**BALTIMORE CITY HEALTH DEPARTMENT**
**Ryan White Office**

# Request for Proposal

# Fiscal Year 2017

Ryan White Part A & MAI Grant Baltimore Eligible Metropolitan Area

Announcement Type: Competitive

Announcement Number: BCHD-RWO0017

**Application Due Date: January 23, 2017**

**Bidder's Conference: December 20, 2016**

**Letters of Intent (Mandatory) Due: December 23, 2016**

**Release Date: December 7, 2016**

Alberta Ferrari, M.D.
Program Director
Telephone: 410-396-1408
Fax: 410-396-8457
Email: Alberta.ferrari@baltimorecity.gov

## EXECUTIVE SUMMARY

The Ryan White Part A & Minority AIDS Initiative (MAI) Application Guidance is provided to assist applicants in preparing their Fiscal Year (FY) 2017 grant application for funds under Part A & MAI of Title XXVI of the Public Health Service Act as amended by the Ryan White HIV/AIDS Treatment Modernization Act of 2006 (Public Law 109-415) hereafter referred to as the Ryan White HIV/AIDS Program. This Guidance contains instructions for completing a comprehensive application and communicates information on current and new program initiatives. It also provides background information on reporting requirements and other forms of documentation that will be required from sub- Recipients, as recipients of Ryan White Part A & MAI funding.

### Important Dates

#### *Bidder's Conference* – December 20, 2016

This Bidder's Conference provides a forum whereby prospective applicants will receive an overview of the Ryan White Part A-MAI Program, a review of the program guidance, and expectations as a Part A-MAI sub-Recipient. The conference will be held on December 20, 2016 from 10:00 to 11:30 A.M. at the Sheppard Pratt Conference Center. Questions not answered during the conference will be answered in a FAQ (Frequently Asked Questions) that will be distributed December 27th. While the Bidder's Conference is not mandatory, all applicants, including existing sub-recipients are encouraged to attend. Any addendums to this guidance resulting from questions or points of clarity made at the conference will be sent to all attendees and those applicants submitting a letter of intent. The contact person for this activity is Sonney Pelham, Sonney.Pelham@baltimorecity.gov.

#### *Letters of Intent* – Due by December 23, 2016 at 5:00 pm

Prior to applying for funding under this announcement, please note the following: To be considered for funding, applicants **must** electronically submit a Letter of Intent to Sonney Pelham at sonney.pelham@baltimorecity.gov by December 23, 2016. The Letter of Intent must indicate the category (s) for which funding is requested. **Letters of intent are mandatory.**

#### *Application Deadline* - January 23, 2017 at 11:59 pm

**Proposals are requested for services in Baltimore City and the six surrounding counties of Anne Arundel County, Baltimore County, Carroll County, Harford County, Howard County and Queen Anne's County**. Applicants may apply for one or all service categories. **One application is required. The application must contain all service categories for which funding are requested.** All applications under this announcement must be submitted **electronically** to Sonney Pelham at sonney.pelham@baltimorecity.gov, no later than 11:59 pm on January 23, 2017 (or in person by 5:00 pm on January 23rd). There are various websites (i.e., transferbigfiles.com, sharefile.com, exavault.com, etc.) that can be used for emailing large applications.

It is the responsibility of the applicant to ensure that the complete application is submitted by

the published due date and time.

## I. Introduction

The Baltimore City Health Department (BCHD) is the Recipient of funding from the Department of Health and Human Services for Ryan White Part A & MAI programs; with overall responsibilities for Grant Administration and Clinical Quality Management. The Recipient conducts contract monitoring, data collection; site visits, quality improvement and assurance, and provides technical assistance to sub-recipients. Contractual and finance related undertakings are conducted through Associated Black Charities (ABC), the Fiduciary Agent.

Our Ryan White Part A Eligible Metropolitan Area (EMA) covers a region of 2,609 square miles including Baltimore City and six surrounding counties, Baltimore County, Anne Arundel, Carroll, Howard, Harford and Queen Anne's. As of December 2015, 17,629 total cases of persons living with HIV were registered.[1]

The majority of HIV/AIDS cases, 76.8%, are seen in African-Americans, Whites, and Hispanics account for 14.9% and 3.4%, of cases, respectively. Males are predominantly living with HIV at 64.5%, compared to 35.5% of women. New HIV diagnoses are greatest among 20-29 years at a rate of 34.9%, followed by 30-39 year olds (23.4%), and 50 years or older (20.7%). Among those newly diagnosed, transmission was highest (37%) in men who have sex with men (MSM) and heterosexuals (22.7%).

Minority AIDS Initiative funding seeks to address health disparities affecting minority populations. The key target populations for Minority AIDS Initiative (MAI) funding are **1) 13-29 year olds, 2) young black men who have sex with men (MSM) and 3) persons who are recently released from incarceration.**

## II. Contractual Period

The FY 2017 funding cycle is March 1, 2017 to February 28, 2018.

