The Insurance Assistance Program (IAP) provides assistance for clients who are enrolled in private insurance, ACA insurance, or COBRA.

Clients enrolled in IAP will utilize the Pharmacy Benefits Manager (PBM), ScriptGuideRX (SGRX), to assist with out-of-pockets costs associated with their medications. SGRX manages a network of pharmacies which will allow clients to choose from a list of local walk-in or mail-order pharmacies.

MEDICARE D ASSISTANCE PROGRAM

The Medicare D Assistance Program (MAP) helps cover the costs of a client's Medicare Part D premiums and coverage wrap-around. Payments made by SC DAP count toward the client's true out-of-pocket (TrOOP).

Like IAP, clients enrolled in MAP will also utilize SGRX to fill their medications. Please note that SGRX cards used for MAP have a different BIN and PCN number than the SGRX cards used for IAP.

See SGRX SC DAP Resources

RECERTIFICATION

Beginning in April 2022, SC DAP requires all enrollees to recertify annually, changed from every six months (HRSA PCN 21-02). The recertification will include proof of household income and the most recent CD4 and viral load, no more than 15 months old. Recertification forms should be submitted within 60 days of notification. If recertification has not been submitted within 30 days, the enrollee will receive a final request reminding that the recertification form is due. After 60 days, the enrollee will be closed for not recertifying.

To allow providers to align recertification with patient appointments and prescription renewal schedule, the SC DAP will accept and process a recertification form that is submitted up to 60 days earlier than the recertification date. Recertifications submitted to SC DAP earlier than 60 days prior to the recertification date will be returned.

Recertifications are checked for income, Medicaid, Medicare and/or private health insurance eligibility. Enrollees recertifying for continued SC DAP eligibility who have coverage for prescriptions will be denied for Medicaid or Medicare FLIS or automatically enrolled in the most appropriate SC DAP service tier (IAP or MAP).

Applicants who are discovered to have health insurance coverage for prescriptions will be required to use the insurance - up to the coverage limit - to ensure that SC DAP is the payor of last resort.

The instructions for completing recertification forms are the same as those for filling out the application form, with the exception that only one signature is needed on the recertification form. The provider assisting in completing the form should also sign the recertification form. Enrollees who do not recertify will be removed from the SC DAP.

CLOSURE

Clients may lose their SC DAP benefits if they:

- Do not respond to SC DAP letters on time
- Fail to submit all documentation at the time of recertification
- Make too much money so that your income exceeds 550% of the FPL for all service tiers
- Do not take your medicines as prescribed
- Get Medicaid
- Get Medicare Part D with (FLIS)
- Move out of SC, or go to prison

DOCUMENTATION

Provide Enterprise is a data and care management program that helps SC Ryan White-funded subrecipients efficiently manage eligibility, enrollment, and care coordination across various programs and agencies. It is designed to monitor and track SC Ryan White services, SC DAP services, HOPWA services, and more.

SC Ryan White Program requires all funded services to be entered into Provide Enterprise.

The Provide Enterprise data and care management system is licensed and customized by the SC Ryan White Program for SC Ryan White subrecipients (including the SC DAP). The SC design of Provide Enterprise allows Medical Case Managers, and other staff, to capture, review, and report a wide range of health service and client-centered information to support the client's HIV care.

SERVICE PROVIDED

Services provided are defined as any instance where an eligible client receives an allowable service, including gift cards/vouchers or other resources allowable under a specific service category. All core medical and supportive services must be documented in Provide Enterprise, with the corresponding dollar amount, if required by subrecipient. Subrecipients must develop and implement protocols to ensure the accuracy and timeliness of documentation for the services provided by Provide Enterprise.

Most services provided are entered into Provide Enterprise using the “Service Provided” option under the “Create Activity” menu. Alternatively, service providers, such as Case Managers, can record services provided through a Progress Log's "Services Provided" tab when documenting a client encounter. This tab allows service providers to detail the time spent with a client and itemize different services provided during that single encounter.

For services where the Unit of Measure (UOM) is in minutes, service providers should accurately itemize the time spent on a specific service in 5-minute increments (5 minutes, 10 minutes, 15 minutes, etc.). However, the total minutes indicated on the “Services Provided” grid should not exceed the total minutes entered on the main tab of the Progress Log.

For services not measured in minutes, such as Medical Transportation, the service provider should indicate the total number of service-related items provided for that specific service category. For instance, the UOM for Medical Transportation is "One-Way Trip," so a one-way trip UOM would be "1," and a round trip would be "2."

PROGRESS LOGS

Progress Logs serve as the connecting fibers of the client's HIV continuity of care, demonstrate the efforts made by staff, and provide other staff with critical information about the client, services provided, etc.

All encounters made with or on behalf of the client must be documented as a Progress Log in Provide Enterprise. Subrecipients must develop and implement protocols to ensure the accuracy and timeliness of documentation in Provide Enterprise.

Professional disciplines will provide services and complete documentation of care/service provided according to their professional standards and guidelines.

Each subrecipient must maintain written guidelines for these documentation requirements and a required timeframe for Progress Logs to be entered into the system.

COLLATERAL CONTACT

A collateral contact is any contact not made directly with the client despite the client's age, mental capacity, etc. If the client's eligibility has not yet been verified or the client has been discharged from the

SC Ryan White Program, Medical Case Managers, or designated staff, must use the Contact Category: Monitoring Services.

MONITORING

Monitoring service examples may include reviewing and/or updating the client's medical encounter as preparation for the client's clinic and/or Medical Case Management appointment. Monitoring services are eligible to be counted on productivity reports but not eligible to be reported to funders as visits with the client. The system electronically determines where to report events based on fields indicated in the Progress Log.

SAMPLE TEXT

Staff may utilize the Progress Log sample text to reinforce standards of care and documentation. Sample text ensures essential information is captured for each client at each encounter. Subrecipients who choose to create a customized sample text must submit their requests to the SC Ryan White Program for review and approval.

DOCUMENTING IN PROVIDE ENTERPRISE PRIOR TO ELIGIBILITY VERIFICATION

Prior to verification of eligibility:

- Progress Logs should be entered with a Contact Type of “Incoming Referral Services Contact”
- Services Provided should be entered with a Category of “Monitoring.” These documentation steps are critical to avoid reporting clients as “served” prior to SC RWB eligibility verification

See also Progress Log Tabs

See also Provide Enterprise

DATA SECURITY & CONFIDENTIALITY

The adoption of common practices for securing and protecting data will provide a critical foundation and be increasingly important for ensuring the appropriate sharing and use of data as programs begin to modify policies and increasingly use data for public health action.

SUBRECIPIENT RESPONSIBILITIES

Subrecipients must develop and implement policies for the following:

- SC Ryan White Eligibility
- HIPAA Privacy
- Data Security and Confidentiality
- Client Consent
- Client Bill of Rights or Client's Rights and Responsibilities

Subrecipients must also ensure that staff have completed all required HIPAA and Data Security and Confidentiality trainings prior to accessing confidential information. These trainings must be completed annually.

Documentation of completion of all required data security and confidentiality trainings must be kept on file and made available for review upon request.

See CDC Data Security and Confidentiality Guidelines

See HHS Health Information Privacy

GIFT CARDS, VOUCHERS, & PREPAID CARDS

Subrecipients must have a policy and procedure in place regarding allowable uses of the gift card/voucher and a tracking system in place to account for the purchase, secure storing, and distribution of gift cards/vouchers. Subrecipients must ensure staff are made aware of and provided with a copy of policies and procedures related to the distribution of vouchers/gift cards. Clients must agree to use gift cards/vouchers for its intended use.

All gift cards and vouchers must be preapproved by the SC Ryan White Program and SC DPH Bureau of Financial Management's Office of Federal Grants Compliance prior to purchase. Subrecipients must submit to the SC Ryan White Program subrecipient Gift Card/Voucher Prior Approval Request Form prior to the purchase of any gift cards/vouchers, pre-paid cards, or other items of monetary value.

Per SC Ryan White Notice of Award from HRSA, general-use prepaid cards are considered "cash equivalent" and are therefore unallowable. Such cards generally bear the logo of a payment network, such as Visa, MasterCard, or American Express, and are accepted by any merchant that accepts those credit or debit cards as payment.

Gift cards/vouchers may not be redeemed for cash.

See Subrecipient Gift Card/Voucher Prior Approval Request Form

See Sample Subrecipient Gift Card/Voucher Prior Approval Request Form

SC DPH PURCHASES POLICY

POLICY STATEMENT

The issuance of gift cards, gift certificates and vouchers are generally prohibited. In rare circumstances these may be purchased by subrecipients if preapproved either by the Federal Notice of Award or written approval from the federal program, or financial officer. This policy sets forth general rules and procedures for the purchase, distribution, and tracking of gift cards, gift certificates and vouchers.

DEFINITIONS

Gift Card/Gift Certificate

A stored-value or similar instrument issued in lieu of cash or check, including, without limitation, a gift certificate. As a cash equivalent instrument, gift cards are governed by tax rules and internal control requirements.

Voucher

A document that entitles the holder to a discount, or that may be exchanged for goods or services.

RULES

1. Gift cards, gift certificates and vouchers require the same level of security as cash
2. A Gift Card Policy is needed because there is a high risk of fraud, waste, and abuse when converting grant funds into gift cards and because of the difficulty in tracking and monitoring their use
3. Lack of strong administrative oversight can result in these costs being questioned in an audit

The purpose and purchase of gift cards, gift certificates and vouchers must be pre-approved by the Bureau of Financial Management (BFM) Grant Compliance due to the fact they are equivalent to cash and can have income tax implications. Normally, the value of an individual gift card should not exceed $25.00 per card.

DISTRIBUTION

The individual assigned the responsibility of distributing the gift cards should not also be assigned the responsibility of tracking and reconciling gift cards.

LOST OR STOLEN CARDS

Lost or stolen cards need to be reported and documented. A subrecipient needs to have a clear policy stating limits on reissues. If a subrecipient has this reoccurring issue, the use of gift cards should be suspended until the issues are corrected.

UNUSED INVENTORY

Physical inventory of gift cards must be performed at least monthly by the subrecipient. At the end of the fiscal year, the total number of unused cards and the total value of those cards must be reported to the Program Area and Grants Compliance if requested.

Unused inventory of gift cards must always be accounted for. It is not permissible to request reimbursement for gift cards that have not been used for the project.

When unused cards exist, the subrecipient should try to return the gift cards to the vendor and obtain a refund.

PROCEDURES

Refer to the Gift Card Procedures below.

RESPONSIBILITY

Program Area/Region

Obtain approvals for any gift card, gift certificate or voucher before reimbursement is given under all funding sources.

Bureau of Financial Management (BFM) Grant Compliance Division

Review and approve all requests related to the gift card, gift certificates and vouchers related to individual grant terms and conditions, allowability and other approvals.

SC DPH PURCHASES PROCEDURES

1. Gift cards will not be reimbursed until approved
2. Reimbursements will be for the actual cost and amount purchased. For example, if ten $10 gift cards at $100 were approved, but the purchase for five $10 gift cards at $50, then only $50 will be reimbursed
3. Gift cards should not be for general use gift cards, for example VISA and Mastercard. They should be store-specific for items to be purchased with the gift cards such as food, gas, and hygiene products
4. Gift cards should not be purchased in excess. Only purchase and have on hand what is needed for the current requested period
5. Gift cards are approved on a quarterly basis and should be submitted 30 days in advance
6. Specialty gift cards are approved one month at a time and should be submitted 30 days in advance.
7. Proof of allowability by the grant, for example, the grant award, or an email specifically giving approval, must be retained by the program area
8. No other costs should be included with the purchase of the gift cards. For example, activation fees and shipping costs should not be included
9. All requests should include reasoning for the gift card
10. All gift cards should be tracked, monitored, and inventoried. See the Tracking section for more information and required documentation
11. All requests and tracking should include the notification to the gift card recipients that they are intended for specific assistance, and the tracking should include signature
12. All subrecipients must follow an internal gift card policy and DPH's gift card policy
13. Program areas should monitor and review the subrecipient's gift card policies and review a sample on every site visit. They should monitor some of the gift cards tracking and documentation, and verification of the tracking and signatures, etc.

14. Subrecipients should include limits and a strict system abuse details in their policy
15. Subrecipients must follow all IRS requirements related to gift card distribution

SPECIALTY GIFT CARDS PROCEDURES

For ALL specialty gift cards, a subrecipient should obtain and keep on file documentation of the following items in addition to the requirements listed in gift card policy.

1. The reason why they are treating this gift card as a Specialty gift card. If this is a gift card for long distance travel, the complete justification must be maintained on file and the Program area should review it during a site visit
2. If specialty gift cards are allowed by the grant, verify that all requirements are met. For instance, - If the grant requires that the grant is the last resort payor. verify that this has been done and that all sources of insurance, assistance, and payor sources have been exhausted
3. They receive and maintain documentation of the medical appointments to other appointments related to the specialty gift card and additional costs
4. Verification that the subrecipient is not providing any of the services and giving assistance for the same services, for example: they are not providing transportation themselves and transportation assistance (the gift cards)
5. Maintain records that follow their own internal policies

TRACKING

1. Gift card activity shall be documented by the subrecipient so that the physical number and value of cards in their possession matches the balance of gift cards documented on a log, receipt book, or equivalent method of documentation.
2. The method of tracking gift cards should record the following information:
    a. Recipient name or in the case of anonymous or confidential human subject participants, the participant ID number
    b. Date of distribution
    c. Signature of Principal Investigator or department head authorizing disbursement to recipients
    d. Purpose of payment
    e. Serial number of the gift card
    f. Amount of gift card
    g. Signature or initials of recipient

Additional best practices should be followed to show that DPH and the subrecipient are being good stewards of these federal funds:

1. If this is a long-distance travel, is there an attempt to schedule multiple appointments on one day to limit the frequency of travel
2. Can they receive the same and/or similar care locally
3. Verify appointments and the attendance of appointments
4. Provide limits for the amounts given for assistance

SUBRECIPIENT RESPONSIBILITIES

When gift cards/vouchers are provided, the subrecipient must:

- Follow the subrecipient and SC Ryan White Program policy and procedure on gift cards/vouchers
- Document the following in Provide Enterprise:
    - Type of gift card/voucher
    - Justification/reason for gift card/voucher
    - Quantity of gift cards/vouchers
    - Amount of each gift card/voucher

- Copy of each gift card/voucher
- Trip origin and trip destination (when Medical Transportation services are provided)
- Client signature acknowledging receipt of gift card/voucher

GRIEVANCES, DISCHARGE, & RE-ENTRY INTO CARE

GRIEVANCES

Grievance policy and procedures are required by all subrecipients. A written grievance policy must be shared with all SC Ryan White clients at the point of initial eligibility screening and annually thereafter. All staff must be aware of and adhere to the client grievance policy and procedures. All attempts should be made at the subrecipient level to resolve any grievance.

The grievance policy must state that any grievance related to a denial of services or a complaint about services received that is unresolved at the subrecipient level may be reported by the client to the SC Ryan White Program. It must also include SC Ryan White Program's phone number, which is 800-856-9954, and hours of operation, which are between 8:30 am - 5:00 pm, Monday - Friday, excluding holidays.

Further, the policy must state that grievances filed with SC Ryan White Program will remain confidential unless the client specifically requests that SC Ryan White Program follow-up with the subrecipient, and there shall be no reprisal towards the client when grievances are made.

Subrecipients must maintain a file of individuals who refused services with reasons for refusal specified; include in the file any complaints from clients, with documentation of compliant review and decision reached and/or response given, if any.

DISCHARGE & RE-ENTRY INTO CARE

Discharge policies and procedures are required by all subrecipients. Policies and procedures should include the process for client appeal if the client was discharged from the agency for any reason. Staff must inform clients of the subrecipient's discharge policy and any required steps that must be taken prior to closure, such as the number of phone attempts, letters, etc.

Discharge and re-entry into care decisions are to be determined by the subrecipient. When possible, the subrecipients should work with the client or the SC Ryan White Program staff to resolve any issues or barriers to ensure the client maintains care. If the client's appeal is denied, the subrecipient must work with SC Ryan White Program staff to refer the client to another Ryan White or HIV care provider.

SC Ryan White enrollment is closed when the client requests discharge, is deemed inactive (i.e., deceased or moved), or is discharged involuntarily. Each client discharge should be signed by the Medical Case Manager, or designated staff and their supervisor.

A discharge should be documented for all clients closed – regardless of the reason (positive outcome or negative outcome). Each subrecipient must inform clients of the discharge policy and steps to be taken by the agency prior to closure, such as the number of phone attempts, letters, etc. SC Ryan White Program does not require a Progress Log at discharge.

If the Medical Case Manager, or designated staff, chooses to create a discharge Progress Log, which is not required, the Category Type should be entered as "Monitoring," Contact Type as "Documentation," and Contact Flag as "None." Entering the discharge Progress Log Category Type incorrectly will inadvertently document the discharge as a Medical Case Management service. Services entered in Progress Logs should only include services with a Category of "Monitoring."

NHAS-FUNDED OUTREACH REFERRAL

Since the continuity of client care is a priority, it is recommended that subrecipients who have an NHAS-funded Outreach program, Medical Case Managers, or designated staff, should complete and submit the Outreach Internal Referral Form to their Outreach Program well in advance of the client being discharged to reduce gaps in care and services. This step should be completed well before the client's eligibility expires but should not delay the discharge process.

GRADUATION DISCHARGE

Graduation discharge is used when both the client and service provider, such as a Medical Case Manager, agree that less support is needed in order for the client to be self-sufficient and adherent to their HIV care. Each subrecipient may implement graduation discharge at a pace that fits their agency and are advised to implement it in phases, where phase one assesses each client's readiness at Reassessment. Medical Case Managers may review the self-populating "Graduation Review Summary" in Provide Enterprise.

Each subrecipient's graduation process must be reviewed and approved by the SC Ryan White Program. Medical Case Management supervisors must approve client graduation.

Clients eligible for graduation must:

- Be adherent to ART regimen
- Be adherent to medical care and past Medical Case Management appointments
- Achieve sustained viral suppression
- Sign a written Notification of Future Outreach
- Have the following made available to them:
    - Duty Case Management
    - Support Group
    - Outreach services at least one contact per year

TIME & EFFORT

Per CFR 200.430(i) Compensation – Personal Services, Standards for Documentation of Personnel Services, charges to federal awards for salaries and wages much be based on records that accurately reflect the work performed. Subrecipients must maintain time and effort reports to document the time and effort of individual staff funded with Ryan White Part B Program funds demonstrating fiscal stewardship of Ryan White Part B funds, as all staff time charged to the Ryan White Part B Program must be for carrying out Ryan White Part B activities.

Time and effort logs must be documented by the staff and include the number of hours spent working on each grant and a brief description of the tasks performed for salaries charged to the grants.

