

Approved Ryan White Direct Care Service Guidelines

Based on Funds Availability

Ambulatory/Outpatient Medical Care

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

The Ryan White program does not cover hospital emergency department visits or in-patient care.

Additional PCHAP Guidelines

Genotyping & Phenotyping

Unit of Service: one test billed at Current Medicaid Rate

Genotype & Phenotype tests must be ordered by a registered, certified, or licensed medical provider and appropriate based on established clinical practice standards.

Based upon compliance with the guidelines below, Ryan White Part B funds will be authorized one (1) time per year, the twelve (12) month period of time to begin with the date of the first test.

Consideration of an exception to the frequency may be given upon written justification, including documentation of an adherence review from the individual's primary care physician.

Specialty Care: Clients needing Chiropractic services will be referred to Palmer Chiropractic.

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Oral Health (Dental Care)

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

Additional PCHAP Guidelines

- Dental care will be provided if it is determined to be medically necessary and is related to loss/reduction of function, inability/difficulty chewing or swallowing, infection, or pain. The Ryan White related dental services **may** include:
 - Initial oral exam with preventive cleaning
 - Periodic oral exam with preventive cleaning (twice a year)
 - Full mouth scaling (once a year)
 - X-rays (once a year)
 - Tooth extractions
 - Complete dentures (one time only)
 - Denture Realignment as needed (2 times a year)
 - Restorative fillings (limited to two per month)
 - Incision and drain procedures
 - Partial denture with documentation from dental provider that the remainder of the teeth are healthy
- **\$1500 maximum allowable per client per year**
- **Services that exceed \$1500 per client per year will require an exception request to the Lead Agency.**
- One year time period begins with client's first visit
- Case Manager must authorize dental visits with Ryan White dental providers.
- Ryan White funding may be utilized for Clients who have private dental insurance
- **Missed appointments:** dental care providers, as well as case managers, are responsible for educating clients about their missed appointment policy at the time of initial intake. Clients will be responsible for abiding by their dental care provider's missed appointment policy and will be held to the terms of this policy. Additionally, a client who is a **"no show" two times** will result in **forfeiture of dental services for a period of at least six months.**

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Drug Reimbursement Program

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

Additional PCHAP guidelines

- Pharmacies are authorized to dispense generic drugs. Brand names may be dispensed only when generics are not available.
- Ryan White is the payor of last resort. All alternative funding resources must be accessed including:
 - Private, Group, or COBRA Insurance
 - Veteran's Benefits
 - Medicare Part D
 - Medicaid (all programs)
 - ADAP
 - Compassionate Use
 - Local Patient Assistance Programs
- Prescriptions for the treatment of AIDS defining illnesses should be discouraged and the case reviewed for Medicaid eligibility through Project AIDS Care Medicaid Waiver Program. **Individuals must apply for eligible programs.**
- Clients who have been off of any one of their HAART medications against medical advice for more than 30 days will be required to see their physician prior to Ryan White Part B authorization for payment of prescriptions
- Pursuant to the Ryan White Part B, drug reimbursement will be at or below the Medicaid rate.
- Exceptions to this formulary (consistent with the Central Pharmacy's) must be submitted in writing to the Lead Agency for approval.

Authorized Pharmaceuticals

- Entire ADAP formulary is authorized, ***with the exception of Fuzeon***
- HAART medications will only be accessible through enrollment in manufacturer's Compassionate Use Programs or ADAP. An exception will allow up to a 30-day prescription for individuals transitioning into the systems that are ***already on a HAART regime*** and/or transitioning to/from Med Waiver or to private insurance. This will allow sufficient time for enrollment into one of the above mentioned programs
- Pharmacies are authorized to dispense generic drugs for the following: antibiotics, high blood pressure/heart/renal, and psych/anxiety. Brand names may be dispensed only when generics are not marketed. Antibiotics available for free must be accessed before utilizing RW.
- Nutritional Supplements: Clients requiring nutritional supplements (including Ensure) that must be obtained at a Contracted Pharmacy and must obtain a Physician's referral/prescription and be medically necessary
- Clients may receive up to \$25.00 per month in over-the-counter vitamin supplements as prescribed by a primary care physician and deemed medically necessary
- Please refer to the Formulary in the CareWare® database for a complete list of the approved pharmaceuticals

❄❄ Prescriptions for controlled substances must be preauthorized by the Lead Agency ❄❄

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Health Insurance Assistance

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

Additional PCHAP Guidelines

- Service referral made by Case Managers
- Basis of referral: Insurance verification is required and no other payor sources available

Service Limitations:

- Insurance co-pays and deductibles, unlimited based on funds availability only for Ryan White approved services
- Individuals possessing Medicaid coverage are not eligible for Health Insurance Assistance
- Individuals possessing Medicare coverage (Part A,B, & D) are not qualified for Health Insurance Assistance
- Individuals possessing Medicare Supplemental policies are not qualified for Health Insurance Assistance
- Individuals who become eligible for Medicare and/or Medicaid at any time must be disenrolled from the Health Insurance Assistance within 60 days
- AICP recipients must enroll in Special Services for co-pay assistance
- COBRA payments based on funds availability and the client is applying for another payor source (AICP)
- Health insurance premiums based on funds availability and the client is applying for another payor source (AICP)
- COBRA and/or health insurance premiums will NOT be paid if the client is NOT applying for another payor source

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Mental Health Therapy/Counseling

HRSA Definition: Psychological and psychiatric treatment and counseling services for individuals with a diagnosed mental illness. These services are conducted in a group or individual setting and provided by a mental health professional licensed or authorized within the State to render such services. This typically includes psychiatrists, psychologists and licensed clinical social workers.

Additional PCHAP Guidelines

- Billed at the current Medicaid rate under Community Mental Health Rule per 15-minute unit for individual (four 15-minute units = 1 hour)

Service Limitations:

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

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Medical Transportation

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

Additional PCHAP Guidelines

- Each case manager will assess and document the status of available and reliable transportation for each client in order to access necessary services and appointments as part of the initial comprehensive and the ongoing needs assessment processes. The case manager will ensure that each client's case file will contain documentation regarding any change(s) in the status of available transportation.
- A priority ranking system of transportation services should be followed by each case manager; private transportation, provided either by the client, family member, care giver, friend, volunteer, etc., should be accessed first and at all possible times for each client.
- All clients who meet the eligibility requirements must apply for the Medicaid pass for public transportation services. The distribution of bus tokens to clients should be considered a last resort for the provision of transportation services.
- The distribution of bus tokens to a client should be at the discretion of that individual's primary case manager. Bus tokens should only be provided to clients in order to access health care or psycho-social support services.
- The distribution of bus tokens to a client must be noted on his/her plan of care, and the need and intended use of the bus tokens must be documented in the case manager's notes.
- The case manager must complete a review for each client who requests bus tokens on an ongoing basis to verify the need and to rule out other possible resources of transportation. This review must be noted in the client's case file.
- Case Managers must complete a service in CAREWare for reporting purposes. A unit of service as defined by HRSA is one round trip taxi ride, bus trip or other form of transportation per day. For example, if a client is given a bus pass that is good for one week, the client has been given seven units of service.
- Case Managers must document a scheduled outpatient/ambulatory medical appointment, case management appointment, eligibility appointment or a medication prescription pick up scheduled for the month the bus pass is distributed. Appointments must be documented in the scheduler in CAREWare.
- Case Managers may utilize the contracted transportation to provide transportation on case by case basis and will require a referral. Documentation on the comprehensive needs assessment and individualized service plan must be noted.