## III. Applicant Eligibility Requirements

To be eligible for Part A & MAI funding, an applicant must meet the following requirements:

- Be located within the Baltimore EMA i.e. Baltimore City and the surrounding counties

[1] Maryland Department of Health and Mental Hygiene's Enhanced HIV/AIDS Reporting System (eHARS), December 31, 2015

of Anne Arundel, Baltimore, Carroll, Harford, Howard and Queen Anne's;
- Have a documented history of providing medical or social services to targeted populations;
- Have a Medical Assistance sub-recipients number for applicable categories (Applicants applying for Health Insurance funding ONLY)

## IV. Service Categories Open for Competitive Bid (one application required, encompassing all service categories)

Part A funding provides assistance to Eligible Metropolitan Areas (EMAs) and Transitional Grant Areas (TGAs) that are most severely impacted by the HIV epidemic. Support services must be limited to medical outcomes.

MAI funding is used to improve access and reduce disparities in health outcomes for disproportionately affected minority populations, including black populations.

The Baltimore EMA as a whole is required to spend at least 75% of Part A funds allocated for services on Core Medical Services and no more than 25% on Support Services, unless an approved waiver is received from HRSA.

Through this competitive Request for Proposal process, Part A/MAI funds will be distributed to applicants who propose to improve service coordination, access and delivery, and to implement or sustain services for PLWH/A that improve overall quality of care and assist them in achieving desired medical outcomes.

This RFP does not specify the funding amount applicants may request for individual programs, but indicates the anticipated funding level in the service category.

**It is the intent of the Baltimore City Health Department to fund proposals in the following Part A & MAI Service Categories:**

| ***Part A Core Medical Service Categories*** | ***Estimated FY17 Funding Level*** |
|---|---|
| Early Intervention Services (EIS) | $300,000 (2.39%) |
| Health Insurance Premium and Cost Sharing for Low-Income Individuals | $80,263 (0.64%) |
| Home and Community-Based Health Services | $25,000 (0.20%) |
| Home Health Care | $150,000 (1.20%) |

| | |
|---|---|
| Hospice Services | $43,218 (0.34%) |
| Medical Case Management, including Treatment Adherence Services | $3,213,894 (25.65%) |
| Medical Nutritional Therapy | $140,605 (1.12%) |
| Mental Health Services | $497,780 (3.97%) |
| Oral Health Care | $1,340,966 (10.70%) |
| Outpatient/Ambulatory Health Services | $2,856,805 (22.80%) |
| Substance Abuse Outpatient Care | $385,748 (3.08%) |

| ***Part A Support Service Categories*** | ***Estimated FY17 Funding Level*** |
|---|---|
| Child Care Services | $25,000 (0.20%) |
| Emergency Financial Assistance | $675,000 (5.39%) |
| Food Bank/Home Delivered Meals | $500,000 (3.99%) |
| Housing | $700,000 (5.59%) |
| Medical Transportation | $350,000 (2.79%) |
| Non-Medical Case Management | $226,893 (1.81%) |
| Other Professional Services | $100,000 (0.80%) |
| Outreach Services | $575,000 (4.59%) |
| Psychosocial Support Services | $270,000 (2.15%) |
| Respite Care | $25,000 (0.20%) |
| Substance Abuse Services (Residential) | $50,000 (0.40%) |

| ***MAI Core Medical Service Categories*** | ***Estimated FY17 Funding Level*** |
|---|---|
| Medical Case Management, including Treatment Adherence Services | $650,776 (49.16%) |

| | |
|---|---|
| Medical Nutritional Therapy | $45,738 (3.46%) |
| Mental Health Services | $254,710 (19.24%) |

| ***MAI Support Service Categories*** | ***Estimated FY17 Funding Level*** |
|---|---|
| Health Education / Risk Reduction | $70,000 (5.29%) |
| Medical Transportation | $47,213 (3.57%) |
| Outreach Services | $255,349 (19.29%) |

## Proposal Requirements

A. Expectations

Proposers must:

1. Adhere to HRSA/HAB National Monitoring Standards (http://hab.hrsa.gov/program-grants-management/ryan-white-hivaids-program-recipient-resources) as well as regional standards of care as adopted by the Baltimore EMA Planning Council (http://www.baltimorepc.org/v2/main/page.php?page_id=1).

2. Demonstrate the capacity to deliver culturally competent services for People Living with HIV and AIDS (PLWHA).

3. Must be Medicaid certified if providing services which are Medicaid eligible.

4. Have an office of operation in Baltimore City or the Surrounding Counties.

5. Be registered and in good standing with the Maryland Department of Assessments and Taxation in order to enter into a contract with the City of Baltimore.

All program designs must demonstrate the incorporation of the following:

1. Ensure that the hours of operation for program services meet the needs of the targeted population(s) being served; and consider the provision of evening and weekend services.

2. Ensure that all program services are: sensitive to the needs/issues specific to racial/ethnic communities; ethnically, culturally and linguistically appropriate; and delivered at a literacy level suitable for the targeted population(s) being served.

3. Ensure that the hiring and employment practices for staff focus on seeking individuals with skills that are culturally and linguistically appropriate for the population(s) being served.