PRODUCTIVITY

The Ryan White Program no longer reviews productivity reports during site visits. Subrecipients may continue to use productivity as needed. Productivity minutes are gained when Progress Logs, referrals, and Medical Encounters are completed in Provide Enterprise. Below are the recommended minimum monthly productivity minutes based on the service provider.

TRADITIONAL MEDICAL CASE MANAGER	NON-MEDICAL CASE MANAGER	SPECIALIZED MEDICAL CASE MANAGER	OUTREACH SPECIALIST	PEER ADHERENCE COACH
7,200	7,200	7,200	7,200	3,600

The 7,200 minutes reflects three working weeks of a 4-week work month, allowing the one excluded week to allow time for staff meetings, trainings, and other time accountability intangibles.

Each SC Ryan White-funded subrecipient may choose to develop more exact measures of staff time monitoring. However, the following conditions must be met:

- SC Ryan White Program must approve the formula and goal
- Subrecipients must maintain auditable records for the contract-required retention period
- The denominator should consider four weeks of a four-week work month

Refer to the “Productivity Report” in Provide Enterprise for detailed eligible events and requirements. The report supports coaching techniques to assist staff in meeting their monthly productivity goals.

CASELOADS

SC DPH sets recommendations for caseloads to ensure clients receive optimal care and support. Subrecipients should routinely monitor caseloads to ensure service providers can provide the necessary care and support in a safe and timely manner. Below is the recommended caseload based on the service provider:

TRADITIONAL MEDICAL CASE MANAGER	NON-MEDICAL CASE MANAGER	SPECIALIZED MEDICAL CASE MANAGER	OUTREACH SPECIALIST	PEER ADHERENCE COACH
75	75	45	25	35

CONTINUITY OF OPERATIONS

Subrecipients must develop a Continuity of Operations Plan which:

- Identifies systems or processes that might be vulnerable in an emergency situation
- Addresses hazards that pose the greatest risks to the organization, mission-critical employees, and functions and resources that are necessary to deliver services to clients

Subrecipients must ensure the plan includes a system to protect records, assets, data, equipment, and facilities, including a plan for data backup and storage in secure locations.

Additionally, subrecipients must notify the SC Ryan White Program of any changes or delays to their regular business operations.

RYAN WHITE QUALITY MANAGEMENT

All SC Ryan White-funded subrecipients must develop and implement a Clinical Quality Management (CQM) Program. This program should assess the extent to which HIV health services provided to patients under the grant are consistent with the most recent Health and Human Services (HHS) guidelines for the treatment of HIV/AIDS and related opportunistic infections. It should also include developed strategies for ensuring services are consistent with the guidelines for improving access to and quality HIV health services.

The CQM Program must include:

- A Quality Management Plan (aligned with Ryan White Statewide Quality Management Plan)
- Quality expectations for providers and services
- Measurement of outcome indicators
- Collection and analysis of data
- Identification of improvement strategies
- A method to report and track expected outcomes

SC Ryan White Program will provide periodic independent peer reviews to assess the quality and appropriateness of core medical and support services provided by entities that receive SC Ryan White funds.

SUBRECIPIENT RESPONSIBILITIES

Subrecipients should develop and implement a CQM Program and maintain all related documentation. Additionally, subrecipients should participate in quality management activities as contractually required. These activities include:

- Compliance with relevant service category definitions
- Participation in QM Steering Committee meetings and activities for SC Ryan White-funded subrecipients
- Annually updating and submitting to SC Ryan White Program the Quality Management Plan
- Annually submitting to SC Ryan White Program, the Clinical Report Card, which includes the established statewide Quality Management Performance Measures
- Implementing an internal agency quality management committee
- Routinely monitoring agency performance utilizing Performance Management data and established targets
- Implementing continuous quality improvement strategies to improve core medical and support services provided
- Periodically updating SC Ryan White Program, as requested, on implementation of improvement strategies
- Monitor provider compliance with HHS treatment guidelines and the SC Ryan White Program approved service category definition for each funded service

See PCN 15-02: Clinical Quality Management Policy Clarification Notice

See SC DPH Ryan White Quality Management

REQUIRED TRAININGS & MEETINGS

REQUIRED TRAININGS BASED ON PROGRAM

All staff listed in the chart below, and their immediate supervisors, must complete all required trainings within the first year of employment.

All required trainings must be retaken, as a refresher, at minimum every three years. Required trainings taken as refreshers can count towards CEUs.

Documentation of completion of all required trainings and CEUs must be kept on file and made available for review upon request.

REQUIRED TRAINING & DESCRIPTION	TRADITIONAL MEDICAL CASE MANAGER	NON-MEDICAL CASE MANAGER	SPECIALIZED MEDICAL CASE MANAGER	OUTREACH SPECIALIST	PEER ADHERENCE COACH
Basic Counseling: Motivational Interviewing Participants of this four-hour training will learn person-centered skills to help clients make positive behavioral changes. This includes engaging clients, assessing their readiness for change, and boosting their confidence and commitment to taking action.	Required	Required	Required	Required	Required
Benefits Navigation Participants of this one-day training will learn the basics of health-related benefits, including the ACA, Medicare, Medicaid, SSI/SSDI, and the SC DAP.	Required	Required	Required	—	—
Boundaries, Ethics, & Cultural Competency Participants of this three-hour training will examine legal and ethical issues, individual and institutional attitudes, culturally competent services, and ethical decision-making across different fields of practice.	—	—	—	Required	Required
HIV 101 (Clinical or Non-Clinical) Participants of this training will learn the basics of HIV, including history, transmission, testing, and treatment.	Required	Required	Required	Required	Required
Introduction to Provide Enterprise Participants of this four-hour webinar will gain a basic understanding of Provide Enterprise, SC Ryan White's data and care management system.	Required	Required	Required	Required	Required
Medical Case Management Orientation Participants of this three-day training will review the roles and responsibilities of a Medical Case Manager, gain an understanding of HRSA and SC Ryan White definitions for eligibility and services, examine Points-in-Care and documentation, develop care plans, review HOPWA services, and submit SC DAP applications in PE.	Required	Required	Required	—	—
Medical Case Management Competency Test The MCM Competency Test is mandatory for all new MCMs and their direct supervisors and must be taken after completing all required trainings. The competency test ensures new MCMs grasp the responsibilities and requirements of providing comprehensive MCM services in SC. A score of 80% or higher is required to pass.	Required	Required	Required	—	—
Outreach & SMCM In-Service Participants of this three-day training will learn how to implement the Outreach Program guidance. This includes acquiring the necessary skills to manage and prioritize a cohort of not-in-care clients, completing a	—	—	Required	Required	Required

Return-to-Care Assessment, and creating a Specialized Action Plan. Attendees will also gain an understanding of the roles and responsibilities of NHAS-funded providers and how they fit into the continuum of care. The training will cover best practices and provide an opportunity to network with other NHAS-funded providers from across SC. It is recommended that Outreach Program staff attend this training twice within the first year of hire to ensure they fully understand the program and are aware of any updates.					
SC HIV/STD Laws Participants in this four-hour training course will gain knowledge about the various legal issues stemming from the HIV/AIDS epidemic in SC. This training is not a substitute for legal advice or consultation.	—	—	—	Required	Required
Trauma-Informed Care Participants of this three-and-a-half-hour training will learn to define trauma, describe the physiological and psychological impact of trauma, and recognize symptoms of PTSD while learning the skills necessary to build rapport and trust with patients/clients while reducing the possibility of re-traumatization. Additionally, the training will address how staff can be impacted by secondary trauma/vicarious trauma.	Required	Required	Required	Required	Required
12 hours of Continuing Education Units MCMs, SMCMs, and their supervisors must complete a minimum of 12 hours of continuing education units each grant year relating to case management practice, HIV/AIDS, STD, substance abuse, cultural competency, etc. Retaking required trainings can count towards the 12 hours of CEUs.	Required	Required	Required	—	—

See SC DPH's STD, HIV, & Viral Hepatitis Training Calendar

See SC Ryan White Training Calendar

REQUIRED MEETINGS

Ryan White Part B Grant Orientation

The subrecipient will assign representatives to attend the Ryan White Part B Orientation. One representative must be a program staff member, and one must be from the business office.

Peer Review

The subrecipient will assign one representative at the Director level to serve on the Peer Review Committee. Meetings are held virtually or face-to-face four times per year on the second Thursday of March, June, September, and December. Meetings are organized and led by the elected Peer Review Co-Chairs. Agendas, minutes, and attendance are shared with SC DPH.

Director's Call

The subrecipient will assign the same representative as Peer Review to attend the Director Calls. Calls are scheduled on the second Thursday of each month when Peer Review is not meeting, excluding January and July.

Medical Case Management Workgroup

The subrecipient will assign one representative to serve on the Medical Case Management Workgroup. Meetings are held every other month on the fourth Thursday (except for November and December).

Outreach Workforce Committee Meeting
If the subrecipient uses Ryan White Part B Program awarded funds or funds earned through the Ryan White Part B Program for providing Outreach services, the subrecipient will assign at least one representative to serve on the Outreach Workforce Committee. All MAI-funded staff are also required to attend the Outreach Workforce Committee Meetings.

Peer Adherence Workgroup
If a subrecipient uses NHAS or EHE funds to provide Peer Adherence services, they are required to send all Peer Adherence Coaches to attend the Peer Adherence Workgroup. The Peer Workgroup is held on the 2nd Thursday of each month, either virtually or in-person.

Clinical Quality Management Steering Committee Meeting
The subrecipient will assign at least one representative to serve on the Statewide Ryan White QM Steering Committee. The Quality Management Steering Committee meets quarterly.

Periodic Statewide Meetings
The subrecipient will send at least one representative to each statewide meeting convened by DPH, not to exceed four per year. Examples may include, but are not limited to, Ryan White All Parts Meetings.

Statewide Coordinated Statement of Need & Integrated HIV Care & Prevention Planning Meeting
The subrecipient will send at least one representative to each meeting convened by DPH and the HIV Planning Council (HPC) for preparing and evaluating, SC's Integrated HIV Care and Prevention Plan, including the SCSN.

Program Specific Technical Assistance
Subrecipients may be required to participate in DPH-required Technical Assistance meetings, calls, and webinars throughout the year. Examples may include, but are not limited to, Site Visit Preparation, RSR Technical Assistance, DAP TA calls, and other calls for the dissemination of Technical Assistance to meet program deliverables.

RYAN WHITE ENDING THE HIV EPIDEMIC SERVICES

The federal Ending the HIV Epidemic (EHE) initiative is an ongoing effort to reduce the number of new HIV infections in the United States by at least 90% by 2030. SC Ryan White EHE funding may be used not only for traditional SC Ryan White core medical and support services, but also for EHE Initiative Services and EHE Infrastructure.

EHE services focus on four key strategies that together can end the HIV epidemic in the US. These efforts include:

- Diagnose all people with HIV as early as possible
- Treat people with HIV rapidly and effectively to reach sustained viral suppression
- Prevent new HIV transmissions by using proven interventions, including pre-exposure prophylaxis (PrEP)
- Respond quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them

See SC DPH Ending the Epidemics SC/Ending the HIV Epidemic

See SC Ending the HIV Epidemic Plan

See Ending the HIV Epidemic: A Plan for America

See The National Strategic Plan: A Roadmap to End the Epidemic (EHE) for the United States: 2021-2025

ELIGIBILITY CRITERIA

In order to be eligible for SC Ryan White EHE services, individuals must:

- Have a documented diagnosis of HIV
- Live in South Carolina and not in a state or federal prison

ALLOWABLE USE OF FUNDS

- All Ryan White core medical and support services per PCN 16-02
- EHE Initiative Services may include but are not limited to:
    - Specialized linkage to care services for newly diagnosed and returning-to-care clients
    - Medication starter packs to facilitate immediate prescription of antiretroviral therapies
    - Evidence-informed and/or evidence-based interventions, particularly around linkage to care, retention in care, reengagement in care, and adherence counseling
    - Implementation of emerging practices
    - Testing, linkage, and immediate medical care via mobile unit
    - Programs, trainings, and outreach to increase equitable, culturally appropriate access to HIV treatment and services
    - Information dissemination, public outreach, and community engagement
    - EHE Infrastructure may include but is not limited to:
        - Employment of technology to increase client retention and medication adherence
        - Data infrastructure development and systems linkages

SUBRECIPIENT RESPONSIBILITIES

- Ensure and provide proof that:
    - Client is eligible to receive service
    - Limitations on amount, frequency, and duration of service are explained to the client
    - No Direct cash payments or cash reimbursements are made to client
    - Providers and facilities providing services have appropriate and valid licenses, certifications, and/or registrations as required under applicable federal, state, and local laws

    - Enroll client in “EHE Enrollment” in Provide Enterprise
- Document in Provide Enterprise:
    - Proof of client eligibility
    - Date of service
    - Service provided for each visit
    - Corresponding dollar amount of service provided, if required by subrecipient
    - Justification/reason for service
    - A Progress Log summarizing communication/encounter
    - Updates to client’s Action Plan to reflect service needs, if applicable
    - Any follow-up provided

TELEHEALTH SERVICES

Telehealth is defined as the use of electronic information and telecommunication technologies to support and promote long-distance clinical health care, patient and professional health-related education, public health, and health administration. Telemedicine, a subset of telehealth, provides clinical services remotely through patient-provider interactions.

Per PCN 16-20, HRSA Ryan White HIV/AID Program (RWHAP) recipients and subrecipients are encouraged to consider all methods or means by which they can provide services, including the use of technology (e.g., telehealth).

Under Ending the HIV Epidemic in the U.S. (EHE), telehealth is part of the solution to achieve at least a 90% reduction in new HIV infections by 2030 by addressing the disproportionate burden of new infections within certain geographic areas and within certain populations.

Telehealth implementation allows for an alternate means to connect persons to HIV care and prevention services that are not being reached through conventional methods.

SERVICE PROVISIONS

The following SC Ryan White services may be offered via telehealth:

- Outpatient Ambulatory Health Services
- Medical Nutrition Therapy
- Mental Health Services
- Medical Case Management
- Non-Medical Case Management
- Health Education/Risk Reduction
- Outreach Services
- Psychosocial Support Services
- EHE Initiative Services, including linkage to care

TELEHEALTH SERVICES MAY NOT BE APPROPRIATE FOR INDIVIDUALS WHO

- Have not been seen in the clinic at least once within a 12-month timespan
- Have any acute or life-threatening illness
- Require narcotics to be prescribed
- Are unwilling to present for necessary in-person lab work, which is determined by clinical staff
- Clinical staff feel medical conditions or complications are too complex or not appropriate for telehealth visit
- Clinical staff feel chronic disease is unstable

SUBRECIPIENT RESPONSIBILITIES

When utilizing telehealth modalities for SC Ryan White clients, SC Ryan White-funded subrecipients should abide by HRSA's guidelines for all allowable services under RWHAP and must:

- Ensure and provide proof that:
    - Client is eligible to receive service
    - Service is necessitated by the individual's HIV status
    - Care is consistent with HHS Guidelines
    - Providers and facilities providing services have appropriate and valid licenses, certifications, and/or registrations as required under applicable federal, state, and local laws
    - Services adhere to established state and agency service standards
    - The client has been seen in person within the last year and their HIPAA Acknowledgement and Consent for Treatment forms will be valid at the time of the Virtual Visit

- The client has access to adequate videoconferencing systems to connect to remote sessions and possesses confidence in using the telemedicine platform. If the video conference fails and the visit is converted to phone only, early follow-up is required
- Insurance reimbursement or billing for telehealth services are verified prior to appointment since requirements vary among insurance providers and can be subject to specific requirements and/or restrictions
- Select telemedicine technology platforms have appropriate safeguards and data security. Workflows may need to be restructured to facilitate virtual delivery of health services, and healthcare providers need training on how to best deliver patient care and HIV services via telehealth. Satisfy cybersecurity protections by using encrypted and confidential videoconferencing systems that comply with HIPAA
- Telehealth services and systems are designed with an understanding of the needs and characteristics of the target population, including their access to technology and their health and digital literacy
- Electronic health records are maintained for efficient health information management
- Telehealth services are documented in Provide Enterprise as telehealth-delivered services
- Contact the SC Ryan White Program to set up additional services for Telehealth, as needed

See HHS Clinical Guidelines for HIV/AIDS

See HRSA'S Expanding HIV Care Through Telehealth

RAPID ANTIRETROVIRAL THERAPY

Rapid START is the immediate (or as soon as possible) initiation of treatment of HIV with antiretroviral therapy (ART) within 2-3 days of diagnosis or re-engagement in care.

Starting ART treatment as soon as possible and preferably on the same day of diagnosis can result in earlier HIV viral suppression, improved retention in care, and reduced HIV transmission rates. Rapid START is essential in Ending the HIV Epidemic (EHE) in South Carolina.

RAPID ART MAY BE APPROPRIATE FOR INDIVIDUALS WITH:

- A confirmed HIV diagnosis (i.e., HIV ag, Ab, and/or HIV RNA viral load)
- Suspected acute HIV infection, with or without confirmed HIV diagnosis (HV Ag or Ab test results may be negative of indeterminate at the time of evaluation)

RAPID ART MAY NOT BE APPROPRIATE FOR INDIVIDUALS WITH:

- Certain untreated opportunistic infections (OIs), e.g., cryptococcal or TB meningitis, begin OI treatment before starting ART. Consult with medical experts

Each subrecipient will develop and implement organization-appropriate Rapid START policy guidelines, protocols, best-practices, and processes for linking clients to medical care and access to ART within 2-3 days of diagnosis.

	PRIOR STANDARD	RAPID START GOAL
Confirmatory HIV Positive Test and Linkage to Care	Confirmatory HIV positive result; Referred to Social Worker or Linkage Coordinator within 7 days of confirmatory test	Referred to Social Worker or Linkage Coordinator the same day as confirmatory test
Days from confirmatory positive test, or re-engagement in care, to first medical visit	14-30 days (avg. 14)	Day of confirmatory positive test (preferred) 2-3 days (acceptable)
Days from first medical visit to ART prescription	Not currently defined (typically, followed results of initial lab work)	Day of first medical visit
Initial Supply of ART	N/A	Supplied during first medical visit (ex. 10-day starter pack)
Access to SC DAP	14 days for eligibility checking	3-5 days for eligibility checking if starter pack/voucher is not available
SC DAP Direct Dispensing Program (DDP)	3-4 days shipping	Expedite/Overnight 2-day shipping starter pack/voucher is not available
Days from confirmatory positive test or re-engagement in care to viral suppression	6 months (CDC Standard)	4 months or less
Percentage of PWH achieving viral suppression in the measurement year	90.0% (per HRSA's Annual Client Level Data Report 2022 for SC)	Greater than 90.0%
Medical visits two or more times, at least three months apart, in the measurement year	81.3% (per HRSA's Annual Client Level Data Report 2022 for SC)	Greater than 81.3%

KEY SERVICE COMPONENTS & ACTIVITIES

INTAKE & ELIGIBILITY

Any individual with a confirmatory HIV-positive test result or re-engaging in care is eligible to receive Rapid START services, if meeting the appropriate criteria above. The Medical Case Management Brief Assessment may be used as tentative eligibility screening while awaiting proof of SC Ryan White eligibility.

LINKAGE TO CARE

Client referred to Social Worker/Linkage Coordinator on the same day as confirmatory test.

Days from confirmatory positive test, or re-engagement care, to the first medical visit is the day of confirmatory positive test (preferred) or 2-3 days (acceptable).

MEDICAL VISITS

ART prescription is the same day of the first medical visit if clinically appropriate. After Rapid START initiation, maintain/follow-up to provide support, including medication adherence, and make referrals to providers offering core medical and support services as necessary. Sustain engagement and provide long-term core medical and support services for clients during and after Rapid START.

CONSUMER ADVISORY BOARD POLICY

Subrecipients must have structured and on-going efforts to obtain input from clients in the design and delivery of services. Consumer Advisory Boards (CABs) are highly encouraged but are not required as a method to obtain input from clients.

CABs are a dedicated group of consumers who provide input to enhance the quality and effectiveness of Ryan White services provided by the SC Ryan White-funded subrecipients in which the consumer receives Ryan White services.

The CAB is charged with working with other staff to provide consumer perspectives on how to best implement and retain services. It should be noted that this policy is set as the minimum standard; Subrecipients are allowed to modify their agency-specific CAB policy to include more frequent meetings, increase the number of participants, or modify voting procedures.

PURPOSE

- Empower and improve the services at SC Ryan White-funded subrecipient agencies for individuals living with HIV through their participation in an effective group that influences the services at the clinics. This includes core medical and support services geared towards the needs of PWH and the impacted communities across South Carolina
- The Consumer Advisory Board will provide ongoing feedback, input, and ideas on how to increase access to services and improve the quality, efficiency, and health outcomes of PWH
- Ensure representation of communities impacted by HIV in planning for services with consideration given to persons from disproportionately affected areas and historically underserved groups
- Develop membership, recruitment, orientation, and support systems to continue the work of the CAB

KEY ACTIVITIES

- Conduct themselves in a professional manner, including respect for others
- Be open to listening to others' opinions without judgment
- Sign a confidentiality/conflict of interest agreement annually to ensure the protection of any participant, client, and staff personal and private data/information
- Represent and model the mission and values of the organization
- Be volunteers, nominated, asked, or voted upon (which is left to the discretion of the agency)
- Understand and support the purpose of the Consumer Advisory Board
- Speak with individuals who are living with HIV to understand issues that affect consumers
- Review provided meeting materials before and after meetings
- Attend all Consumer Advisory Board meetings consistently
- Contribute ideas and suggestions as they relate to the program
- Consider the recommendations and guidance from agency leadership
- Understand that proxy representation and voting are not allowed

General meetings of the CAB should be held at a minimum quarterly. Unscheduled meetings of the CAB may be called by the Chairperson or upon the written request of two members of the CAB. Unscheduled meetings must be called at least one week before the proposed meeting date.

A majority of members must be present to conduct any official business. Meetings must be structured and must include efforts to obtain input from clients in the design and delivery of services.

SC RYAN WHITE SERVICES

SC Ryan White-funded subrecipients must provide the services described in their Subaward Agreement that allow the use of SC Ryan White Program funds only for the provision of services and activities allowed under the legislation and defined in referenced Policy Notices. Additionally, subrecipients should only invoice for allowable services and maintain in files that only allowable activities are billed to the SC Ryan White Program.

Services must be provided to all eligible individuals in accordance with federal and state laws, regardless of past or current medical conditions.

Providers must first bill third-party payor sources for all reimbursable services to ensure SC Ryan White is the payor of last resort. Providers of Medicaid-reimbursable services must be participating and enrolled to receive Medicaid payments or able to document efforts underway to obtain such certification.

To be an allowable cost under the HRSA RWHAP, all services must:

- Relate to HIV diagnosis, HIV care, and/or HIV support
- Adhere to established HIV clinical practice standards consistent with the U.S. Department of Health and Human Services' Clinical Guidelines for the Treatment of HIV and other related or pertinent clinical guidelines
- Comply with state and local regulations, and provided by licensed or authorized providers, as applicable

Subrecipients may provide any eligible core medical and support services; however, all subrecipients must provide and/or pay for the following eligible services:

- Outpatient Ambulatory Health Services
- Oral Health Care Services
- Mental Health Services
- Medical Case Management
- Substance Abuse Services (Outpatient)
- Medical Transportation Services

Exceptions to "provide and/or pay" may be allowed when the subrecipient has a referral source where the client is not charged for these services.

Medical Care Services cannot be conditioned upon where Medical Case Management Services and related services are provided. Likewise, Medical Case Management and related services cannot be conditioned upon where medical care is provided. Clients may receive SC Ryan White Medical Case Management Services from more than one provider.

See HHS Clinical Guidelines for HIV/AIDS

ALLOWABLE USE OF FUNDS

SC Ryan White funds can only support HRSA RWHAP core medical and support services, which are part of RWHAP's PCN 16-02. Specific allowable uses of funds can be found within each service standard.

See PCN 16-02: Ryan White HIV/AIDS Program Services: Eligible Individuals and Allowable Uses of Funds

Core medical and support services are important to assist in the diagnosis of HIV infection, linkage to and entry into care for PWH, retention in care, and the provision of HIV care and treatment. Subrecipients are encouraged to consider all methods or means by which they can provide services, including the use of telehealth technologies.

See also Telehealth Services

SC Ryan White funds may be used to fill in coverage gaps for individuals who are either underinsured or uninsured to maintain access to care and treatment services as allowable and defined by the SC Ryan White Program. SC Ryan White funds may be used for core medical and support services if those services

are not covered or are only partially covered by another payor (such as private or employer insurance, Medicaid, or Medicare), even when those services are provided at the same visit.

While the SC Ryan White Program has allocated Ryan White funding by service area, clients can be served outside their service area if the Ryan White-funded subrecipient has the capacity and funds available. If subrecipients are able to provide services to clients living outside their service area, those clients must follow that subrecipient's program and/or service-related requirements.

CORE MEDICAL SERVICES

- AIDS Drug Assistance Program
- AIDS Pharmaceutical Assistance
- Early Intervention Services
- Health Insurance Premium & Cost Sharing Assistance
- Home & Community-Based Health Services
- Home Health Care Services
- Medical Case Management Services
- Medical Nutrition Therapy Services
- Mental Health Services
- Oral Health Care Services
- Outpatient Ambulatory Health Services
- Substance Abuse Services (Outpatient)

Service standards related to core medical services must be consistent with the US Department of Health and Human Services' Clinical Guidelines for the Treatment of HIV, as well as other pertinent clinical and professional standards.

SUPPORTIVE SERVICES

- Child Care Services
- Emergency Financial Assistance
- Food Bank & Home-Delivered Meals
- Health Education & Risk Reduction
- Housing Services
- Linguistic Services
- Medical Transportation Services
- Non-Medical Case Management Services
- Other Professional Services
- Outreach Services
- Psychosocial Support Services
- Referrals for Health care & Support Services
- Rehabilitation Services
- Substance Abuse Services (Residential)

Individuals with HIV/AIDS may need Support Services to achieve medical outcomes related to their HIV/AIDS-related clinical status.

UNALLOWABLE USE OF FUNDS

SC Ryan White funds cannot be used to make cash payments to clients. This prohibition includes cash incentives and cash intended as payment for SC Ryan White core medical and support services.

Other unallowable services or expenses include (but may not be limited to):

- Board expenses and retreats
- Broad-scope awareness activities about HIV services that target the general public, including outreach programs, which have HIV prevention education as their exclusive purpose
- Cash payment to intended recipient/client of RW services
- Clothing, such as jackets/coats, pants, shoes, shirts. Socks and underwear are allowable under Food Bank/Home Delivered Meals as personal hygiene products
- Development of materials designed to promote or encourage, directly, intravenous drug use or sexual activity, whether homosexual or heterosexual
- Direct maintenance or any other expenses of a privately-owned vehicle
- Employment, vocational, or employment-readiness services
- Equipment costing more than $5,000, including vehicles, without HRSA and SC Ryan White Program prior written approval

- Funeral, burial, cremation, or related expenses
- General-use prepaid gift cards are considered “cash equivalent” and are therefore unallowable. Such cards generally bear the logo of a payment network such as Visa or MasterCard
- Household appliances, such as air conditioners, refrigerators, ovens, etc. Fans and heaters are allowed under EFA.
- International travel
- Lobbying, influencing, or attempting to influence any elected officials or state or federal personnel
- Local or state personal property taxes (for residential property, private automobiles, or any other personal property against which taxes may be levied)
- Marketing and promotion to general audiences
- Mortgage payments
- Off-premise social/recreational activities or payments for a client’s gym membership
- Payment for any item or service to the extent that payment has been made (or reasonably can be expected to be made), with respect to that item or service, under any state compensation program, insurance policy, federal or state benefits program, or any entity that provides health services on a prepaid basis, except for a program administered by or providing the services of the Indian Health Service
- Payment of any costs associated with the creation, capitalization, or administration of a liability risk pool (other than those costs paid on behalf of individuals as part of premium contributions to existing liability risk pools) or to pay any amount expended by a state under Title XIX of the Social Security Act
- Pet foods and supplies or other non-essential products
- Pre-Exposure Prophylaxis (PrEP) or Post-Exposure Prophylaxis (PEP)
- Purchase or improve land, or purchase, construct, or permanently improve (other than minor remodeling) any building or other facility
- Purchase or lease of vehicles without the prior written approval by HRSA and SC Ryan White Program
- Purchase, construction, or permanent improvement of any building or other facility
- SC Ryan White funds cannot be used to make cash payments to clients. This prohibition includes cash incentives and cash intended as payment for SC Ryan White core medical and support services
- Start-up costs
- State and local taxes for personal property
- Support for criminal defense or for class action suits unrelated to access to services eligible for funding under the Ryan White legislation
- Support for operating clinical trials
- Syringe Services Programs aspects without SC Ryan White Program and HRSA’s written prior approval and in compliance with HHS and HRSA policy and SC State Law. Funds may not be used for programs related to sterile needles or syringe exchange for injection drug use

CHILD CARE SERVICES

RYAN WHITE SUPPORT SERVICE STANDARD

Child Care Services supports intermittent care for the children living in the household of eligible clients for the purpose of enabling those clients to attend medical visits, related appointments, and/or Ryan White-related meetings, groups, or training sessions.

The use of funds under this service category should be limited and carefully monitored. Such arrangements may also raise liability issues for the subrecipient and/or the SC Ryan White Program, which should be carefully weighed in the decision process.

ALLOWABLE USE OF FUNDS

- Formal childcare (provided by a licensed or registered childcare provider to deliver intermittent care)
- Informal childcare (provided by a neighbor, family member, or other person)

UNALLOWABLE USE OF FUNDS

- Direct cash payments or cash reimbursements to client or cash reimbursements to clients
- Off premise social and/or recreational activities

SUBRECPIENT RESPONSIBILITIES

- Ensure and provide proof that:
    - Client is eligible to receive service
    - Funds are used only for allowable services and only in cases where RWHAP was the payor of last resort
    - Limitations on amount, frequency, and duration of service are explained to the client
    - No Direct cash payments or cash reimbursements are made to client
    - Service is necessitated by the individual's HIV status
    - Providers and facilities providing services have appropriate and valid licenses, certifications, and/or registrations as required under applicable federal, state, and local laws
    - Service is provided for the purpose of enabling those clients to attend medical visits, related appointments, and/or Ryan White-related meetings, groups, or training sessions
- Document in Provide Enterprise:
    - Proof of client eligibility
    - Date of service
    - Service provided for each visit
    - Corresponding dollar amount of service provided, if required by subrecipient
    - Justification/reason for service (how service is necessitated by the individual's HIV status)
    - A Progress Log summarizing communication/encounter
    - Updates to client's Action Plan to reflect service needs, if applicable
    - Any follow-up provided

EARLY INTERVENTION SERVICES

RYAN WHITE CORE MEDICAL SERVICE STANDARD

Early Intervention Services (EIS) is conducted to increase an individual's awareness of their HIV status and, if needed, facilitate access to the HIV care system using HIV testing, referral services, health literacy/education, and linkage to care as a bridge to medical care, medication access, and treatment adherence.

The elements of EIS often overlap with other service category descriptions; however, EIS is the combination of such services rather than a stand-alone service. Subrecipients should be aware of programmatic expectations that stipulate the allocation of funds into specific service categories.

ALLOWABLE USE OF FUNDS

EIS services must include the following four components:

1. 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
    - Subrecipients 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.
    - Subrecipients may implement a rapid-rapid testing policy, ensuring faster linkage to core medical and support services
2. Referral services to improve HIV care and treatment services at key points of entry
3. Access and linkage to HIV care and treatment services such as HIV Outpatient Ambulatory Health Services, Medical Case Management, and Substance Abuse Care
    - Linking to HIV care after a new diagnosis of HIV infection is defined as completing an outpatient appointment with a clinical provider who has the skills and ability to treat HIV infection, including prescribing ART
    - Patients should be linked to care as soon as possible after diagnosis with HIV, preferably within 30 days. Monitoring linkage is a critical responsibility so that interventions can effectively reach persons who are not linked to care
    - Once a patient makes contact with the treating clinical system, they should be engaged in linkage efforts and monitored for successful linkage to and retention in HIV care
4. Outreach Services and Health Education/Risk Reduction related to HIV diagnosis

See also Outreach Services

See also Health Education/Risk Reduction Services

SUBRECIPIENT RESPONSIBILITIES

- Ensure and provide proof that:
    - Client is eligible to receive service
    - Funds are used only for allowable services and only in cases where RWHAP was the payor of last resort
    - No Direct cash payments or cash reimbursements are made to client
    - MOUs are established with key points of entry into care to facilitate access to care for those who test positive
    - All four required EIS components are included
    - Training and education sessions are designed to help individuals navigate and understand the HIV system of care
    - Staff maintain the numbers of HIV tests and positives, as well as where and when Part B-funded HIV testing occurs

    - Staff maintain the number of referrals for healthcare and supportive services
    - HIV testing activities and methods meet the Centers for Disease Control and Prevention (CDC) and state requirements
    - Staff performing HIV testing and/or counseling have completed all required trainings ***See*** SC DPH HIV testing trainings
    - Linkage agreements are established with testing sites where Part B is not funding testing but is funding referral and access to care, education, and system navigation services
    - Written approval was obtained from the SC Ryan White Program to provide EIS in points of entry not included in the original scope of work
- Document in Provide Enterprise:
    - Proof of client eligibility
    - Date of service
    - Service provided for each visit
    - Corresponding dollar amount of service provided, if required by subrecipient
    - Justification/reason for service (how service is necessitated by the individual's HIV status)
    - A Progress Log summarizing communication/encounter
    - Updates to client's Action Plan to reflect service needs, if applicable
    - Any follow-up provided

EMERGENCY FINANCIAL ASSISTANCE

RYAN WHITE SUPPORT SERVICE STANDARD

Emergency Financial Assistance provides limited one-time or short-term payments to assist a Ryan White client with an urgent need for essential items or services necessary to improve health outcomes. Emergency Financial Assistance must occur as a direct payment to an agency or through a voucher program.

ALLOWABLE USE OF FUNDS

- DMV-issued ID and/or replacement ID fees
- Fans (during dangerously hot weather where access would have a positive impact on the client's health outcome)
- Food (including groceries and food vouchers)
- Heaters (during dangerously cold weather where access would have a positive impact on the client's health outcome)
- Housing
- Medication not covered by an SC DAP or APA
- Prescription eyeglasses
- Transportation
- Utilities

UNALLOWABLE USE OF FUNDS

- Continuous use of allowable EFA services
- Direct cash payments or cash reimbursements to client or cash reimbursements to clients

SUBRECIPIENT RESPONSIBILITIES

- Ensure and provide proof that:
    - Client is eligible to receive service
    - Funds are used only for allowable services and only in cases where RWHAP was the payor of last resort
    - Limitations on amount, frequency, and duration of service are explained to the client.
    - No Direct cash payments or cash reimbursements are made to client
    - Service is necessitated by the individual's HIV status
    - Service caps reflect funding amount and fair market rent/ utility prices of their service area
    - Client is not continuously served by EFA services
- Document in Provide Enterprise:
    - Proof of client eligibility
    - Date of service
    - Service provided for each visit
    - Corresponding dollar amount of service provided, if required by subrecipient
    - Justification/reason for service (how service is necessitated by the individual's HIV status)
    - A Progress Log summarizing communication/encounter
    - Updates to client's Action Plan to reflect service needs, if applicable
    - Trip origin and trip destination, if applicable
    - Any follow-up provided
- Where the subrecipient provides the client with a gift card/voucher:
    - Follow subrecipient and SC Ryan White Program policy on gift cards/vouchers
    - Document in Provide Enterprise:
        - Type of gift card/voucher

- Quantity of gift cards/vouchers
- Amount of each gift card/voucher
- Copy of each gift card/voucher
- Client signature acknowledging receipt of gift card/voucher

FOOD BANK/HOME DELIVERED MEALS

RYAN WHITE SUPPORT SERVICE STANDARD

Food Bank/Home Delivered Meals refers to the provision of actual food items, hot meals, or a voucher program to purchase food.

This also includes the provision of essential non-food items that are limited to personal hygiene products, household cleaning supplies, and water filtration/purification systems in communities where issues of water safety exist.

Nutritional services and nutritional supplements provided by a registered dietitian are considered core medical services under the HRSA RWHAP.

See also Medical Nutrition Therapy

ALLOWABLE USE OF FUNDS

- Actual food items
- Gift card/voucher to purchase food
- Hot meals
- Household cleaning supplies
- Nutritional supplements
- Personal hygiene products
- Water filtration/purification systems in communities where issues of water safety exist

UNALLOWABLE USE OF FUNDS

- Alcohol, tobacco, illegal drugs, or firearms
- Direct cash payments or cash reimbursements to client or cash reimbursements to clients
- Household appliances, including fans and heaters
- Nutritional services and nutritional supplements provided by a registered dietitian.
  See also Medical Nutrition Therapy
- Other non-essential products
- Pet food and supplies

SUBRECIPIENT RESPONSIBILITIES

- Ensure and provide proof that:
  - Client is eligible to receive service
  - Funds are used only for allowable services and only in cases where RWHAP was the payor of last resort
  - Limitations on amount, frequency, and duration of service are explained to the client
  - No Direct cash payments or cash reimbursements are made to client
  - Service is necessitated by the individual's HIV status
  - Nutritional supplements are not provided as part of a medical provider or registered dietitian's recommendation
- Document in Provide Enterprise:
  - Proof of client eligibility
  - Date of service
  - Service provided for each visit
  - Corresponding dollar amount of service provided, if required by subrecipient
  - Justification/reason for service (how service is necessitated by the individual's HIV status)
  - A Progress Log summarizing communication/encounter
  - Updates to client's Action Plan to reflect service needs, if applicable

    - Any follow-up provided
- Where the subrecipient provides the client with a gift card/voucher:
    - Follow subrecipient and SC Ryan White Program policy on gift cards/vouchers
    - Document in Provide Enterprise:
        - Type of gift card/voucher
        - Quantity of gift cards/vouchers
        - Amount of each gift card/voucher
        - Copy of each gift card/voucher
        - Client signature acknowledging receipt of gift card/voucher

HEALTH EDUCATION & RISK REDUCTION

RYAN WHITE SUPPORT SERVICE STANDARD

Health Education and Risk Reduction Service 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.