**Preferences will be given to applicants that:**

- Demonstrate stability in agency staffing, infrastructure and fiscal operations.
- Demonstrate cost effective and efficient models of service delivery that promote the continuum of HIV care.
- Co-locate services.
- Providers who are have established 501 (c)(3) non-profit status or community based organizations: local or tribal government municipalities; university, hospital or Federally Qualified Health Centers.

*** ** PLEASE SEE APPENDIX A FOR SERVICE CATEGORY DEFINITIONS AND GUIDANCE (Beginning on Page 20)**

## V. Application Points of Emphasis

Priority scoring will be issued to applicants who meet the following criteria:

Previous experience providing Ryan White services.

Previous experience providing services to RW eligible clients in the service category for which they are applying.

MAI Outreach – program models that serve clients incarcerated clients.

MAI program goals developed to reduce disparities along the care continuum.

## VI. Application Format

Title Page

Project Narrative

Work Plan

Budget

Attachments

## VII. Title Page

The title page should include the following:

Legal Organization Name

Principal Address

Programmatic and Fiscal Reporting Contact Person(s) including phone, fax and email address

Service Categories and corresponding Funding Amounts requested (Funding amount should allow the requester to effectively provide services)

## VIII. Program Narrative

The project narrative should be clear, accurate and concise. It must include a description of the proposed project including the needs to be addressed, the proposed services, the target populations, a synopsis of proposed activities, and service delivery sites.

### Organization Description

1. Provide a brief profile of your organization including:

    a. The organization's mission statement and overall goals
    b. Services and treatment modalities provided

2. Describe your agencies history working with HIV-positive clients in or outside the Baltimore EMA.

3. Describe the process the organization uses to ensure that all clients are eligible for Ryan White services.
    a. If the organization receives multiple Ryan White legislation resources, describe the methodology used to track assignment of payment.
4. Describe your organization's capacity to provide administrative support for program implementation, fiscal management, and grants management associated with this award.

5. Include the organization's ability to collect all CAREWare data and submit timely monthly reports, as well as personnel.
6. Describe your organization's capacity to collect and submit service category data monthly.

**Project Description**

The project description for each service category must be single-spaced and **limited to seven pages**.

1. Describe HIV-related disparities and/or client needs the target population is experiencing.
2. Describe how this project will meet these disparities or needs.
3. Describe the program model or activities for this project.
4. Describe the stage of the HIV Continuum of Care that this project will impact.
5. Discuss major accomplishments and or highlight your programs work corresponding to each service category.
6. Describe how your agency will assure that services are provided in a manner that is culturally and linguistically competent for proposed key populations
7. Describe any Memorandum of Understanding, linkages or Letters of Support that the program has for this specific service category.

## IX. Work Plan

Submit a separate work plan for each service category.

Develop a work plan that corresponds to the project description and proposed budget.

Work plans must contain:

- Objectives that are Specific, Measurable, Achievable, Realistic, and Time-specific (S.M.A.R.T)
- Key task and
    - For each task, clearly define the number of clients proposed, and the number of units of services proposed, as applicable.
- Lead person

## X. Budget & Budget Narrative

**A budget and budget narrative is required for each service category for which funding is requested. Submit as Attachment B**

The budget narrative must be consistent with the scope of work. It should clearly specify the required staffing and proposed staff activities. Each line item must be clearly justified.

Administrative costs **may not exceed 10%** of the total budget.

- Examples of administrative costs can include;
  - Personnel costs and fringe benefits of staff members responsible for the management of the project (such as the Project Director), data collection/reporting, supervision, and other administrative or clerical duties
  - Telecommunications, including telephone, fax, pager and internet access (unless directly related to the provision of service)
  - Postage (unless directly related to the provision of service)
  - Office supplies
  - Staff Development Activities
  - Travel (unless directly related to the provision of service)
  - Payroll/Accounting services
  - Computer hardware/software (unless directly related to the provision of service)

Please refer to **Attachment 2 – Policy Clarification Notice (PCN) #15-01** for guidance for the treatment of costs under the statutory 10% administration cap.

## XI. Attachments

- Insurance is required for each agency.
  Vendors must submit documentation of proof of their professional and general liability insurance coverage ($3,000,000 minimum), and of their fidelity bond purchase equal to 33% of the total award amount.
- Articles of incorporation and tax status.
- Licensure and be in good standing to conduct business in the state of Maryland.
- Federal Tax ID number.
- Proof of 501(c)(3) status.
- Contract Information & Verification Form and

## XII. Application Format Requirements

**Page Limit and Numbering**

The Project Description **may not exceed 7 pages**. Attachments are not included in the page limit.

**Font**

The narrative portions of the application must be submitted using **Times New Roman, 12 point font and single line spacing**. Do not use colored, oversized, or folded materials. Charts, graphs, footnotes, and budget tables use 10 point font. When scanned or reproduced, the charts must still be clear and readable.

**Do not include** organizational brochures or other promotional materials, slides, films, clips, etc.

**Paper Size and Margins**
The application must be typed on 8 ½" x 11" white paper. Margins must be at least one (1) inch at the top, bottom, left, and right of the paper. Use Left-align text in your documents.

**Organization Name**
The applicant's name and service category must appear in the footer of each page of the application.