Health Education and Risk Reduction Services cannot be delivered anonymously.

ALLOWABLE USE OF FUNDS

- Counseling on how to improve the client's health status and reduce the risk of HIV transmission to others
- Education on health care coverage options (e.g., qualified health plans through the Marketplace, Medicaid coverage, Medicare coverage)
- Education on HIV transmission and how to reduce the risk of transmission
- Education on risk reduction strategies to reduce transmission of HIV, such as Pre-Exposure Prophylaxis (PrEP) for clients' partners and treatment as prevention
- Health Literacy
- Peer Services
- Peer Navigation Services
- Treatment Adherence Education

SUBRECIPIENT RESPONSIBILITIES

- Ensure and provide proof that:
    - Client is eligible to receive service
    - Funds are used only for allowable services and only in cases where RWHAP was the payor of last resort
    - Limitations on amount, frequency, and duration of service are explained to the client
    - No Direct cash payments or cash reimbursements are made to client
    - Service is necessitated by the individual's HIV status
    - Service is not delivered anonymously
- Document in Provide Enterprise:
    - Proof of client eligibility
    - Date of service
    - Service provided for each visit
    - Corresponding dollar amount of service provided, if required by subrecipient
    - Justification/reason for service (how service is necessitated by the individual's HIV status)
    - A Progress Log summarizing communication/encounter
    - Information provided on available medical and psychosocial support services
    - Education about HIV transmission
    - Counseling on how to improve their health status and reduce the risk of HIV transmission
    - Updates to client's Action Plan to reflect service needs, if applicable
    - Any follow-up provided

HEALTH INSURANCE PREMIUM & COST SHARING ASSISTANCE FOR LOW-INCOME INDIVIDUALS

RYAN WHITE CORE MEDICAL SERVICE STANDARD

Health Insurance Premium and 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 care coverage program.

ALLOWABLE USE OF FUNDS

- Copay for prescription eyewear
- Cost sharing on behalf of the client related to HIV infection with in-network outpatient providers
- Cost sharing on behalf of the client related to HIV infection with out-of-network outpatient providers, with documentation that the services cannot be reasonably obtained from an in-network provider.
- 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 is allowable with subrecipient awarded SC Ryan White Program funds only with written prior approval from the SC Ryan White Program or with subrecipient earned Program Income funds after the subrecipient has met the annual SC DAP ACA Open Enrollment Plan. (Note: COBRA health insurance premiums are allowable costs without prior approval.)
- Medicare Part B (Outpatient Ambulatory Health Services) premiums and cost-sharing are allowable when the client is enrolled in the SC DAP Medicare Assistance Program (MAP) for the Medicare Part D premium and cost-sharing assistance
- Standalone dental insurance premiums to provide comprehensive oral health care services for eligible clients
- Standalone vision insurance premiums to provide comprehensive vision care services for eligible clients

UNALLOWABLE USE OF FUNDS

- Cost sharing for inpatient services
- Cost sharing with out-of-network providers (without documentation that services could not be reasonably obtained from an in-work provider)
- Costs associated with the creation, capitalization, or administration of liability risk pools or social security costs
- Direct cash payments or cash reimbursements to client or cash reimbursements to clients

SUBRECIPIENT RESPONSIBILITIES

- Ensure and provide proof that:
    - Client is eligible to receive service
    - Funds are used only for allowable services and only in cases where RWHAP was the payor of last resort
    - Limitations on amount, frequency, and duration of service are explained to the client
    - No Direct cash payments or cash reimbursements are made to client
    - Service is necessitated by the individual's HIV status
    - Funds are only paying for in-work outpatient services, as appropriate
    - Funds are not used to pay for services that the client receives from an out-of-network provider unless the client is receiving services that could not have been reasonably obtained from an in-network provider and has documentation on file

- If purchasing health insurance premiums with SC Ryan White Program funds with prior approval or Program Income, the following apply:
    - The health insurance policy purchased must provide comprehensive primary care and pharmacy benefits for low-income clients that provide a full range of HIV medications
    - Conduct an annual aggregate cost-benefit analysis illustrating the greater benefit of purchasing public or private health insurance, pharmacy benefits, co-pays, and or deductibles for eligible low-income clients compared to the costs of having the client in the SC DAP program using your contracted pharmacy drug pricing rates for comparison
    - Clients are enrolled in the SC DAP Insurance Assistance Program (IAP) for premium payments and copay and deductible payments for medications on the SC DAP formulary
    - Clients enrolled in MAP are applied to low-income subsidy if client's status meets criteria as defined by the SC Ryan White Program. Proof of low-income status must be maintained
  - Where SC Ryan White funds are used to cover co-pays for prescription eyewear, documentation, including a physician's written statement that the eye condition is related to HIV infection
- Document in Provide Enterprise:
  - Proof of client eligibility
  - Date of service
  - Service provided for each visit
  - Corresponding dollar amount of service provided, if required by subrecipient
  - Justification/reason for service (how service is necessitated by the individual’s HIV status
  - A Progress Log summarizing communication/encounter
  - Updates to client’s Action Plan to reflect service needs, if applicable
  - Any follow-up provided

Contact the SC DAP Program for more information regarding SC DAP Insurance enrollment requirements when needed.

HOME & COMMUNITY-BASED HEALTH SERVICES

RYAN WHITE CORE MEDICAL SERVICE STANDARD

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

ALLOWABLE USE OF FUNDS

- 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
- Home intravenous and aerosolized drug therapy (including prescription drugs administered as part of such therapy)
- Routine diagnostic testing
- Specialty care and vaccinations for hepatitis co-infection, provided by public and private entities

UNALLOWABLE USE OF FUNDS

- Direct cash payments or cash reimbursements to client or cash reimbursements to clients
- Inpatient hospitals
- Nursing homes
- Other long-term care facilities

SUBRECIPIENT RESPONSIBILITIES

- Ensure and provide proof that:
    - Client is eligible to receive service
    - Funds are used only for allowable services and only in cases where RWHAP was the payor of last resort
    - Limitations on amount, frequency, and duration of service are explained to the client
    - No Direct cash payments or cash reimbursements are made to client
    - Service is necessitated by the individual's HIV status
    - Providers and facilities providing services have appropriate and valid licenses, certifications, and/or registrations as required under applicable federal, state, and local laws
    - Client's progress is assessed and monitored regularly
    - Service is provided in an integrated setting appropriate to that client's needs, based on a written plan of care established by a medical care team under the direction of a licensed clinical provider
- Document in Provide Enterprise:
    - Proof of client eligibility
    - Date of service
    - Service provided for each visit
    - Corresponding dollar amount of service provided, if required by subrecipient
    - Justification/reason for service (how service is necessitated by the individual's HIV status
    - A Progress Log summarizing communication/encounter
    - Updates to client's Action Plan to reflect service needs, if applicable
    - Any follow-up provided

HOME HEALTH CARE

RYAN WHITE CORE MEDICAL SERVICE STANDARD

Home Health Care is the provision of services in the home that are appropriate to an eligible client's needs and are performed by licensed professionals. Services are limited to clients that are homebound.

ALLOWABLE USE OF FUNDS

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

UNALLOWABLE USE OF FUNDS

- Direct cash payments or cash reimbursements to client or cash reimbursements to clients
- Durable medical equipment, such as oxygen
- Home health aide services
- Inpatient mental health/substance abuse treatment facilities
- Nursing facilities
- Occupational therapy
- Physical therapy
- Speech therapy

SUBRECIPIENT RESPONSIBILITIES

- Ensure and provide proof that:
    - Client is eligible to receive service
    - Funds are used only for allowable services and only in cases where RWHAP was the payor of last resort
    - Limitations on amount, frequency, and duration of service are explained to the client
    - No Direct cash payments or cash reimbursements are made to client
    - Service is necessitated by the individual's HIV status
    - Providers and facilities providing services have appropriate and valid licenses, certifications, and/or registrations as required under applicable federal, state, and local laws
    - Service is provided to clients that are homebound
- Document in Provide Enterprise:
    - Proof of client eligibility
    - Date of service
    - Service provided for each visit
    - Corresponding dollar amount of service provided, if required by subrecipient
    - Justification/reason for service (how service is necessitated by the individual's HIV status)
    - A Progress Log summarizing communication/encounter
    - Updates to client's Action Plan to reflect service needs, if applicable
    - Any follow-up provided

HOSPICE SERVICES

RYAN WHITE CORE MEDICAL SERVICE STANDARD

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

To meet the need for Hospice Services, a physician must certify that a patient is terminally ill and has a defined life expectancy of six months or less.

Hospice Services may be provided in a home or other residential setting, including a non-acute care section of a hospital that has been designated and staffed to provide hospice services.

ALLOWABLE USE OF FUNDS

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

UNALLOWABLE USE OF FUNDS

- Direct cash payments or cash reimbursements to client made to client
- Nursing homes
- Skilled nursing facilities

SUBRECIPIENT RESPONSIBILITIES

- Ensure and provide proof that:
    - Client is eligible to receive service
    - Funds are used only for allowable services and only in cases where RWHAP was the payor of last resort
    - Limitations on amount, frequency, and duration of service are explained to the client
    - No Direct cash payments or cash reimbursements are made to client
    - Service is necessitated by the individual's HIV status
    - Providers and facilities providing services have appropriate and valid licenses, certifications, and/or registrations as required under applicable federal, state, and local laws
    - Service is provided in a home or other residential setting, including a non-acute care section of a hospital that has been designated and staffed to provide hospice services
    - Service meets Medicaid or other applicable requirements, including the following:
        - Counseling services that are consistent with the definition of mental health counseling, including treatment and counseling provided by mental health professionals (psychiatrists, psychologists, or licensed clinical social workers) who are licensed or authorized within the state where the service is provided
        - Palliative therapies are consistent with those covered under the respective state's Medicaid program
    - Client's terminal status is certified by a physician
- Document in Provide Enterprise:
    - Proof of client eligibility
    - Date of service
    - Service provided for each visit
    - Corresponding dollar amount of service provided, if required by subrecipient
    - Justification/reason for service (how service is necessitated by the individual's HIV status)
    - A Progress Log summarizing communication/encounter

- Updates to client's Action Plan to reflect service needs, if applicable
- Any follow-up provided

HOUSING

RYAN WHITE SUPPORT SERVICE STANDARD

Housing provides transitional, short-term, or emergency housing assistance to enable a client or family to gain or maintain outpatient ambulatory health services and treatment, including temporary assistance necessary to prevent homelessness and to gain or maintain access to medical care.

Activities within the Housing category must also include the development of an individualized housing plan, updated annually, to guide the client's linkage to permanent housing.

Housing activities cannot be in the form of Direct cash payments or cash reimbursements to client to clients and cannot be used for mortgage payments, although these may be allowable costs under the HUD Housing Opportunities for Persons with AIDS grant awards for HOPWA eligible clients.

Short-term or emergency assistance is understood as transitional in nature and for the purposes of moving or maintaining an individual or family in a long-term, stable living situation. Thus, such assistance cannot be permanent and must be accompanied by a strategy to identify, relocate, and/or ensure the individual or family is moved to, or capable of maintaining a long-term, stable living situation.

ALLOWABLE USE OF FUNDS

- Emergency housing
- Security deposit (subrecipients must have policies and procedures in place to ensure that the security deposit is returned to the subrecipient and not to the client. The returned security deposit should be tracked as a refund by the subrecipient and used for program purposes.
- Short-term housing
- Transitional housing

UNALLOWABLE USE OF FUNDS

- Direct cash payments or cash reimbursements to client made to client
- Mortgage payments

SUBRECIPIENT RESPONSIBILITIES

- Ensure and provide proof that:
    - Client is eligible to receive service
    - Funds are used only for allowable services and only in cases where RWHAP was the payor of last resort
    - Limitations on amount, frequency, and duration of service are explained to the client
    - No Direct cash payments or cash reimbursements are made to client
    - Service is necessitated by the individual's HIV status
    - A mechanism is in place to assess and document the housing status and housing service needs of new clients, and at least annually for existing clients
    - Clients have an individualized housing plan, updated annually, to guide the client's linkage to permanent housing
        - Assistance provided is to maintain or access Outpatient Ambulatory Services and treatment
        - Assistance provided is to help them obtain permanent housing
    - Where housing referral service, defined as assessment, search, placement, and advocacy services, is provided by Case Managers or other professional(s), who possess a comprehensive knowledge of local, state, and federal housing programs can be accessed
    - Where security deposit service is provided, a policy is in place to ensure that the security deposit is returned to the subrecipient and not to the client

- Document in Provide Enterprise:
    - Proof of client eligibility
    - Date of service
    - Service provided for each visit
    - Corresponding dollar amount of service provided, if required by subrecipient
    - Justification/reason for service (how service is necessitated by the individual's HIV status)
    - A Progress Log summarizing communication/encounter
    - Updates to client's Action Plan to reflect service needs, if applicable
    - Any follow-up provided
    - Copy of housing-related billing statement

LINGUISTIC SERVICES

RYAN WHITE SUPPORT SERVICE STANDARD

Linguistic Services include interpretation and translation activities, both oral and written to eligible clients.

These activities must be provided by qualified linguistic services providers as a component of HIV service delivery between the healthcare provider and the client and must comply with the National Standards for Culturally and Linguistically Appropriate Services (CLAS).

See HHS's National Culturally and Linguistically Appropriate Services Standards

These services are to be provided when such services are necessary to facilitate communication between the provider and client and/or support the delivery of eligible services.

A service provider providing direct services to a client in the client's native language should only indicate that specific Service Provided in Provide Enterprise. Should a service provider provide translation services on behalf of a client to another provider or agency, then a Linguistic Service Provided should be indicated in Provide Enterprise. Before providing translation services between the client and another provider or agency, the subrecipient must ensure the service provider has all the appropriate trainings and certifications and that a portion of the service provider's salary is allocated under Linguistic Services on the subrecipient's budget.

For example, if a Medical Case Manager provides Medical Case Management services in German to a German-speaking client, then only a Medical Case Management Service Provided should be indicated in Provide Enterprise. If the Medical Case Manager provides German translation services on behalf of their client and the client's medical provider, then a Linguistic Service Provided should be indicated in Provide Enterprise.

ALLOWABLE USE OF FUNDS

- Interpretation and translation activities, both oral and written

SUBRECIPIENT RESPONSIBILITIES

- Ensure and provide proof that:
  - Client is eligible to receive service
  - Funds are used only for allowable services and only in cases where RWHAP was the payor of last resort
  - Limitations on amount, frequency, and duration of service are explained to the client
  - Service is necessitated by the individual's HIV status
  - No Direct cash payments or cash reimbursements are made to client
  - Interpreters and translators have appropriate training and hold relevant state and/or local certifications
  - Service provided complies with CLAS
- Document in Provide Enterprise:
  - Proof of client eligibility
  - Date of service
  - Service provided for each visit
  - Corresponding dollar amount of service provided, if required by subrecipient
  - Justification/reason for service (how service is necessitated by the individual's HIV status)
  - A Progress Log summarizing communication/encounter
  - Languages involved
  - Type of translation provided (interpretation and/or written)
  - Whether the interpretation is for an individual client or a group

- Updates to client's Action Plan to reflect service needs, if applicable
- Any follow-up provided

MEDICAL NUTRITION THERAPY

RYAN WHITE CORE MEDICAL SERVICE STANDARD

Medical Nutrition Therapy activities must be pursuant to a medical provider's referral and based on a nutritional plan developed by the registered dietitian or other licensed nutrition professional.

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

Activities not provided by a registered/licensed dietician should be considered Psychosocial Support Services under the HRSA RWHAP.

See also Psychosocial Support Services

ALLOWABLE USE OF FUNDS

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

UNALLOWABLE USE OF FUNDS

- Activities not provided by a registered/licensed dietician
- Direct cash payments or cash reimbursements to client made to client

SUBRECIPIENT REQUIREMENTS

- Ensure and provide proof that:
  - Client is eligible to receive service
  - Funds are used only for allowable services and only in cases where RWHAP was the payor of last resort
  - Limitations on amount, frequency, and duration of service are explained to the client
  - No Direct cash payments or cash reimbursements are made to client
  - Service is necessitated by the individual's HIV status
  - Providers and facilities providing services have appropriate and valid licenses, certifications, and/or registrations as required under applicable federal, state, and local laws
  - Service provided must be pursuant to a medical provider's referral and based on a nutritional plan developed by the registered dietitian or other licensed nutrition professional
    See also Psychosocial Support Services
- Document in Provide Enterprise:
  - Proof of client eligibility
  - Date of service
  - Service provided for each visit
  - Corresponding dollar amount of service provided, if required by subrecipient
  - Justification/reason for service (how service is necessitated by the individual's HIV status)
  - A Progress Log summarizing communication/encounter
  - Updates to client's Action Plan to reflect service needs, if applicable
  - Any follow-up provided
  - Nutritional plan as required, including required information and signature
  - Medical provider's referral, including provider's recommendation for the provision of food

MEDICAL TRANSPORTATION

RYAN WHITE SUPPORT SERVICE STANDARD

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

ALLOWABLE USE OF FUNDS

- Bus passes
- Contracts with providers of transportation services, including Uber Health, Lyft, etc.
- Direct maintenance expenses of an agency vehicle
- Gas cards/vouchers
- Insurance on agency vehicle
- Mileage reimbursement (through a non-cash system) that enables clients to travel to needed medical or other support services
- Organization and use of volunteer drivers (through programs with insurance and other liability issues specifically addressed)
- Purchase or lease of agency vehicles for client transportation programs
- Staff drivers driving agency vehicles for client transportation

UNALLOWABLE USE OF FUNDS

- Any other costs associated with a privately-owned vehicle, such as:
    - Insurance
    - Lease
    - License
    - Loan payments
    - Registration fees
- Direct cash payments or cash reimbursements to client or cash reimbursements to clients
- Direct maintenance expenses (tires, repairs, etc.) of a privately-owned vehicle
- Mileage reimbursement that exceeds the state rate per mile for reimbursement

SUBRECIPIENT RESPONSIBILITIES

- Ensure and provide proof that:
    - Client is eligible to receive service
    - Client was made aware of policies and procedures related to transportation services
    - Funds are used only for allowable services and only in cases where RWHAP was the payor of last resort
    - Service is necessitated by the individual's HIV status
    - No Direct cash payments or cash reimbursements are made to client
    - Limitations on amount, frequency, and duration of service are developed
    - Prior approval is received prior to the purchase or lease of agency vehicles for client transportation programs
    - Mileage reimbursement does not exceed the state rate per mile for reimbursement
    - Onboard Requirements for agency vehicles funded by Ryan White:
        - Signage:
            - Seat belts required for drivers and passengers
            - No smoking, alcohol, illegal drugs
            - Firearms and other weapons not allowed
            - Food and beverage not allowed
        - All vehicles equipped with a fire extinguisher and first aid kit

- Onboard Documentation (Binder):
    - Documentation of vehicle liability insurance at level required by state law
    - Proof of current South Carolina vehicle registration
    - Maintenance/Repair Records, to include:
        - Description of vehicle (year, make, model)
        - General condition of vehicle
        - Service and inspection records
    - Boarding/Unloading Instructions:
        - Instructions for proper boarding/unloading of passengers and manipulation of wheelchairs and other durable medical equipment/health devices
- Onboard Driver Procedures (Binder):
    - Safety checklist:
        - Driver shall inspect the vehicle prior to operation:
            - Operational seat belts/restraint system
            - Operational turn signals/exterior lights
            - Brakes in good working order
            - Tires in good condition
            - Operational air conditioning/heating system
            - Windshield wipers (+ fluid), horn, and interior lights/gauges operational
    - Passenger Log:
        - Driver shall maintain a mileage log including origin and destination (but containing no protected health information (PHI).
        - Supervisor shall review log for completeness, compliance with standards, and quality and timeliness of service delivery per agency policy.
- On-person Requirements (Driver):
    - Current and valid driver's license
    - Cell phone or radio capability, including a hands-free option if required by local law
- Documents/procedures agencies will need to develop:
    - Vehicle service standards (eligibility, service limitations, and service delivery)
    - Emergency Procedures:
        - Vehicle collision
        - Mechanical failure
        - Inclement weather policy
        - Disruptive client behavior
    - Compliance with Americans with Disabilities Act (ADA) requirements
    - Background checks for drivers (including verified driving record and drug screening)
    - Zero tolerance policy for drugs that may impair the driver's ability to operate the vehicle
    - Confidentiality Agreement and Statement of Safe Driving Practices – signed by drivers
    - Universal Precautions and Infection Control Training for drivers
- Document in Provide Enterprise:

    - Proof of client eligibility
    - Date of service
    - Service provided for each visit
    - Corresponding dollar amount of service provided, if required by subrecipient
    - Justification/reason for service (how service is necessitated by the individual's HIV status)
    - A Progress Log summarizing communication/encounter
    - Updates to client's Action Plan to reflect service needs, if applicable
    - Any follow-up provided
    - Trip origin and trip destination
- Where the subrecipient provides the client with a gift card/voucher:
    - Follow subrecipient and SC Ryan White Program policy on gift cards/vouchers
    - Document in Provide Enterprise:
        - Type of gift card/voucher
        - Quantity of gift cards/vouchers
        - Amount of each gift card/voucher
        - Copy of each gift card/voucher
        - Client signature acknowledging receipt of gift card/voucher

MENTAL HEALTH SERVICES

RYAN WHITE CORE MEDICAL SERVICE STANDARD

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.

Medical Case Managers are only responsible for completing the mental health screening/assessment for mental health services located in the MCM Intake and/or Reassessment unless otherwise stipulated by your agency.

Provider-related mental health notes, including assessments, diagnoses, treatment plans, counseling notes, etc., should not be entered into Provide Enterprise but kept in the subrecipient's EHR or other designated location.

ALLOWABLE USE OF FUNDS

- Assessment
- Counseling services
- Diagnosis
- Outpatient psychological and psychiatric screening
- Treatment

SUBRECIPIENT RESPONSIBILITIES

- Ensure and provide proof that:
    - Client is eligible to receive service
    - Funds are used only for allowable services and only in cases where RWHAP was the payor of last resort
    - Limitations on amount, frequency, and duration of service are explained to the client
    - No Direct cash payments or cash reimbursements are made to client
    - Service is necessitated by the individual's HIV status
    - Providers and facilities providing services have appropriate and valid licenses, certifications, and/or registrations as required under applicable federal, state, and local laws
    - Client's progress is assessed and monitored regularly, and a treatment plan is developed and signed by the professional rendering the services and includes:
        - Diagnosed mental illness or condition
        - Treatment modality (group or individual)
        - Start date for mental health services
        - Recommended number of sessions
        - Date for reassessment
        - Projected treatment end date
        - Any recommendations for follow up
- Document in Provide Enterprise:
    - Proof of client eligibility
    - Date of service
    - Service provided for each visit
    - Corresponding dollar amount of service provided, if required by subrecipient
    - Updates to client's Action Plan to reflect service needs, if applicable
    - Any follow-up provided

NON-MEDICAL CASE MANAGEMENT SERVICES

RYAN WHITE SUPPORT SERVICE STANDARD

Non-Medical Case Management Services (NMCM) is the provision of a range of client-centered activities focused on improving access to and retention of needed core medical and support services. NMCMs provide coordination, guidance, and assistance in accessing medical, social, community, legal, financial, employment, vocational, and/or other needed services.

NMCM Services may also include assisting eligible clients to obtain access to other public and private programs for which they may be eligible, such as Medicaid, Children's Health Insurance Program, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, Department of Labor or Education-funded services, other state or local health care and supportive services, or private health care coverage plans.

NMCM Services includes all types of case management encounters (e.g., face-to-face, telehealth, phone contact, and any other forms of communication).

KEY ACTIVITIES

- Assisting client with obtaining eligibility documentation
- Timely and coordinated access to medically appropriate levels of health and support services and continuity of care
- Assisting clients to obtain access to SC DAP, ACA, or other public and private programs for which they may be eligible
- Client-specific advocacy services

NMCMs should not complete Medical Case Management PICs, nor assess clients for service needs, but rather should provide guidance and assistance in improving the client's access to needed services.

DUTY MEDICAL CASE MANAGEMENT

NMCMs should not provide Duty MCM services unless the SC Ryan White Program grants prior approval. If approved, subrecipients must ensure:

- There is adequate documentation outlining how to handle situations that may fall outside their scope of practice and/or their educational/work-related experience
- They are provided additional support/TA by their supervisor and/or other MCM
- Duty MCM visits are entered as Progress Logs with a Category of "Case Management Services"
- NMCM follows all duty-related requirements outlined in the Medical Case Management section
- Must complete all MCM-required trainings

REQUIRED TRAININGS

See also Required Trainings & Meetings

ORAL HEALTH CARE

RYAN WHITE CORE MEDICAL SERVICE STANDARD

Oral Health Care activities include outpatient diagnosis, prevention, and therapy provided by dental health care professionals, including general dental practitioners, dental specialists, dental hygienists, and licensed dental assistants.

ALLOWABLE USE OF FUNDS

- Dentures
- Extractions
- Fillings
- Oral Surgeries
- Routine Oral Examination
- Routine X-rays
- Teeth Cleaning
- Treatment of Gum Disease

UNALLOWABLE USE OF FUNDS

- Cosmetic services
- Direct cash payments or cash reimbursements to client or cash reimbursements to clients
- Orthodontic services
- Porcelain caps
- Teeth whitening
- Veneers

SUBRECIPIENT RESPONSIBILITIES

- Ensure and provide proof that:
    - Client is eligible to receive service
    - Client was made aware of limitations on amount, frequency, and duration of service
    - Funds are used only for allowable services and only in cases where RWHAP was the payor of last resort
    - Limitations on amount, frequency, and duration of service are explained to the client
    - No Direct cash payments or cash reimbursements are made to client
    - Service is necessitated by the individual's HIV status
    - Limitations on amount, frequency, and duration of service are developed
    - Providers and facilities providing services have appropriate and valid licenses, certifications, and/or registrations as required under applicable federal, state, and local laws
    - Client's progress is assessed and monitored regularly, and a treatment plan is developed and signed by the professional rendering the services
- Document in Provide Enterprise:
    - Proof of client eligibility
    - Date of service
    - Service provided for each visit
    - Treatment Plan
    - Corresponding dollar amount of service provided, if required by subrecipient
    - Justification/reason for service (how service is necessitated by the individual's HIV status)
    - A Progress Log summarizing communication/encounter
    - Updates to client's Action Plan to reflect service needs, if applicable
    - Any follow-up provided

OTHER PROFESSIONAL SERVICES

RYAN WHITE SUPPORT SERVICE STANDARD

Other Professional Services allow for the provision of professional and consultant services rendered by members of particular professions licensed and/or qualified to offer such services by local governing authorities.

Subrecipients providing expungement services should develop policies and procedures to determine how RWHAP clients will receive expungement services. In doing so, subrecipients must ensure that such services are available and accessible to all eligible clients who seek them.

ALLOWABLE USE OF FUNDS

- Legal services provided to and/or on behalf of the HRSA RWHAP-eligible PWH and involving legal matters related to or arising from their HIV disease, including:
    - Assistance with public benefits such as Social Security Disability Insurance (SSDI)
    - Interventions necessary to ensure access to eligible benefits, including discrimination or breach of confidentiality litigation as it relates to services eligible for funding under the HRSA RWHAP
    - Preparation of:
        - Healthcare power of attorney
        - Durable powers of attorney
        - Living wills
        - Expungement of criminal records
    - 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

UNALLOWABLE USE OF FUNDS

- Criminal defense and class-action suits, unless related to access to services eligible for funding under the RWHAP
- Direct cash payments or cash reimbursements to client or cash reimbursements to clients

SUBRECIPIENT RESPONSIBILITIES

- Ensure and provide proof that:
    - Client is eligible to receive service
    - Funds are used only for allowable services and only in cases where RWHAP was the payor of last resort
    - Limitations on amount, frequency, and duration of service are explained to the client.
    - No Direct cash payments or cash reimbursements are made to client
    - Service is necessitated by the individual's HIV status
    - Providers and facilities providing services have appropriate and valid licenses, certifications, and/or registrations as required under applicable federal, state, and local laws
    - Attorneys must have current licensure and hold certification through the Boards and Commissions and Bar Association in South Carolina

- Paralegal staff or other employees must be qualified to hold the position in which they are employed
- Non-licensed staff must be supervised by a licensed attorney
- Tax preparers should be a licensed Certified Public Accountant, a tax attorney, or a registered tax return preparer with an IRS tax preparer certificate
- Where expungement service is provided, a policy and procedures are developed to determine how clients will receive expungement services

- Document in Provide Enterprise:
  - Proof of client eligibility
  - Date of service
  - Service provided for each visit
  - Corresponding dollar amount of service provided, if required by subrecipient
  - Justification/reason for service (how service is necessitated by the individual's HIV status).
  - A Progress Log summarizing communication/encounter
  - Updates to client's Action Plan to reflect service needs, if applicable
  - Any follow-up provided

OUTPATIENT AMBULATORY HEALTH SERVICES

RYAN WHITE CORE MEDICAL SERVICE STANDARD

Outpatient Ambulatory Health Services provide diagnostic and therapeutic-related activities directly to a client by a licensed healthcare provider in an outpatient medical setting.

Outpatient medical settings may include clinics, medical offices, mobile vans, using telehealth technology, and urgent care facilities for HIV-related visits.

Treatment adherence activities provided during an Outpatient Ambulatory Health Service visit are considered Outpatient Ambulatory Health Services, whereas treatment adherence activities provided during a Medical Case Management visit are considered Medical Case Management services.

See HHS Clinical Guidelines for HIV/AIDS

ALLOWABLE USE OF FUNDS

- Behavioral risk assessment, subsequent counseling, and referral
- Continuing care and management of chronic conditions
- Diagnostic testing (including HIV confirmatory and viral load testing), as well as laboratory testing
- Education and counseling on health and prevention issues
- Medical history taking
- Pediatric developmental assessment
- Physical examination
- Prescription and management of medication therapy
- Preventive care and screening
- Referral to and provision of specialty care related to HIV diagnosis, including audiology and ophthalmology
- Treatment adherence
- Treatment and management of physical and behavioral health conditions

UNALLOWABLE USE OF FUNDS

- Direct cash payments or cash reimbursements to client or cash reimbursements to clients
- Emergency room visits
- Non-HIV-related visits to urgent care facilities

SUBRECIPIENT RESPONSIBILITIES

- Ensure and provide proof that:
    - Client is eligible to receive service
    - Funds are used only for allowable services and only in cases where RWHAP was the payor of last resort
    - Limitations on amount, frequency, and duration of service are explained to the client.
    - No Direct cash payments or cash reimbursements are made to client
    - Service is necessitated by the individual's HIV status
    - Providers and facilities providing services have appropriate and valid licenses, certifications, and/or registrations as required under applicable federal, state, and local laws
    - Care is consistent with HHS Guidelines
    - Clinical notes are signed by the licensed service provider in patient records
- Document in Provide Enterprise:
    - Proof of client eligibility
    - Date of service
    - Service provided for each visit

- Corresponding dollar amount of service provided, if required by subrecipient
- Justification/reason for service (how service is necessitated by the individual's HIV status)
- A Progress Log summarizing communication/encounter
- Updates to client's Action Plan to reflect service needs, if applicable
- Any follow-up provided

OUTREACH SERVICES

RYAN WHITE SUPPORT SERVICE & NHAS SERVICE STANDARD

The Ryan White Outreach Services category's primary purpose is identifying PWH who either do not know their HIV status, or who know their status but are not currently in care.

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

Outreach Services must:

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

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

Gift cards for services must be distributed via other service categories, such as Medical Transportation and/or Food Bank/Home Delivered Meals. Follow the Medical Transportation and Food Bank standards and all gift card policies and procedures.

See also Medical Transportation Services

See also Food Bank/Home Delivered Meals

See also Gift Cards, Vouchers, & Prepaid Cards

ALLOWABLE USE OF FUNDS

- Education to local partners and referral agencies of Ryan White services through "Relationship Building" sessions, which may include food and facility rental
- Food and facility rental may be charged to Outreach for "Relationship Building" sessions when following the prior approval process for "Meetings that Include Meals and/or Facility Rentals Prior Approval" process, and the food is kept within the SC meal per diem limits
- HIV testing when Ryan White funds are available and where the testing would not supplant other existing funding
- Items related to engaging and/or re-engaging clients in care may include outreach care packages (distributed based on client need), which may include:
  - Personal hygiene items
  - Socks and underwear
  - Cleaning supplies
  - First aid kits
  - Food
  - Flashlights
  - Tents/tarps
  - Umbrellas/ponchos
  - Seasonal safety items, including hats, gloves and sunscreen
  - Pre-paid or trac phones are an allowable expense to ensure communication with hard-to-reach clients as they are re-engaging in care or at risk of falling out of care due to lack of

communication. Subrecipients must have distribution policies and procedures included in their Outreach Service Standard.

UNALLOWABLE USE OF FUNDS

- Gift cards. Gift cards for food or medical transportation may be offered to clients through Food Bank and/or Medical Transportation Services following those service standard requirements.
- HIV testing that supplants existing funding
- Broad-scope awareness activities that target the general public rather than specific populations and/or communities with high rates of HIV infection
- Duplicate HIV prevention outreach efforts
- Activities that exclusively promote HIV prevention education

SUBRECIPIENT RESPONSIBILITIES

- Ensure and provide proof that:
    - Client is eligible to receive service
    - Funds are used only for allowable services and only in cases where RWHAP was the payor of last resort
    - Limitations on amount, frequency, and duration of service are explained to the client
    - No Direct cash payments or cash reimbursements are made to client
    - Service is necessitated by the individual's HIV status
    - Providers and facilities providing services have appropriate and valid licenses, certifications, and/or registrations as required under applicable federal, state, and local laws
- Document in Provide Enterprise:
    - Proof of client eligibility
    - Date of service
    - Service provided for each visit
    - Corresponding dollar amount of service provided, if required by subrecipient
    - Justification/reason for service (how service is necessitated by the individual's HIV status)
    - A Progress Log summarizing communication/encounter
    - Updates to client's Action Plan to reflect service needs, if applicable
    - Any follow-up provided

PSYCHOSOCIAL SUPPORT SERVICES

RYAN WHITE SUPPORT SERVICE STANDARD

Psychosocial Support Services provide group or individual support and counseling services to assist HRSA RWHAP-eligible PWH to address behavioral and physical health concerns.

Funds under this service category may not be used to provide nutritional supplements.

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

See also Food Bank/Home Delivered Meals

See also Respite Care Services

ALLOWABLE USE OF FUNDS

- Bereavement counseling
- Caregiver support
- Child abuse and neglect counseling
- Nutrition counseling provided by a non-registered dietitian
- Pastoral or faith-based care/counseling services
- Support groups

UNALLOWABLE USE OF FUNDS

- Gym membership
- Nutritional supplements
- Social/recreational activities

SUBRECIPIENT RESPONSIBILITIES

- Ensure and provide proof that:
    - Client is eligible to receive service
    - Funds are used only for allowable services and only in cases where RWHAP was the payor of last resort
    - Limitations on amount, frequency, and duration of service are explained to the client
    - No Direct cash payments or cash reimbursements are made to client
    - Service is necessitated by the individual's HIV status
    - Providers and facilities providing services have appropriate and valid licenses, certifications, and/or registrations as required under applicable federal, state, and local laws
    - Funds are not used to provide nutritional supplements
- Document in Provide Enterprise:
    - Proof of client eligibility
    - Date of service
    - Service provided for each visit
    - Corresponding dollar amount of service provided, if required by subrecipient
    - Justification/reason for service (how service is necessitated by the individual's HIV status).
    - A Progress Log summarizing communication/encounter
    - Updates to client's Action Plan to reflect service needs, if applicable

REFERRAL FOR HEALTH CARE & SUPPORT SERVICES

RYAN WHITE SUPPORT SERVICE STANDARD

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

Referrals for core medical and support services provided by Outpatient Ambulatory health care providers should be reported under the Outpatient Ambulatory Health Services category.

Referrals for core medical and support services provided by Case Managers (Medical and Non-Medical) should be reported in the appropriate case management service category (i.e., Medical Case Management or Non-Medical Case Management).