**Section Headings**
All section headings must be flush left in bold type.

**Allowable Attachment or Document Types**

DOC - Microsoft Word
PDF - Adobe Portable Document Format
XLS - Microsoft Excel

Files with unrecognizable extensions will not be accepted and will not be considered a part of the application.

## XIII. Application Information

**Funding Exclusions and Restrictions**
Pursuant to Section 2605 (a)(6) of the Ryan White legislation, funds cannot be used to pay for any item or service that can reasonably be expected to be paid under any State compensation program, insurance policy, Federal or State health benefits program, or by any entity that provides health services on a prepaid basis. The Ryan White Part A & MAI Program is the "payer of last resort." This means sub-recipients must make reasonable efforts to identify and secure other funding sources outside of Ryan White funds, whenever possible.

If sub-recipients elect to use Ryan White funds for client services that are eligible for third-party reimbursement, the sub-recipients must have a system in place to bill and collect from the third party payer. Ryan White funds are to be used only if a client's services are not eligible for reimbursement from Medicaid or from other third parties. Ryan White funds may be used in cases of pending Medicaid eligibility determination but agencies must back bill Medicaid during their retroactive period of enrollment. The Ryan White Office reserves the right to audit records and require proof that grant funds are not being used to support clients enrolled in third-party reimbursement programs.

**The Ryan White HIV/AIDS Program must be the payer of last resort. In addition, funds received under the Ryan White HIV/AIDS Program must be used to supplement, but not supplant funds currently being used from local, state, and federal agency programs.** Ryan White HIV/AIDS Program Recipients must be capable of

providing the HIV AIDS Bureau (HAB) with documentation related to the use of funds as the payer of last resort and the coordination of such funds with other local, state, and federal funds.

Other non-allowable costs can be found in the appropriate OMB Circular, available at http://www.whitehouse.gov/omb/circulars/.

## RYAN WHITE PART A & MAI CONDITIONS OF AWARD

## FEDERAL FUNDING REQUIREMENTS

**1.** Sub-Recipient awarded Ryan White funds must comply with Federal grant requirements pursuant to the law and program guidelines of the Ryan White CARE Act. Part A & MAI funds are to be used in a manner consistent with current and future program policies as developed by the Division of Service Systems, HIV/AIDS Bureau, the Health Resources and Services Administration (HRSA). These policies are available on the HAB website: www.hab.hrsa.gov.

**2.** Sub-recipients must document referral relationships with key Points of Entry that detail linkages to promote access to HIV related services to HIV-positive individuals not in care. Examples of Key Points of Entry are referrals from Case Managers, emergency rooms, substance abuse programs, detoxification programs, adult and juvenile detention facilities, sexually transmitted disease clinics, federally qualified health centers, HIV counseling, testing and referral sites, mental health programs, soup kitchens and homeless shelters. This must be accomplished through the development of Memoranda of Understanding between the applicant and the key Points of Entry.

**3.** Sub-recipients must establish a referral mechanism to ensure that referrals occur at the client level for health or support services outside of the grant agency.

**4.** Grant funds may not be used to supplant or replace current state or local funding. Sub-Recipients with continuing awards are encouraged to adopt a fiscal methodology, which is consistent year to year and includes the same program accounts. HRSA requires that documentation of the spending of dollars must be maintained and clear. This requirement is subject to audit.

**5.** Under Section 2605 (a) (6) Part A & MAI funds cannot be used to pay for any item or service that can reasonably be expected to be paid under any other State compensation program, insurance policy, or any other Federal or State health benefits program or by any entity that provides health services on a prepaid basis. This means that sub-recipients are expected to make reasonable efforts to secure other funding instead of Ryan White CARE Act funds whenever possible.

**6.** If the sub-recipients elect to use Ryan White CARE Act funds for client services, that are eligible for both third party reimbursement and grant funding, the sub-recipients must have a system in place to bill and collect from the third party payer. Only if the client has been determined to not be eligible for reimbursement from Medicaid or other third party payers,

may the Recipient use grant funds to provide these services. The sub-recipients may use Ryan White CARE Act funds while a Medicaid eligibility determination is pending, but must back bill Medicaid during the retroactive period of enrollment. The Fiscal Agent (*Associated Black Charities*) (ABC) reserves the right to audit records and or require proof that grant funds are not being used to support clients enrolled in third party reimbursement programs. Under Section 2604 (e), ABC can only contract with Medicaid certified sub-recipients if the service is covered under Medicaid.

**7.** Services supported by Part A & MAI funds to clients at or below 300% of the Federal Poverty Level, must be offered services without regard to the individual's ability to pay or the individual's past or present health condition, but must be offered in a setting that is accessible to low income persons living with HIV disease. The Recipient, has established eligibility requirements as follows: a) lab slip documenting the HIV-positive status and/or medical diagnosis as evidenced by the signature of a physician; b) residency in the Baltimore EMA; c) income at 300% of the Federal poverty level or below; d) assessment of third party payer capacity; and e) use of the Eligibility Verification System (EVS) of the State of Maryland, A Lease, A Utility Bill, Income verification such as salary slip, SSI Award letter. Agencies are expected to establish and monitor procedures to verify and document client eligibility.