ALLOWABLE USE OF FUNDS

- Referrals to assist clients to obtain access to other public and private programs for which they may be eligible

SUBRECIPIENT RESPONSIBILITIES

- Ensure and provide proof that:
  - Client is eligible to receive service
  - Funds are used only for allowable services and only in cases where RWHAP was the payor of last resort
  - Limitations on amount, frequency, and duration of service are explained to the client
  - No Direct cash payments or cash reimbursements are made to client
  - Service is necessitated by the individual's HIV status
  - Referrals made by an Outpatient Ambulatory Health care provider are reported under the Outpatient Ambulatory Health Services category
  - Referrals made by Case Manager (Medical or Non-Medical) are reported in the appropriate case management service category (i.e., Medical Case Management or Non-Medical Case Management)
- Document in Provide Enterprise:
  - Proof of client eligibility
  - Date of service
  - Service provided for each visit
  - Corresponding dollar amount of service provided, if required by subrecipient
  - Justification/reason for service (how service is necessitated by the individual's HIV status)
  - A Progress Log summarizing communication/encounter
  - Updates to client's Action Plan to reflect service needs, if applicable
  - Any follow-up provided

REHABILITATION SERVICES

RYAN WHITE SUPPORT SERVICE STANDARD

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

ALLOWABLE USE OF FUNDS

- Physical therapy
- Occupational therapy
- Speech therapy
- Vocational therapy

UNALLOWABLE USE OF FUNDS

- Direct cash payments or cash reimbursements to client or cash reimbursements to clients
- Rehabilitation services provided as part of inpatient hospital services, nursing homes, and other long-term care facilities are not allowable

SUBRECIPIENT RESPONSIBILITIES

- Ensure and provide proof that:
    - Client is eligible to receive service
    - Funds are used only for allowable services and only in cases where RWHAP was the payor of last resort
    - Limitations on amount, frequency, and duration of service are explained to the client
    - No Direct cash payments or cash reimbursements are made to client
    - Service is necessitated by the individual's HIV status
    - Providers and facilities providing services have appropriate and valid licenses, certifications, and/or registrations as required under applicable federal, state, and local laws
    - Client's progress is assessed and monitored regularly, and a treatment plan is developed and signed by the professional rendering the services
    - Services are not provided as part of inpatient hospital services, nursing homes, and other long-term care facilities are not allowable
- Document in Provide Enterprise:
    - Proof of client eligibility
    - Date of service
    - Service provided for each visit
    - Corresponding dollar amount of service provided, if required by subrecipient
    - Justification/reason for service (how service is necessitated by the individual's HIV status)
    - A Progress Log summarizing communication/encounter
    - Updates to client's Action Plan to reflect service needs, if applicable
    - Any follow-up provided

RESPITE CARE

RYAN WHITE SUPPORT SERVICE STANDARD

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

Informal, home-based Respite Care is allowed, but liability issues should be included in the consideration of this expenditure.

Recreational and social activities are allowed but only when provided as part of a Respite Care provided in a licensed or certified provider setting, including drop-in centers within HIV Outpatient Ambulatory Health Services or satellite facilities.

See HHS Clinical Guidelines for HIV/AIDS

ALLOWABLE USE OF FUNDS

- Informal, home-based Respite Care, but liability issues should be included in the consideration of this expenditure
- Recreational and social activities provided as part of a Respite Care provided in a licensed or certified provider setting, including drop-in centers within HIV Outpatient Ambulatory Health Services or satellite facilities

UNALLOWABLE USE OF FUNDS

- Direct cash payments or cash reimbursements to client or cash reimbursements to clients
- Gym membership
- Off premise social/recreational activities
- Recreational and social activities not provided as part of a Respite Care provided in a licensed or certified provider setting

SUBRECIPIENT RESPONSIBILITIES

- Ensure and provide proof that:
    - Client is eligible to receive service
    - Funds are used only for allowable services and only in cases where RWHAP was the payor of last resort
    - Limitations on amount, frequency, and duration of service are explained to the client
    - No Direct cash payments or cash reimbursements are made to client
    - Service is necessitated by the individual's HIV status
    - Providers and facilities providing services have appropriate and valid licenses, certifications, and/or registrations as required under applicable federal, state, and local laws
    - Care is consistent with HHS Guidelines
    - Clinical notes are signed by the licensed service provider in patient records
    - Recreational and social activities are provided in a licensed or certified provider setting, including drop-in centers within HIV Outpatient Ambulatory Health Services or satellite facilities
- Document in Provide Enterprise:
    - Proof of client eligibility
    - Date of service
    - Service provided for each visit
    - Corresponding dollar amount of service provided, if required by subrecipient
    - Settings/methods of providing care

- Justification/reason for service (how service is necessitated by the individual's HIV status)
- A Progress Log summarizing communication/encounter
- Updates to client's Action Plan to reflect service needs, if applicable
- Any follow-up provided

SUBSTANCE ABUSE OUTPATIENT CARE

RYAN WHITE CORE MEDICAL SERVICE STANDARD

Substance Abuse Outpatient Care is the provision of outpatient services for the treatment of drug or alcohol use disorders.

Acupuncture therapy is allowed only when included in a documented plan as part of a substance use disorder treatment program funded under Ryan White.

South Carolina Law prohibits the sale, manufacture, delivery, possession, and possession with intent to deliver paraphernalia. Paraphernalia is defined in the South Carolina code as "any instrument, device, article, or contrivance used, designed for use, or intended for use in ingesting, smoking, administering, manufacturing, or preparing a controlled substance.

ALLOWABLE USE OF FUNDS

- Acupuncture therapy
- Assessment
- Diagnosis
- Screening
- Treatment of substance use disorder, including:
    - Behavioral health counseling associated with substance use disorder
    - Harm reduction services and supplies, which may include the following:
        - First aid kits
        - Medication disposal kits
        - Medication lock boxes
        - Overdose reversal supplies and instructions for use, including naloxone kits
        - Sterile water and alcohol wipes
        - Substance test kits, including fentanyl test strips and Xylazine test strips, and instructions and items for use
- Written educational materials on HIV and viral hepatitis prevention, testing, treatment, and care services
- Medication-assisted therapy
- Neuro-psychiatric pharmaceuticals
- Outpatient drug-free treatment and counseling
- Pretreatment/recovery readiness programs
- Relapse prevention

UNALLOWABLE USE OF FUNDS

- Acupuncture therapy, when not included in a documented plan as part of a substance use disorder treatment program funded under Ryan White
- Direct cash payments or cash reimbursements to client or cash reimbursements to clients
- Drug paraphernalia, including any instrument, device, article, or contrivance used, designed for use, or intended for use in ingesting, smoking, administering, manufacturing, or preparing a controlled substance

SUBRECIPIENT RESPONSIBILITIES

- Ensure and provide proof that:
    - Client is eligible to receive service
    - Funds are used only for allowable services and only in cases where RWHAP was the payor of last resort

- Limitations on amount, frequency, and duration of service are explained to the client
- No Direct cash payments or cash reimbursements are made to client
- Service is necessitated by the individual's HIV status
- Providers and facilities providing services have appropriate and valid licenses, certifications, and/or registrations as required under applicable federal, state, and local laws
- All services are provided on an outpatient basis
- Client's progress is assessed and monitored regularly, and a treatment plan is developed and signed by the professional rendering the services.
- Acupuncture therapy is provided as part of the client's substance use disorder treatment.

- Document in Provide Enterprise:
  - Proof of client eligibility
  - Date of service
  - Service provided for each visit
  - Corresponding dollar amount of service provided, if required by subrecipient
  - Justification/reason for service (how service is necessitated by the individual's HIV status)
  - A Progress Log summarizing communication/encounter
  - Updates to client's Action Plan to reflect service needs, if applicable
  - Any follow-up provided

SUBSTANCE ABUSE SERVICES (RESIDENTIAL)

RYAN WHITE SUPPORT SERVICE STANDARD

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

Substance Abuse Services (residential) is permitted only when the client has received a written referral from the clinical provider as part of a substance use disorder treatment program funded under the HRSA RWHAP.

Detoxification is allowed if offered in a separate licensed residential setting (including a separately licensed detoxification facility within the walls of an inpatient medical or psychiatric hospital).

ALLOWABLE USE OF FUNDS

- Acupuncture therapy is allowed only when included in a documented substance use disorder treatment plan
- Behavioral health counseling associated with substance use disorder
- Detoxification
- Harm reduction
- Medication-assisted therapy
- Neuro-psychiatric pharmaceuticals
- Pretreatment/recovery/readiness programs
- Relapse prevention
- Sober living facilities

UNALLOWABLE USE OF FUNDS

- Acupuncture therapy, when not included in a documented substance use disorder treatment plan
- Direct cash payments or cash reimbursements to client or cash reimbursements to clients
- Inpatient detoxification in a hospital setting, unless the detoxification facility has a separate license

SUBRECIPIENT RESPONSIBILITIES

- Ensure and provide proof that:
    - Client is eligible to receive service
    - Funds are used only for allowable services and only in cases where RWHAP was the payor of last resort
    - Limitations on amount, frequency, and duration of service are explained to the client
    - No Direct cash payments or cash reimbursements are made to client
    - Service is necessitated by the individual's HIV status
    - Providers and facilities providing services have appropriate and valid licenses, certifications, and/or registrations as required under applicable federal, state, and local laws
    - All services are provided in a short-term residential setting
    - Client's progress is assessed and monitored regularly, and a treatment plan is developed and signed by the professional rendering the services
- Document in Provide Enterprise:
    - Proof of client eligibility
    - Date of service
    - Service provided for each visit
    - Corresponding dollar amount of service provided, if required by subrecipient
    - Justification/reason for service (how service is necessitated by the individual's HIV status).

- A Progress Log summarizing communication/encounter
- Updates to client's Action Plan to reflect service needs, if applicable
- Any follow-up provided

PROVIDE ENTERPRISE

PROGRESS LOG TABS

MAIN PROGRESS LOG TAB

- **Status**: This refers to the status of the Progress Log record. If the record is "In Progress," it can be edited. When the data entry is complete for the record, the status needs to be changed to "Complete" by either changing this field or clicking the "Complete" button on the top of the record.
- **Provider**: This is the person who provided the service to the client. Usually, this is the MCM entering in the Progress Log, and this field automatically defaults to the Provide Enterprise user's name for the computer being used.
- **Date**: The date that the contact was made with the client or on behalf of the client.
- **Start Time**: This field can capture the exact time the MCM/provider began working with or on behalf of the client to provide services. Since the exact time is not required, this field usually depicts when the Progress Log record was created/started.
- **Contact Time (Minutes)**: This is the time spent with a client, either by phone, mail, email or for a face-to-face encounter. Contact time should also be used for contact attempts. Minutes in the contact time are required to be documented in 15-minute increments.
- **Travel Time (Minutes)**: This is the time spent traveling to and from a meeting with your client. This also must be documented in 15-minute increments.
- **Documentation Time (Minutes)**: This field will automatically provide 15 minutes for documentation. There is no way to modify this field.
- **Total Time (Minutes)**: This field auto-populates, giving you the total time accrued from the "Contact Time" field, the "Travel Time" field (if applicable), and the "Documentation Time" field. Typically, no Progress Log is less than 30 minutes.
- **Contact Category**: This field provides information on where the Progress Log should be mapped to (counted) in the Ryan White Data Report (RDR). Some Contact Categories may not apply to your Agency. Select from one of the following service types:
    - **Case Management Services**: Used by Non-Medical Case Managers (NMCM) to document encounters with clients enrolled in the NMCM program.
    - **Early Intervention Services**: Used by providers when EIS is provided for a client.
    - **EHE Initiative Services**: Used by providers when EHE services are provided for a client.
    - **Health Promoter**: Used by providers who are classified as "Health Promoters" and who are providing Health Promotion services.
    - **HIV Rehabilitation Services**: Used by providers when a client receives rehabilitation services.
    - **HIV Posttest Counseling**: Used by providers (typically prevention staff) who are doing HIV Posttest counseling with clients.
    - **HIV Pretest Counseling**: Used by providers (typically prevention staff) who are doing HIV Pretest counseling with clients.
    - **Housing Case Management**: Used by Housing Case Managers only. Housing Case Managers are typically funded by HOPWA.
    - **Housing Case Management (HOPWA Only)**: Used by HOPWA-funded Case Managers only.
    - **Insurance Update**: Used by providers when a client's insurance has been updated.
    - **Loss of Insurance**: Used by providers when a client loses their insurance.
    - **Linguistic Services**: Used by providers who are providing clients with translation services directly.

- **Medical Case Management**: Used by Ryan White Part B Medical Case Managers (MCM) who are providing Medical Case Management services. Typically, MCMs will use the category of Medical Case Management to document all activities when eligibility has been verified.
- **Mental Health Services**: Used by mental health providers who provide counseling/therapy services to a client.
- **Medical Nutrition Therapy**: Used by providers who are providing clients with nutritional services/counseling.
- **Monitoring Services**: Used by care providers when preparing for a client visit and/or reviewing documentation without the client present for a visit.
- **Outreach Services**: Used by providers to document their services related to getting individuals living with HIV into care. It should be used in accordance with the RW program service definitions.
- **Peer Services**: Used by Peer Adherence/Advocacy staff to document peer-related support provided to clients. This may also include support groups facilitated by a Peer Adherence/Advocacy staff person.
- **Pharmacy Selection Needed**: Used by providers when a pharmacy selection is needed for a client.
- **Prevention Case Management**: Used by providers who are working with clients regarding risk reduction/secondary prevention.
- **Prevention Entry into Care**: Used by providers who are working with clients who may have a preliminary positive rapid test. This will allow the client to begin receiving Ryan White services while waiting for a confirmatory test.
- **Psychosocial Support Services**: Used by providers who only provide clients with psychosocial support. This is not meant to be used by MCMs unless required by the Agency.
- **Specialized Medical Case Management**: Used by Specialized Medical Case Managers (SMCM) to document encounters with their clients enrolled in the SMCM program.
- **Substance Abuse Treatment**: Used by Substance Abuse providers who are professionally qualified/licensed to counsel/address substance abuse problems with a client.

- **Contact Type**: Provides information on the type of contact made. These contact types include:
  - **Appointment Reminder**: Used when the provider reminds the client of an upcoming appointment.
  - **Care Conference**: Used to document case staffing completed on the client.
  - **Client Contact Clinic/Hospital**: Used to document a meeting with the client in a clinic or hospital setting - this is meant to be outside of the Case Manager's typical office setting, so if the Case Manager works in a clinical setting, they will not use this type.
  - **Client Contact Electronic**: Used to document contact with the client via email.
  - **Client Contact Home**: Used to document contact made with the client at their home.
  - **Client Contact Jail/Prison/Detention Center**: Used to document contact made with the client in a jail, prison, or detention center setting.
  - **Client Contact Letter**: Used to document contact made with the client via letters.
  - **Client Contact Office**: Used to document contact made with the client at the MCM's office.
  - **Client Contact Other**: Used to document contact made with the client when no other option is appropriate.
  - **Client Contact Telephone**: Used to document contact made with the client via telephone.
  - **Client Contact Treatment Facility**: Used to document contact made with the client at a treatment facility.
  - **Collateral contact Electronic**: Used to document contact made on the client's behalf via email/fax.

    - **Collateral Contact Letter**: Used to document contact made on the client's behalf via letter.
    - **Collateral Contact Other**: Used to document contact made on the client's behalf when no other option is appropriate.
    - **Collateral Contact Telephone**: Used to document contact made on the client's behalf via telephone.
    - **Documentation**: Used to capture the time spent documenting for a client's record; no contact is actually made with the client or on behalf of the client with another individual.
    - **Incoming Referral Services Contact**: Used to document contact made with the client and/or on the client's behalf as it relates to getting the client enrolled in Medical Case Management services.) This contact type should be used prior to an intake being completed, and only services categorized to "Monitoring" should be documented in Provide Enterprise when choosing this contact type. If no appropriate services exist relating to "Monitoring," refrain from choosing services.
    - **Supervision**: Used to document the time a supervisor spends on the client's case/chart; this may be as documentation, client contact, or collateral contact, so the contact flag and description fields should be used to help explain the exact contact made with the client or on the client's behalf.
    - **Admin. – Client Feedback**: Used by administrative staff to document feedback from the client.
    - **Admin. – Letter**: Used by administrative staff to document that they sent the client, or someone on the client's behalf, a letter.
    - **Admin. – Medical Records**: Used by administrative staff to document that they released or requested medical records for the client.
    - **Admin. – Other**: Used by administrative staff to document contact made with the client or on the client's behalf when no other option is appropriate.
    - **Admin. – Telephone**: Used by administrative staff to document that they speak with the client, or someone on the client's behalf, via telephone.
- **Contact Flag**: Indicates if the contact was made directly with or on behalf of a client or if the contact was attempted, or if no contact was made. This flag will show when certain Contact Types are selected.
    - **Made**: Used when the contact is made, either directly with the client or on behalf of the client.
    - **Attempted**: Used when contact is attempted.
    - **None**: Used for documentation only. No contact with the client was made directly or on behalf of the client.
- **Face to Face Flag**: Indicates if the client contact or collateral contact activity was done in person or not.
- **Funding Source**: This field provides information on which funder is paying for the contact that was made with the client or on the client's behalf. Usually, for MCM services or case management services, the funder will be Ryan White. However, each Agency must determine which contacts are provided by which funders. Multiple funders are listed as possible selections for this field.
- **Brief Description**: A 2–3-word description of the activity with the client and the services provided. This would be similar to the subject line of an email. Points-in-Care should be typed in ALL CAPS, followed by the month and year (i.e., INTAKE, January 2023).
- **Full Description**: Detailed professional/legal documentation of activities and services delivered by the MCM. The Progress Log should be free of slang, professional opinions, and minimal abbreviations. There are several different formats you can use to document:
    - FIRRP:

        - Focus (F): what was the focus/purpose of the encounter?
        - Intervention (I): what was your response to the focus of the encounter?
        - Response (R): what was the client/collateral person's response to your intervention?
        - Responsibility (R): who is responsible for what activities related to follow-up?
        - Plan (P): what is the plan for a follow-up?
    - SBAR:
        - Situation (S): Clearly and briefly define the situation.
        - Background (B): Provide clear, relevant background information that relates to the situation.
        - Assessment (A): A statement of your professional conclusion.
        - Recommendation (R): What do you need from this individual?
    - SOAP:
        - Subjective (S): Statement about relevant client behavior or status.
        - Objective (O): Observable, quantifiable, and measurable data.
        - Assessment (A): Use professionally acquired knowledge to interpret the information given by the client during the session.
        - Planning (P): A plan that outlines the next course of action.
- **Review Status**: Some agencies may require that new and/or current Case Managers have their Progress Logs reviewed by their supervisors prior to completing them. This field will indicate "Not Required," "Scheduled," or "Processed."

GOALS ADDRESSED PROGRESS LOG TAB

MCMs should always create, modify, or update the client's goals or steps prior to documenting so those goals can be linked to the Progress Log. Progress Log should always be linked to at least one of the client's goals. This can be accomplished by selecting the button with "..." located at the bottom of the space provided.

SERVICES PROVIDED PROGRESS LOG TAB

Services provided by staff, such as MCMs, must be entered into the service grid, located on the service provided tab in the Progress Log. This allows staff to capture a wide range of services provided in a single visit. When entering services provided in the service grid, the total time allocated should not exceed the overall time with the client.

Changes to the service grid should be submitted to GTI via the Provide Enterprise Help Desk. All service provided additions require SC Ryan White Program prior approval.