**8.** Per Presidential Executive Order issued August 11, 2000, every Ryan White program that receives federal funds is required to take reasonable steps to assure meaningful access to their programs by Limited English Proficiency (LEP) persons. Each covered entity that provides services or benefits directly to the public must develop language assistance procedures for a) assessing the language needs of the population served; b) translating both oral and written materials.

**9.** Ryan White Part A & MAI sub-recipients must ensure that administrative costs do not exceed 10% of the total award. Administrative costs include: depreciation, use allowances on buildings and equipment, costs of operating and maintaining facilities, general administrative expenses associated with executive offices, personnel administration, accounting, costs associated with the management and oversight of program, quality assurance, and other related activities and 'overhead' costs. Examples of administrative costs include: rent, utilities, telecommunications (unless directly related to the provision of service), liability and professional insurance, office supplies, audits, computer hardware/software, payroll/accounting services, data collection activities related to the Ryan White HIV/AIDS Program Services Report (RSR).

**10.** The indirect cost rate for all sub-recipients cannot exceed 10%.

## PERSONNEL REQUIREMENTS

Per instructions in the budget package, the sub-recipients must provide to the Fiscal Agent, within **30** days of terminations, hiring or assignment, the names, job titles, resumes and applicable certificates, salaries and percentage of full time equivalency of all personnel funded by this award and hired during this funding period.

The sub-Recipients(s) must obtain written approval from BCHD before effecting changes regarding key positions funded under this award. Requests for changes in personnel must include a job description, a work plan detailing assignments and time line, the position classification, and information on FTE equivalency.

All staff members that implement HIV-funded programs must be trained and educated in HIV related knowledge and skills relevant to the funded project, and attend periodic departmental trainings as required.

Criminal Background investigation records must be obtained on all employees and volunteers who work with youth under the age 18, pursuant to Sec. 5-560 through 5-568 of the Family Law Article of the Annotated Code of Maryland.

## PROGRAM REQUIREMENTS

Sub-recipients are required to submit fiscal reports, program reports, work plan updates and other data reports to the Recipient and Fiscal Agent, as outlined in the Schedule of Deliverables. The monthly fiscal reports are due on the 10th of each month. No payment will be made to the sub-recipients if programmatic and fiscal reports have not been received. Patterns of late reporting will be a major factor in determining future awards.

In meeting the Federal requirements under Section 2604 (4) (A), sub-recipients are required to provide data on the number of women, infants, children, and youth served. Sub-recipients must submit monthly reports detailing the number of women, infants, youth, and children served under each category. The age parameters for this report are as follows: females aged 25 and older, infants from birth though 24 months, children 2 through 12 years of age and youth 13-24.

Sub-recipients must submit monthly CAREWare data in accordance with specifications supplied by the Recipient.

The sub-recipients must ensure that communicable disease reporting requirements have been met for all patients served by this grant, specifically reporting by name those with AIDS or symptomatic HIV disease and complying with applicable Department of Health and Mental Hygiene regulations.

The applicant must be a legal entity licensed to do business in Maryland which has obtained all applicable licenses and/or certifications required to provide the service and must (1) display them (as applicable) or (2) produce them upon request by the oversight agency.

## BUDGET REQUIREMENTS

1. Sub-recipients must bill in accordance with Federal guidelines and show as grant income all third party reimbursements or fees collected in connection with this project, regardless of

the location of service provision or the residence of the client/recipient.

2. Sub-recipients that subcontract any portion of their award must submit detailed budget forms for that portion of the award to be subcontracted out. The sub-Recipient is still responsible for all programmatic and fiscal reports.

3. Fee collections from third party payers and/or self-paying clients are to be projected in the budget submitted to ABC. Actual fee collections will be shown on the final budget reconciliation (B-3 Forms).

4. The sub-recipients are responsible for any funding shortfall that is a result of an overestimation in fee collections.

5. Any training cost line item must be detailed in the budget justification, and include the name of the individual(s) and the purpose of the training. Training required maintaining licensure is not allowable.

6. Any travel cost line item must be detailed in the budget justification, and must include the persons traveling and the purpose of the trip.

7. New sub-recipients must submit Articles of Incorporation as registered with the Maryland Department of Taxation and Assessments, Federal Tax ID Number and proof of 501 (c) (3) status. Sub-recipients must submit documentation of proof of their professional and general liability insurance coverage (**$3,000,000**) and their fidelity bond purchase equal to **33%** of the total award amount.

8. Ryan White Part A & MAI funds are awarded to support programs over a 12-month period. Work plans, budgets, and performance measures must reflect this.

## Required Meetings

Sub-recipients must attend management meetings scheduled by the Recipient and fiscal agent. The sub- Recipients must also attend Clinical Quality Management meetings or trainings sponsored by the Recipient.

## Budget

This announcement is for project periods up to one year. **Applicants must submit a proposed 12- month operating budget, effective March 1, 2017 through February 28, 2018.** A detailed budget narrative in line-item form must be completed. In addition, complete budget forms that are in the Attachment to this RFP. If any budget pages are not applicable to your application, **do not** submit the blank template(s).