The service grid will show an itemized list of services available by your agency. MCMs should change the units of the service provided to indicate the approximate time spent providing that service. It is recommended that service grid units should be tracked in 5-minute increments when the unit of measure reads minutes. For example, coordination of core services would be followed by 5 minutes, 10 minutes, 15 minutes, etc.

Services where the unit of measure in the service grid is not measured in minutes should be followed by 1, 2, 3, 4, etc. For example, transportation services have units to measure one-way trips. A one-way trip (i.e., from home to clinic) will be indicated by a one, whereas a round trip (i.e., from home to clinic and back home) would be indicated by a two.

APPLICATIONS PROGRESS LOG TAB

Staff must select any applications completed with the client during the visit. For applications that are started but not completed, do not enter the application in the Progress Log until it is completed.

CARE ACTIONS PROGRESS LOG TAB

Care actions must be entered and updated for each service provided in the given visit. Subrecipients are encouraged to standardize care action entry for all staff, including MCMs.

Some care actions are required based on the encounter with the client. Indicating the correct care action is important as the information selected will fill in the fields of certain reports and checklists. Some subrecipients may require MCMs to select certain care actions, but the SC Ryan White Program requires the following to be selected when documenting a Point-in-Care:

- **Action Plan Established**: Used when the Intake Assessment is completed, and the client's Action Plan has been created.
- **Action Plan Reviewed**: Used when the 6 Month Check-In or Reassessment is completed, and the client's Action Plan has been modified and/or reviewed.
- **Assessment – Initial – Service Needs**: Used when the Medical Case Manager completes the entire Intake Assessment.
- **Assessment – Reassess – Service Needs**: Used when the Medical Case Manager completes the entire Reassessment.
- **Six Month Check-in**: Used when the Medical Case Manager completes the 6 Month Check-In.

REFERRALS PROGRESS LOG TAB

Referrals must be made for all core services, including initial and ongoing referrals. Referrals should be entered during the post-visit process, and the status for each referral should be updated during pre-visit planning, or at minimum, during each point-in-care.

SCAN DOCUMENTS PROGRESS LOG TAB

Scan documents allow you to scan and link documentation to a Progress Log.

SERVICE DESCRIPTIONS

Specific reporting categories and service names may vary based on your agency. Please check with your supervisors to ensure you are indicating the correct Service Provided in Provide Enterprise.

REPORTING CATEGORY	SERVICE NAME	SERVICE DESCRIPTION
APA - Health - Prescriptions HIV	Prescription Payment HIV	HIV prescription payment made by site that meets criteria (RDR Instructions) for Local APA; HIV indicates a drug on the ADAP Formulary.
APA - Health - Prescriptions NonHIV	Prescription Payment NonHIV	NonHIV prescription payment made by site that meets criteria (RDR Instructions) for Local APA; NonHIV indicates a drug not on the ADAP Formulary.
Child Care	Child Care Services	Care for the children of HIV+ clients while the client attends medical appointments.
CM Medical	Adherence to appointment counseling	Activities to encourage medical care or case management adherence.
	Adherence to treatment counseling	Activities to encourage treatment adherence, may include appointment counseling depending on site preference.
	Benefits Navigation	Refers to Medical Case Management activities associated with navigating benefits, such as Medicaid, Medicare. Does not include SC ADAP.
	Connection to clinical research	Connection refers to activities of linkage to clinical research.
	Connection to core services	Connection refers to activities of linkage to Ryan White defined core services.
	Connection to internal sources	Connection refers to activities of linkage to internal agency sources.
	Connection to medical care	Connection refers to activities of linkage to medical care.

REPORTING CATEGORY	SERVICE NAME	SERVICE DESCRIPTION
	Connection to supportive services	Connection refers to activities of linkage to Ryan White defined supportive services.
	Coordination of core services	Coordination refers to activities of retention.
	Coordination of medical treatment	Coordination refers to activities of retention.
	Coordination of support services	Coordination refers to activities of retention.
	Coordination of action plan	Coordination refers to activities of retention.
	Coordination of supportive services - medical transportation	Coordination refers to activities of retention, in this case through arranging transportation.
	Coordination of EFA Prescription Request HIV	For sites that coordinate (but do not pay) prescription payment; HIV indicates a drug on the ADAP formulary.
	Hospital Discharge Planning	Activities related to discharge planning for hospitalized client.
	Prescription Assistance Coordination	Coordination refers to activities to retain PAP assistance.
	Prescription Assistance Follow-up	Follow-up refers to activities with the PAP enrollment process.
	SC ADAP - Counseling	Refers to activities to retain ADAP assistance; excludes adherence activities.
	SC ADAP - Follow-up	Refers to activities to enroll in ADAP assistance; excludes adherence activities.
	SCDC Discharge Planning	Activities related to discharge planning for incarcerated client from South Carolina Department of Corrections.
	Discharge Planning	Activities related to discharge planning for incarcerated client.
	Connection to internal resources	Connection refers to activities of linkage to internal resources.
CM Nonmedical	Benefits Navigation	Refers to non-Medical Case Management activities associated with navigating benefits, such as Medicaid, Medicare. Does not include SC ADAP.
	Connection to external sources	Refers to activities of linkage to services offered outside the agency; may be used for non-core or non-medical linkage.
	Connection to internal sources	Refers to activities of linkage to services offered within an agency, e.g., specialized services in-house; in a Non-Medical CM setting.
	Coordination of support services	Coordination refers to activities of retention in care through the use of support services.
	Environmental Evaluation	Environmental Evaluation used only by USC DOM Supportive Housing Services.
	Follow-up	Refers to activities of retention in non-core services; may be used for non-core or non-medical linkage; replaced "Client advocacy."
	Coordination of EFA Prescription Request HIV	For sites that coordinate (but do not pay) prescription payment; HIV indicates a drug on the ADAP formulary.
	Coordination of EFA Prescription Request NonHIV	For sites that coordinate prescription payment (but do not pay); NonHIV indicates a drug not on the ADAP formulary.
Education Services	Education Services	Education services offered to clients.

REPORTING CATEGORY	SERVICE NAME	SERVICE DESCRIPTION
EFA - Health - Medical Equipment	Medical Equipment	Refers to use of program funds to purchase medical equipment including water filtration systems.
EFA - Health - Prescriptions HIV	Prescription Payment HIV	HIV prescription payment made by site that does not meet criteria (RDR Instructions) for Local APA; HIV indicates a drug on the ADAP Formulary.
EFA - Health - Prescriptions NonHIV	Prescription Payment NonHIV	NonHIV prescription payment made by site that does not meet criteria (RDR Instructions) for Local APA; NonHIV indicates a drug not on the ADAP Formulary.
EFA - Housing - Short Term	Housing	Refers to Housing Payment, but not a mortgage payment; funded other than HOPWA.
	Housing Assistance - Other funding	Refers to housing assistance not funded with HOPWA or RW funds.
	Housing Rehabilitation	Refers to housing rehabilitation activates funded with NC HOPWA funds (Catawba Care Coalition only).
	Short Term Mortgage Payment	Refers to HOPWA STRMU payment for mortgage.
	Short Term Rent Payment	Refers to HOPWA STRMU payment for rent.
	Short Term Utility Payment	Refers to HOPWA STRMU payment.
	Utilities	Refers to Utility Payment; funded other than HOPWA.
EFA - Placement	Deposit - Rent-Utility	Refers to rent and utility deposit payments.
EHE Initiative Services	Home Test Kits	Refers to home test kits provided with EHE funds.
	Phone Distribution	Refers to cell phones provided to client with EHE funds.
	Rapid Dispense/Starter Pack	Refers to rapid dispense or start packs provided with EHE funds to newly diagnosed clients.
	Linkage to care services	Refers to linkage to care services provided with EHE funds.
	Medical Care Visit Kept - Mobile Van	Refers to kept medical care visits provided on a mobile van funded by EHE.
	Linkage to Care Services - Mobile Van	Refers to linkage to care services provided on a mobile van funded by EHE.
	Retention in Care Services - Mobile Van	Refers to retention in care services provided on a mobile van funded by EHE.
	Medical Care Visit Kept	Refers to kept medical care visits funded by EHE.
	Retention in Care Services	Refers to retention in care services funded by EHE.
	Peer Health Advocacy - Linkage	Refers to peer health advocacy provided with EHE funds.
Emergency Financial Assistance	YEAH Empowerment Program	EFA provided only with YEAH Empowerment Program funds.
Employment Assistance	Job Coaching	Provides vocational task support increasing a client's ability to perform the job.
	Job Referral	Provider refers clients to potential employers for jobs.
	Job Retention	Provides ongoing support to increase the duration of employment.
	Job Shadowing	On the job site visit to assess and evaluate work performance.
Food Bank	Food Bank	Refers to the provision of actual food, may also include provision of personal hygiene and household cleaning supplies.
	Holiday Meal Delivery	Holiday meal delivery to be differentiated from regular food bank provision.

REPORTING CATEGORY	SERVICE NAME	SERVICE DESCRIPTION
	Lunch Voucher	Lunch voucher to be differentiated from regular food bank provision.
	Nutrition - Supplements	Refers to supplements issued by non-dietitian and without prescription.
	Nutrition - Supplements - Boost	Refers specifically to Boost supplements.
	Nutrition - Supplements - Boost Diabetic	Refers specifically to Boost Diabetic supplements.
	Nutrition - Supplements - Boost Plus	Refers specifically to Boost Plus supplements.
	Nutrition - Supplements - Diabetic	Refers specifically to Diabetic supplements.
	Nutrition - Supplements - Plus	Refers specifically to Plus supplements.
	Personal Pantry	Refers to activities to provide personal hygiene or other personal care items.
	Food Voucher	Voucher to be differentiated from regular food bank provision.
	$10 Food Voucher	$10 Food Voucher to be differentiated from regular food bank provision.
Health Ed - Risk Reduction	Counseling - Safer Sex Education	Safer sex education counseling with HIV clients about how to reduce the risk of HIV transmission.
	Health Education	Refers to services that educate clients with HIV about HIV transmission, including information dissemination about medical and psychosocial support services and counseling to help clients with HIV improve their health status.
	Peer Health Advocacy	Services provided by a peer that educate clients with HIV about HIV transmission and how to reduce the risk of HIV transmission.
	Pregnancy Education - Health Education	Health education services specifically focusing on pregnancy education.
	Risk Reduction - Counseling	Refers specifically to counseling to HIV clients on reducing the risk of HIV transmission.
	Treatment Options	Refers to educating patients regarding their treatment options.
Health Education/Risk Reduction	Peer Health Advocacy - Linkage	Refers to peer health advocacy provided.
	Condoms - Risk Reduction Tools	Refers to condoms provided.
	Peer Adherence - Medical Appointments	Refers to peer adherence medical appointments.
	Peer Adherence - Medication Adherence	Refers to peer adherence medical adherence.
	Peer Disclosure Support	Refers to peer disclosure support.
Health Insurance	Copayment	Refers to copayment assistance with patient cost-sharing.
	Copayment - ADAP	Refers to copayment assistance with patient ADAP CP or Insurance cost-sharing.
	Copayment - Medicare	Refers to Medicare copayment assistance.
	Deductible	Refers to deductible assistance with patient cost-sharing.
	Deductible - ADAP	Refers to deductible assistance with patient cost-sharing.

REPORTING CATEGORY	SERVICE NAME	SERVICE DESCRIPTION
	Deductible - Medicare	Refers to Medicare deductible assistance.
	Dental - Vision - Insurance Premium	Refers to dental and/or vision portion of insurance premium not covered by ADAP.
	Premium Payment	Refers to premium assistance with patient cost-sharing; includes COBRA.
	Premium Payment - Medicare	Refers to Medicare premium assistance.
	Premium Payment ADAP	Refers to ADAP premium assistance with patient cost-sharing.
Health Rehabilitation Services	Physical Therapy	Physical therapy services provided by a licensed or authorized professional in accordance with the individualized plan of care to improve quality of life and optimal capacity for self-care.
HIV Post-test Counseling	HIV Post test Counseling	Refers to counseling and testing of non-confirmed HIV-positive individuals (Must have SC DPH approval to have this service).
HIV Pre-test Counseling	HIV Pre-test Counseling	Refers to counseling and testing of non-confirmed HIV-positive individuals (Must have SC DPH approval to have this service).
Home Health Paraprofessional	Home Health Paraprofessional	Health services provided in the home by paraprofessional.
Housing	Rental Payment	Refers to payments made for client's rent.
	Mortgage Payment	Refers to payments made for client's mortgage.
	Utility Payment	Refers to payments made for client's utilities.
	Transitional Housing Payment	Refers to payments made for client's transitional housing.
Housing - Case Management	CCHAP Case Management	Housing Case Management services for client enrolled in HOPWA City of Cola and residing in TBRA-funded housing (City of Columbia HOPWA only).
	Coordination for RW Housing Payment	Refers to case management-related activities in housing to obtain RW or non-HOPWA Housing Assistance.
	EFA Request for RW Housing Payment	Refers to case management-related activities in Housing to determine eligibility for RW or non-HOPWA Housing Assistance.
	Housing Case Management	Refers to case management-related activities to assess or offer information or counseling on Housing (HOPWA-funded).
	Housing Counseling	Refers to CM-related activities to assess, offer information or counseling on Housing (non-HOPWA).
	Supportive Services	Housing case management with City of Columbia HOPWA (City of Columbia HOPWA only).
	TBRA Case Management	Housing case management for client enrolled in HOPWA and residing in TBRA-funded housing.
	TBRA Follow-up	Refers to activities to enroll in TBRA-funded housing.
	TBRA Payment	Refers to flags to track client TBRA payment history.
Housing - Facility based	Facility Based - Project Care	Activities related to Project Care in Greenville.
	Facility Based - The Laurel	Activities related to The Laurel in Greenville.
Housing - Information	Housing Information Services	Refers to HOPWA-funded services to provide information on housing options, prior to enrollment in HOPWA (non-SC DPH HOPWA funded).
Housing - Placement	Deposit - Rent-Utility	Refers to payment of a deposit for rent and/or utility related to housing placement.

REPORTING CATEGORY	SERVICE NAME	SERVICE DESCRIPTION
Legal	Legal Services	Refers to agency-provided (in-house or payment) legal services. Legal referrals (no bill for services) should be tracked in referral.
Life Skills	Life Skills	Services to increase the client's ability to perform daily activities.
Linguistic	Linguistic Services	Activities to assist in conquering language or disability barriers; for example, translation or hearing-impaired communication assistance.
Medical Nutrition Therapy	Nutrition - Supplements by Prescription	Refers to supplements issued by prescription.
	Nutrition - Counseling	Nutrition counseling by a licensed registered dietitian outside of a primary care visit.
	Nutrition - Supplements	Nutritional supplements provided by dietitian.
Mental Health	Mental Health - Affected Counseling	Mental health counseling services offered to HIV-affected individuals with a diagnosed mental illness, conducted in a group or individual setting, and provided by a mental health professional licensed or authorized within the State to render such services.
	Mental Health Counseling	Mental health counseling services offered to individuals with a diagnosed mental illness, conducted in an individual setting, and provided by a mental health professional licensed or authorized within the State to render such services.
	Mental Health Group Counseling	Mental health counseling services offered to individuals with a diagnosed mental illness, conducted in a group setting, and provided by a mental health professional licensed or authorized within the State to render such services.
	Mental Health Screening	Mental health screening provided by a mental health professional licensed or authorized within the State to render such services.
	Substance Abuse Screening	Substance abuse screening provided by a mental health professional licensed or authorized within the State to render such services.
	Mental Health Visit Payment	Refers to payments made for client's mental health visit.
	Behavioral Health Visit	Refers to payments made for client's behavioral health visit.
	Mental Health Payment	Refers to payments made for client's mental health visit.
Monitoring	Appointment Reminder	Indications/flags for client record, not recorded in RDR or APR.
	CM Appointment No Show	Indications/flags for client record, not recorded in RDR or APR.
	Confirmed Visit to MCG Clinic	Indications/flags for client record, not recorded in RDR or APR.
	Confirmed Visit to Waterloo Clinic	Indications/flags for client record, not recorded in RDR or APR.
	Housing Service Monitoring - No Visit	Indications/flags for client record, not recorded in RDR or APR.
	Medical Appointment No Show	Indications/flags for client record, not recorded in RDR or APR.
	Medical Care Visit - No Show	Indications/flags for client record, not recorded in RDR or APR.
	Medical Monitoring - No Visit	Indications/flags for client record, not recorded in RDR or APR.
	Medications received for patient	Indications/flags for client record, not recorded in RDR or APR.
	Mental Health Counseling - No Show	Indications/flags for client record, not recorded in RDR or APR.

REPORTING CATEGORY	SERVICE NAME	SERVICE DESCRIPTION
	Mental Health Visit No Show	Indications/flags for client record, not recorded in RDR or APR.
	Monitoring - No Visit	Indications/flags for client record, not recorded in RDR or APR.
	Other Appointment No Show	Indications/flags for client record, not recorded in RDR or APR.
	Service Monitoring - No Visit	Indications/flags for client record, not recorded in RDR or APR.
	Substance Abuse Outpatient - No Show	Indications/flags for client record, not recorded in RDR or APR.
Oral Health Care	Oral Health Care	Includes diagnostic, preventive, and therapeutic services provided by general dental practitioners, dental specialists, dental hygienists and auxiliaries, and other trained primary care providers.
Outpatient Medical Care	Adherence to treatment counseling	Refers to activities to encourage treatment adherence, may include appointment counseling depending on site preference, administered by a health care professional during medical care visit.
	Annual Physical	Annual physical as medical care visit.
	Connection to medical care	Connection refers to activities of linkage to medical care administered by a health care professional during medical care visit.
	Coordination of medical treatment	Coordination refers to activities of retention to medical treatment administered by a health care professional during medical care visit.
	Labwork	Refers to labwork.
	Labwork Payment	Refers to payment for labwork.
	Mammogram Followup	Follow-up regarding mammogram.
	Medical Care Visit Payment	Provision of professional diagnostic and therapeutic services rendered by a physician, physician's assistant, clinical nurse specialist, or nurse practitioner in an outpatient setting.
	Medical Care Visit Kept	Provision of professional diagnostic and therapeutic services rendered by a physician, physician's assistant, clinical nurse specialist, or nurse practitioner in an outpatient setting.
	Medical Intake	Medical intake as part of medical care visit.
	Mental Health Screening	Mental health screening provided by a physician, physician's assistant, clinical nurse specialist, or nurse practitioner as part of the medical care visit.
	New Patient Physician Visit	Provision of professional diagnostic and therapeutic services rendered by a physician, physician's assistant, clinical nurse specialist, or nurse practitioner in an outpatient setting to a new patient.
	Nurse Follow-up	Nurse follow-up visit after Outpatient Ambulatory medical care.
	Nurse Visit	Nurse visit as part of medical care visit.
	Nutrition - Counseling Non Dietitian	Nutrition counseling during a primary care visit.
	PAP Followup	Follow-up regarding PAP test.
	Prescription Order	Refers to prescription order.
	Primary Care Visit	Primary medical care that is consistent with the Public Health Service's guidelines.