**Personnel Costs:** Personnel costs (salaries and wages) should be explained by listing management staff and all other full time equivalents (FTEs) who will be supported by the Ryan white grant. State the position title, percent full time equivalency, annual salary, and the exact amount requested for each person.

**Fringe Benefits:** List the components that comprise the fringe benefit rate, for example health insurance, taxes, unemployment insurance, life insurance, retirement plan, tuition reimbursement.

**Administrative/Indirect Costs: No more than 10 percent** of the budget may be allocated to administrative costs. Administrative costs are costs incurred for common objectives that benefit multiple programs of the applicant organization, or the organization as a whole, and as such are not readily assignable to a particular funding stream. Staff activities that are administrative in nature must be allocated to administrative costs.

**Equipment:** List equipment type and costs. Explain how the items are needed to carry out the program's goals. Justification and status of current equipment is required when requesting funds for computers and furniture items.

**Supplies:** Separate office supplies from medical and educational (e.g., continuing medical education) purchases. Office supplies may include paper, pencils, and the like; medical supplies are syringes, blood tubes, plastic gloves, etc., and educational supplies may be pamphlets and educational videotapes.

**Travel:** List travel costs according to local and long distance travel. For local travel, estimate the mileage rate, number of miles, reason for travel, and staff member/consumers completing the travel.

**Subcontract:** Provide a clear explanation as to the purpose of each sub-contract, how the costs were estimated, and the contract deliverables.

**Other:** Put all costs that do not fit into any other category into this category and provide an explanation of each cost in this category.

## VIII. Application Review Information

### Review Criteria

Applicants must ensure that the following Review Criteria are addressed within the Project Abstract, Budget and Work Plan for each service category. An Independent Review Board (IRB) will evaluate the merits of the application.

This guidance contains four Review Criteria: Program Model, Program Administration, Data Collection and Budget. Reviewers will score the application based on how well the sub-Recipient addresses each of the criteria.

### FY17 Application Review Criteria:

Criterion 1: Organization description (15 points maximum)

1) Describe the agency's overall mission and scope of services. Include the number of years of experience the agency has in providing each of these services.
2) Describe the agency's experience providing services to persons living with HIV/AIDS. Include population demographics in the description (age, sex, socioeconomic status, race/ethnicity, etc.).
3) Describe the agency's management and infrastructure capacity to provide administrative and executive support for program implementation, and fiscal, grants, and information systems management. Attach a current organizational chart of the agency that includes a clear representation of the proposed program.
4) Describe the agency's capability for collecting and reporting data through CAREWare.

Criterion 2: Program Description (35 points maximum)

1) Does the application clearly describe the specific services that will be offered to address client needs and/or disparities?
2) Is the program model clearly described for each service category?
3) Does the applicant indicate how its project (s) will impact the Continuum of Care?
4) Does the applicant discuss major accomplishments in the proposed funding areas?
5) Does the applicant discuss steps that will be taken to deliver culturally and linguistically competent services?

Criterion 3: Work Plan (15 points maximum)

1) Does the work plan clearly delineate the project objectives, activities and personnel for each service activity?
2) Are project objectives S.M.A.R.T?

Criterion 4: Budget & Budget Narrative (10 points maximum)

1) Separate budget and budget narrative for each service category.
2) Budget narrative clearly describes each line item in budget.
3) Administrative costs do not exceed 10% of total budget.
4) Budget lists all other Ryan White related funding sources.

## Review and Selection Process

Applications will be reviewed by an independent committee, Recipient staff, and where necessary an interview will be conducted.

Each reviewer will be screened for conflicts of interest. The independent committee will provide expert advice on the merits of each application to program officials responsible for the final selection of for awardees.

**Additional Funding Considerations**
Upon receipt of the independent committee's recommendations, the Recipient:

Identifies new agencies requesting funding

Reviews the prior performance of existing agencies in achieving projected goals and objectives

Reviews the utilization of past funds awarded

Reviews the proposed work plan and budget for reasonableness

Identify proposals for new initiatives that would require additional funding

Considers findings from past site visits or clinical quality management reviews which could impact the provision of service

Reviews the program's geographic location

Evaluates the agency's fiscal ability to continue the provision of services

## XIV. Tips for Writing a Strong Application

**Keep your audience in mind.** Reviewers will use only the information contained in the application. Do not assume that reviewers are familiar with the applicant organization, service area, and barriers to health care or health care needs in your community

**Start preparing the application early.** Allow plenty of time to gather required information from various sources.

**Place all information in the order requested in the guidance.** Avoid the risk of having reviewers hunt through your application for information.

**Be brief, concise, and clear.** Include candid accounts of problems and realistic plans to address them. If information or data is omitted, explain why. Make sure the information provided in each table, chart, attachment, etc., is consistent with the proposal narrative and information in other tables. Your budget should reflect back to the proposed activities.

**Do not use the attachments for information that is required in the body of the application.**
Cross-reference all tables and attachments to the appropriate text in the application.

Limit the use of abbreviations and acronyms, and define each one at its first use and periodically throughout application.

**Print the application before submitting it to ensure appropriate formatting and adherence to page limit requirements.** Confirm that all attachments are included before sending the application.

For fiscal questions, please contact Mrs. Prajakta Pathak, Associated Black Charities at 410.659.0000 or ppathak@abc-md.org and programmatic questions, contact Sonney Pelham at 410.396.1408 or Sonney.Pelham@baltimorecity.gov

# APPENDIX A

# Service Category Definitions and Guidance*

***Standards of Care for service categories funded in the Baltimore EMA are currently under review; therefore the following definitions and guidance are subject to change either before or during Fiscal Year 2017.**

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

Note: This does not include child care while client is at work.

Allowable use of funds includes:

- A licensed or registered child care provider to deliver intermittent care
- Informal child care provided by a neighbor, family member, or other person (with the understanding that existing federal restrictions prohibit giving cash to clients or primary caregivers to pay for these services)

*Program Guidance:*
The use of funds under this service category should be limited and carefully monitored. Direct cash payments to clients are not permitted. Such arrangements may also raise liability issues for the funding source which should be carefully weighed in the decision process.

## Key Service Component

Key services include:

- Licensed child care services for HIV-infected and affected children to enhance the ability of a parent or guardian who is HIV-infected to obtain health and supportive services. Child care services can be provided either in a traditional day care facility or onsite to support the participation of eligible consumers in medical or supportive services. Both models must be delivered in accordance with Maryland state and local child care licensing requirements.
- Child care must be delivered in accordance with State of Maryland child care requirements

| Competencies, Knowledge and Skills | Documentation |
|---|---|
| Individuals should demonstrate competency, knowledge and | Agencies shall document in either |

| | |
|---|---|
| skills in the following areas:<br><br>• Staff should have the minimum qualifications required by their job descriptions.<br>• Hiring practices are non-discriminatory and comply with applicable local, state, and federal equal-employment-opportunity rules and regulations.<br>• Appropriately licensed or certified professionals supervise staff interacting directly with clients.<br>• Professional staff licensure requirements are met and are current. | employee/volunteer records or agency policies, as appropriate.<br><br>All applicable licenses and certifications required to provide child care services in the State of Maryland, as determined by the Maryland State Office of Child Care Licensing. |

***Early Intervention Services*** are a combination of services to increase an individual's awareness of their HIV status and, if needed, facilitate access to HIV care and support services.

## Key Service Component

Early Intervention Services must include the following four components:

- Targeted HIV testing to help the unaware learn of their HIV status and receive referral to HIV care and treatment services if found to be HIV-infected
    - Recipients must coordinate these testing services with other HIV prevention and testing programs to avoid duplication of efforts
    - HIV testing paid for by EIS cannot supplant testing efforts paid for by other sources
- Referral services to improve HIV care and treatment services at key points of entry
- Access and linkage to HIV care and treatment services such as HIV Outpatient/Ambulatory Health Services, Medical Case Management, and Substance Abuse Care
- Outreach Services and Health Education/Risk Reduction related to HIV diagnosis

| Competencies, Knowledge and Skills | Documentation |
|---|---|
| Individuals should demonstrate competency, knowledge and skills in the following areas:<br><br>• HIV prevention interventions, including Treatment As | Documentation that demonstrates competencies, knowledge and skills must be |

| | |
|---|---|
| Prevention, PrEP/nPEP, condoms, etc.;<br>• Performing a rapid HIV test;<br>• Delivering a positive HIV test result;<br>• Maryland state laws related to HIV testing and reporting;<br>• Utilizing relevant data sources to appropriately target interventions (e.g. HIV zip code maps, HIV testing program data, census data, police department data, etc.);<br>• HIV counseling skills;<br>• Referral sources, particularly for HIV medical care and Medical Case Management;<br>• Harm reduction model;<br>• Motivational interviewing; and<br>• Cultural humility | available upon request (e.g. Training certificate, formal supervisory review, direct observation, case review, etc.). |

*The cohort of services may be provided by multiple staff who provide a discrete service. However, individuals providing each service must be able to demonstrate competency in that area (e.g. HIV testing, HIV education, etc.).

***Emergency Financial Assistance*** provides limited one-time or short-term payments to assist the RWHAP client with an emergent need for paying for essential utilities, housing, food (including groceries, and food vouchers), transportation, and medication. Emergency financial assistance can occur as a direct payment to an agency or through a voucher program.

## Key Service Components

Direct cash payments to clients are not permitted. It is expected that all other sources of funding in the community for emergency financial assistance will be effectively used and that any allocation of RWHAP funds for these purposes will be as the payer of last resort, and for limited amounts, uses, and periods of time. Continuous provision of an allowable service to a client should not be funded through emergency financial assistance.

The purpose of the service is to support, facilitate, enhance or sustain the continuity of the health services for individuals and/or their families who are HIV-positive, and assist clients in their ability to recover from setbacks and advance towards personal recovery and resiliency.