REPORTING CATEGORY	SERVICE NAME	SERVICE DESCRIPTION
	Radiology/Diagnostic Procedures	Radiology/Diagnostic testing.
	Self Breast Exam	Self breast exam preventive care.
	Specialty Care Visit Payment	Payment for specialty care rendered by a physician, physician's assistant, clinical nurse specialist, or nurse practitioner in an outpatient setting.
	Specialty Care Visit	Specialty care rendered by a physician, physician's assistant, clinical nurse specialist, or nurse practitioner in an outpatient setting.
	Substance Abuse Screening	Substance abuse screening provided by a physician, physician's assistant, clinical nurse specialist, or nurse practitioner as part of the medical care visit.
	Tobacco Cessation Counseling	Tobacco cessation counseling provided by a physician, physician's assistant, clinical nurse specialist, or nurse practitioner as part of the medical care visit.
	Vision Care Visit - HIV Related	Refers to general eye care, e.g., Optometrist.
	Vision Care Visit - Specialty HIV Related	Refers to specialty eye care, e.g., Ophthalmologist.
	Medical Care Payment	Refers to payments made for Outpatient medical care.
	Medical Care Visit - Kept	Refers to payments made for kept Outpatient medical care.
Outreach	Outreach	Services provided with the purpose of 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.
Permanency Planning	Permanency Planning	Services to help clients or families make decisions about placement and care of minor children after the parents/caregivers are deceased or are no longer able to care for them.
Psychosocial Support	Client Social	Refers to activities with client such as agency gathering or picnic for clients.
	Conference Retreat Outing	Refers to activities with client such as HIV conference, peer empowerment, etc.
	Consumer Advisory Group	Refers to flag client that participates in consumer advisory group.
	Counseling Not Mental Health	Refers to psychosocial activities not provided by mental health counselor, e.g., client needs to talk about an issue with CM.
	Focus Group	Refers to flag client that participates in Focus group.
	Follow-up Survey	Refers to flag client that participates in consumer survey.
	Holiday/Gift Basket	Refers to flag client that receives holiday/gift basket.
	Incentives	Refers to flag client that receives incentive.
	Nutrition - Counseling Non Dietitian	Refers to Nutritional counseling not provided by registered dietitian.
	Psychosocial Support	Provision of support and counseling activities, child abuse and neglect counseling, HIV support groups, pastoral care, caregiver support, and bereavement counseling.
	Support Group	Support through HIV support group.
Residential or In-home Hospice	Hospice In-home	Services provided in the home by licensed health care workers, such as nurses and the administration of intravenous and

REPORTING CATEGORY	SERVICE NAME	SERVICE DESCRIPTION
		aerosolized treatment, parenteral feeding, diagnostic testing, and other medical therapies.
Substance Abuse (Inpatient)	Substance Abuse Inpatient	Refers to substance abuse inpatient services.
Substance Abuse (Outpatient)	Group Counseling	Group counseling to address substance abuse problems in an outpatient setting, rendered by a physician or under the supervision of a physician, or by other qualified personnel.
	Substance Abuse Outpatient	Medical or other treatment and/or counseling to address substance abuse problems in an outpatient setting, rendered by a physician or under the supervision of a physician, or by other qualified personnel.
	Substance Abuse Treatment	Treatment and/or counseling to address substance abuse problems in an outpatient setting, rendered by a physician or under the supervision of a physician, or by other qualified personnel.
Substance Abuse (Residential)	Substance Abuse Inpatient	Medical or other treatment and/or counseling to address substance abuse problems in an inpatient setting, rendered by a physician or under the supervision of a physician, or by other qualified personnel.
Transportation Medical	Adherence Gas Voucher	Transportation provided by a gas voucher for client to access healthcare
	Agency Staff Van	Transportation provided by an agency staff member or with agency van for client to access health care
	Bus Pass	Transportation provided by a bus pass for client to access health care services
	Bus Ticket	Transportation provided by a bus ticket for client to access health care services
	Cab Voucher	Transportation provided by cab voucher for client to access health care services
	Dial-a-Ride	Transportation provided by Dial-a-ride service for client to access health care services
	Gas Voucher/Card	Transportation provided by gas voucher or gas card for client to access health care services
	Third Party	Transportation provided by agency subcontractor for health care services
	Transportation Medical	Refers to any mode of transportation for client to access health care services; not mode-specific. This service cannot be used if site chooses mode-specific options.
	Volunteer	Transportation provided by volunteer for client to access health care services
	Transportation Medical (general)	Transportation provided for client to access health care services
	Gas Card	Transportation provided by gas card for client to access health care services
	Agency Van	Transportation provided by an agency staff member or with agency van for client to access health care
Transportation NonMedical	Agency Staff-Van	Transportation provided by an agency staff member or with agency van
	Bus Pass	Transportation provided by a bus pass
	Bus Ticket	Transportation by a bus ticket

REPORTING CATEGORY	SERVICE NAME	SERVICE DESCRIPTION
	Cab Voucher	Transportation by cab voucher
	Dial-a-Ride	Transportation provided by Dial-a-ride service
	Gas Voucher/Card	Transportation provided by gas voucher or gas card
	Third Party	Transportation provided by agency subcontractor
	Transportation Nonmedical	Refers to any mode of transportation; not mode-specific. This service cannot be used if site chooses mode-specific options.
	Volunteer	Transportation provided by volunteer.
Treatment Adherence	Treatment Adherence	Counseling or special programs to ensure readiness for, and adherence to, complex HIV/AIDS treatments by non-medical personnel outside of the Medical Case Management and clinical setting. Usually, non-RW funded clinic providing non-Medical Case Management.

RSR DATA MAP

PROGRESS LOG

The RSR pulls Progress Log records where:

- The status is “Complete”
- The “Contact Flag” field is “Made”
- The “Funding Source” field is not “SC ADAP”
- The “Contact Type” field matches any of the ones listed below:
    - Client Contact Clinic/Hospital
    - Client Contact Home
    - Client Contact Jail/Prison/Detention Center
    - Client Contact Office
    - Client Contact Other
    - Client Contact Telephone
    - Client Contact Treatment Facility
    - Incoming Referral Services

Below is a table that details how the RSR maps the Progress Log Contact Category to the RSR’s Service Categories:

PROGRESS LOG CONTACT CATEGORY	RSR SERVICE CATEGORY
Budget Counseling	20 - Case Management (Non-Medical)
Case Management - Non-Medical	20 - Case Management (Non-Medical)
Health Promoter	25 - Health Education/Risk Reduction
Job Coaching	20 - Case Management (Non-Medical)
Management Services	20 - Case Management (Non-Medical)
Medical Case Management	18 - Medical Case Management
Mental Health Services	16 - Mental Health
Medical Nutrition Therapy	17 - Medical Nutrition Therapy
Outreach Services	30 - Outreach
Peer Services	25 - Health Education/Risk Reduction
Prevention Case Management	25 - Health Education/Risk Reduction
Psychosocial Support Services	32 - Psychosocial Support
Early Intervention Service	11 - Early Intervention (Parts A and B)
Specialized Medical Case Management	18 - Medical Case Management

PROGRESS LOG CONTACT CATEGORY	RSR SERVICE CATEGORY
Substance Abuse Counseling	19 - Substance Abuse Outpatient
Substance Abuse Treatment	19 - Substance Abuse Outpatient

SERVICE PROVIDED

The RSR pulls Service Provided records where:

- The status is “Completed”
- The “Funding Source” field is not “SC ADAP”

Below is a table that details how the RSR maps the Service Provided Service Category to the RSR’s Service Categories:

SERVICE PROVIDED CONTACT CATEGORY	RSR SERVICE CATEGORY
Ambulatory	8 - Outpatient Ambulatory Medical Care
APA - Health - Prescriptions HIV	9 - Local AIDS Pharmaceutical Assistance
APA - Health - Prescriptions NonHIV	9 - Local AIDS Pharmaceutical Assistance
Buddy Companion	32 - Psychosocial Support
Child Care	21 - Child Care
CM Medical	18 - Medical Case Management
CM Nonmedical	20 - Case Management (Non-Medical)
Early Intervention Services	11 - Early Intervention (Parts A and B)
Education Services	32 - Psychosocial Support
EFA - Health - Medical Equipment	23 - Emergency Financial Assistance
EFA - Health - Prescriptions HIV	23 - Emergency Financial Assistance
EFA - Health - Prescriptions NonHIV	23 - Emergency Financial Assistance
EFA - Household Appliances	23 - Emergency Financial Assistance
EFA - Housing - Placement	23 - Emergency Financial Assistance
EFA - Housing - Short Term	23 - Emergency Financial Assistance
EFA - Placement	23 - Emergency Financial Assistance
EFA - Transitional/Short Term	23 - Emergency Financial Assistance
EHE Initiative Services	46 - EHE Initiative Services
Emergency Financial Assistance	23 - Emergency Financial Assistance
Employment Assistance	32 - Psychosocial Support
Food Bank	24 - Food Bank/Home-Delivered Meals
Health Ed - Risk Reduction	25 - Health Education/Risk Reduction
Health Insurance	12 - Health Insurance Program
Home Health Paraprofessional	13 - Home Health Care
Housing - Case Management	26 - Housing
Housing - Facility based	23 - Emergency Financial Assistance
Housing – Information	26 - Housing
Housing – Placement	26 - Housing
Legal	27 - Legal
Life Skills	32 - Psychosocial Support
Linguistic	28 - Linguistic
Medical Nutrition Therapy	17 - Medical Nutrition Therapy
Mental Health	16 - Mental Health
Nutritional Counseling	17 - Medical Nutrition Therapy
Oral Health Care	10 - Oral Health Care

SERVICE PROVIDED CONTACT CATEGORY	RSR SERVICE CATEGORY
Outpatient Medical	8 - Outpatient Ambulatory Medical Care
Outpatient Medical Care	8 - Outpatient Ambulatory Medical Care
Outreach	30 - Outreach
Permanency Planning	31 - Permanency Planning
Psychosocial Support	32 - Psychosocial Support
Referral	33 - Referral for Health Care/Supportive
Residential or In-home Hospice	15 - Hospice
Respite Care	35 - Respite Care
Substance Abuse (Inpatient)	36 - Substance Abuse Residential
Substance Abuse (Outpatient)	19 - Substance Abuse Outpatient
Substance Abuse (Residential)	36 - Substance Abuse Residential
Transportation Medical	29 - Medical Transportation
Transportation Nonmedical	29 - Medical Transportation
Treatment Adherence	25 - Health Education/Risk Reduction

MEDICAL ENCOUNTER

The RSR pulls Medical Encounter records where:

- The Status is “Completed”
- The “Funding Source” field is not “SC ADAP”
- The “Encounter Type” field matches any of the ones listed below:
    - Medical Care
    - Nurse Home Visit
    - Nurse Office Visit
    - Prenatal Care
    - Prevention Case Management

Medical Encounters are always mapped to the RSR’s “8 - Outpatient Ambulatory Medical Care” Service Category.

GROUP SESSION

The RSR pulls all Group Session records.

The Group Sessions are always mapped to the RSR’s “32 - Psychosocial Support” Service Category.

REFERRAL

The RSR pulls Referral records where:

- The Referral Status is “Closed”
- The “Referred for Service Type” field is not “Monitoring”
- Service Provided records whose "Service Category" is "Referral"
- Service Provided status is “Completed”
- “Funding Source” field is not “SC ADAP”

The Referral records are always mapped to the RSR’s “33 - Referral for Health Care/Supportive” Service Category.

PAYMENT REQUEST

The RSR pulls Payment Request records where:

- The Status is “Completed”
- The “Funding Source” field is not “SC ADAP”

Below is a table that details how the RSR maps the Payment Request Service Category to the RSR's Service Categories:

PAYMENT REQUEST CONTACT CATEGORY	RSR SERVICE CATEGORY
EFA - Health - Medical Equipment	23 - Emergency Financial Assistance
EFA - Health - Prescriptions HIV	23 - Emergency Financial Assistance
EFA - Health - Prescriptions NonHIV	23 - Emergency Financial Assistance
EFA - Housing - Short Term	23 - Emergency Financial Assistance
EFA - Housing - Tenant-Based	23 - Emergency Financial Assistance
EFA – Placement	23 - Emergency Financial Assistance
Emergency Financial Assistance	23 - Emergency Financial Assistance
Food Bank	24 - Food Bank/Home-Delivered Meals
Medical Nutrition Therapy	17 - Medical Nutrition Therapy
Oral Health Care	10 - Oral Health Care
Outpatient Medical Care	8 - Outpatient Ambulatory Medical Care
Substance Abuse (Outpatient)	19 - Substance Abuse Outpatient
Transportation Medical	29 - Medical Transportation
Transportation Nonmedical	29 - Medical Transportation

PROVIDER REIMBURSEMENT

The RSR pulls Provider Reimbursements records three different ways:

1st Way

- The "Status" field matches any of the ones listed below:
  - Approved for Payment
  - Approved for Payment – Adjusted
  - Paid
- The "Amount Not Paid by SC ADAP" field is greater than 0

2nd Way

- The "Status" field is "Rejected"
- The "Total Rejected/Adjusted by SC ADAP" field is greater than 0

3rd Way

- The "Status" field is "Approved for Payment - Adjusted"
- The "Total Rejected/Adjusted by SC DAP" field is greater than 0
- The "Amount Not Paid by SC ADAP" field is 0

The Provider Reimbursement records are always mapped to the RSR's "12 - Health Insurance Program" Service Category.

OUTREACH CONTACT

The RSR pulls Outreach Contact records where:

- The Status is "Complete"

The Outreach Contact records are always mapped to the RSR's "30 - Outreach" Service Category.

PROCEDURE

The RSR pulls Procedure records where:

- Your agency is listed as the "Provider Organization"

The Procedure records are always mapped to the RSR's "8 - Outpatient Ambulatory Medical Care" Service Category.

ACRONYM GLOSSARY

Ab: Antibody

ACA: Affordable Care Act

ADR: ADAP Data Report

AETC: AIDS Education Training Center

Ag: Antigen

AIDS: Acquired Immunodeficiency Syndrome

APA: AIDS Pharmaceutical Assistance

ART: Antiretroviral Therapy

ASO: AIDS Service Organization

BA: Brief Assessment

BAT: Benefits Assessment Tool

BCBS: Blue Cross Blue Shield

BFM: Bureau of Financial Management

BNCAP: Budget Narrative and Cost Allocation Projection

BSSP: Blue Sky Specialty Pharmacy

CAB: Consumer Advisory Board

CARE: Comprehensive AIDS Resources Emergency

CBA: Capacity Building Assistance

CBO: Community Based Organization

CDC: Centers for Disease Control and Prevention

CLAS: Culturally and Linguistically Appropriate Service

CLD: Client Level Data

CM: Case Management or Case Manager

CMS: Centers for Medicare/Medicaid Services

CQI: Continuous Quality Improvement

CQM: Clinical Quality Management

CRC: Clinical Report Card

CY: Calendar Year

DAODAS: Department of Alcohol and Other Drug Abuse Services

DAP: Drug Assistance Program

DDP: Drug Dispensing Program

DDSN: Department of Disabilities and Special Needs

DHHS: Department of Health and Human Services

DMH: Department of Mental Health

DOC: Department of Corrections

DPH: Department of Public Health

DR: Desk Review

DTC: Data to Care

EC: Emerging Communities

EFA: Emergency Financial Assistance

EHE: Ending the HIV Epidemic

EIS: Early Intervention Services

EMA: Eligible Metropolitan Area

FDA: Food and Drug Administration

FPL: Federal Poverty Level

FQHC: Federally Qualified Health Center

FSR: Financial Status Report

FY: Fiscal Year

GTI: Groupware Technologies, Inc.

GY: Grant Year

HAART: Highly Active Antiretroviral Therapy

HAB: HRSA HIV/AIDS Bureau

HHS: US Health and Human Services

HIP: Health Insurance Premium

HIPAA: Health Insurance Portability and Accountability Act

HIV: Human Immunodeficiency Virus

HOPWA: Housing Opportunities for People with AIDS

HPC: HIV Planning Council

HRSA: Health Resources and Services Administration

HUD: US Department of Housing and Urban Development

IAP: Insurance Assistance Program

MAI: Minority AIDS Initiative

MAP: Medicare Assistance Program

MCM: Medical Case Management

MH: Mental Health

MOA: Memorandum of Agreement

MOU: Memorandum of Understanding

NHAS: National HIV/AIDS Strategy

NMCM: Non-Medical Case Management

NMS: National Monitoring Standards

NOA: Notice of Awards

NOFO: Notice of Funding Opportunity

OAHC: Outpatient Ambulatory Health Care

OAHS: Outpatient Ambulatory Health Service

OI: Opportunistic Infection

OMB: Office of Management and Budget

PAC: Positive Advocacy Committee

PCN: Policy Clarification Number

PCP: Primary Care Provider

PDSA: Plan, Do, Study, Act

PE: Provide Enterprise

PEP: Post-Exposure Prophylaxis

PHI: Protected Health Information

PHP: Permanent Housing Placement

PIC: Points-in-Care

PWH: People/Persons with HIV

PrEP: Pre-Exposure Prophylaxis

QCR: Quarterly Compliance Report

QI: Quality Improvement

QM: Quality Management

RA: Reassessment

RFGA: Request for Grant Application

RNA: Ribonucleic Acid

RSR: Ryan White HIV/AIDS Program Services Report

RTC: Return to Care

RW: Ryan White

RWA: Ryan White Part A

RWB: Ryan White Part B

RWC: Ryan White Part C

RWD: Ryan White Part D

RWF: Ryan White Part F

RWHAP: Ryan White HIV/AIDS Program

SA: Substance Abuse

SAMHSA: Substance Abuse and Mental Health Service Administration

SCSN: Statewide Coordinated Statement of Need

SGRX: Script Guide Pharmacy

SMCM: Specialized Medical Case Management

SNAP: Supplemental Nutrition Assistance Program

SPNS: Special Projects of National Significance

STD: Sexually Transmitted Disease

STI: Sexually Transmitted Infection

STRMU: Short-Term Rent, Mortgage, and Utility

SV: Site Visit

TA: Technical Assistance

TB: Tuberculosis

TBRA: Tenant-Based Rental Assistance

TGA: Transitional Grant Area

TIC: Trauma-Informed Care

TMCM: Traditional Medical Case Management

VA: Veterans Administration

VH: Viral Hepatitis

VL: Viral Load

WICY: Women, Infants, Children, and Youth

ADDITIONAL RESOURCES

SC HIV/AIDS Strategy, 2022-2026

SC HOPWA Technical Assistance for Service Providers

SC Ryan White Medical Case Management Guidance

SC Ryan White Part B Technical Assistance

US National HIV/AIDS Strategy (2022-2025)