To establish the need for the service and demonstrate the emergency nature of the request, a proof of hardship will be conducted and demonstrated by:

- A significant increase in bills;

- A recent decrease in income;
- High unexpected expenses on essential items;
- The cost of shelter more than 30% of the household income;
- The cost of utility consumption more than 10% of the household income;
- Inability to obtain credit necessary to provide for basic needs and shelter; and
- A failure to provide emergency financial assistance that will result in danger to the physical health of client.

**Qualifications**

| Staff /other service Qualification | Expected Documentation |
|---|---|
| Same as Ryan White Non-Medical Case Manager, or minimum qualifications for position as described in the agency position description and contractual agreement with Recipient.<br><br>Knowledge of community resources and services. | Personnel files/resumes/applications for employment diplomas and certifications reflect requisite experience and education. |
| The invoice/bill which is to be paid with emergency financial assistance funds must be in the client's name. An exception may be made only in instances where it can be documented that, although the service (e.g., utility) is in another person's name, it directly benefits the client. | As documented in file.<br><br>• Copy of invoice/bill paid.<br>• Copy of check for payment. |
| The agency has a procedure to protect client confidentiality when making payments for assistance, (e.g., checks that do not identify the agency as an HIV/AIDS agency). | Agency Protocol/Policy and Procedure |

***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 the following:

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

## Key Service Components

For the purpose of improving the health measures of people living with HIV/AIDS in the TGA and to reduce hunger and food insecurities the following services can be offered under this service standard:

- **Food Bank/Pantry**. A food bank is a central distribution center within an agency's catchment area or home delivery service providing groceries for Part A eligible clients. The food is distributed in cartons or bags consisting of assorted products needed by Ryan White clients. Non-food products, such as personal hygiene products, may also be provided to eligible individuals through food and commodity distribution programs.

- **Food Vouchers**. This service provides certificates or cards, which may be exchanged for food at cooperating supermarkets, or meals at clinics or social services agencies.

- **Home Delivered Meals**. This service provides nutritionally balanced home delivered meals for clients with HIV/AIDS who are indigent, disabled or homebound, and/or who cannot shop or prepare (or have others shop for or prepare) their own food. This includes the provision of both frozen and hot meals

The goal of any of the above services should be to promote better health outcomes for People Living with HIV/AIDS through the provision of caloric and nutritionally appropriate foods.

Unallowable costs include household appliances, pet foods, and other non-essential products. Nutritional services and nutritional supplements provided by a registered dietitian are considered Medical Nutritional Therapy a core medical service under the RWHAP.

**Qualifications**

| Standards | Measure |
|---|---|
| Home Delivered Meals | |
| The agency offering prepared meals shall adhere to all federal, state, and local public health food safety | Policy and documentation on file. |
| The agency shall maintain evidence that all required inspections are current and resulted in acceptable findings. | Policy and documentation on file. |
| The agency shall ensure that access to the food storage area is limited, and that it is locked outside of food handling or distribution hours. | Policy and documentation on file. |
| The agency shall consult with a registered and/or licensed dietician regarding the nutrition, caloric needs, and other dietary requirements of HIV-positive persons and has incorporated that guidance into food bank or home delivered meals programs. | Policy and documentation on file. |

| | |
|---|---|
| The agency shall ensure that perishable foods are stored and disposed of in accordance with applicable State Department for Public Health guidelines. Nonperishable foods should be disposed of if there is evidence of spoilage or damage to package. | Policy and documentation on file. |
| Staff is knowledgeable about available community food resources. | Policies and procedures on file.<br>Documentation in personnel files. |
| Vouchers | |
| Procedures are in place regarding use and distribution of food.<br><br>A system is in place to account for the purchase and distribution of food vouchers.<br><br>A security system is in place for storage of and access to vouchers.<br><br>A limitation of no more than a 3 month supply on hand of food vouchers is required as part of the policy. | Agency Policies and Procedures.<br><br>Distribution logs, client records, and financial documentation. |

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

## Key Service Component

Topics covered may include:

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

| Competencies, Knowledge and Skills | Documentation |
|---|---|
| Individuals should demonstrate competency, knowledge and skills in the following areas:<br><br>• HIV prevention interventions, including Treatment As Prevention, PrEP/nPEP, condoms, etc.;<br>• Treatment adherence interventions (e.g. pillbox, calendar reminders, apps used to track regimen, etc.);<br>• Ability to impart information to a patient about their own health and health care, and understand their diagnose(s);<br>• Counseling skills;<br>• Referral sources, particularly for assistance enrolling in health insurance;<br>• Harm reduction model or other behavioral change models;<br>• Motivational interviewing; and<br>• Cultural humility | Documentation that demonstrates competencies, knowledge and skills must be available upon request (e.g. training certificate, formal supervisory review, direct observation, case review, etc.). |

# Health Insurance Premium and Cost Sharing Assistance

**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. To use RWHAP funds for health insurance premium and cost-sharing assistance, a RWHAP Part recipient must implement a methodology that incorporates the following requirements:

- RWHAP Part recipients must ensure that clients are buying health coverage that, at a minimum, includes at least one drug in each class of core antiretroviral therapeutics from the Department of Health and Human Services (HHS) treatment guidelines along with appropriate HIV outpatient/ambulatory health services
- RWHAP Part recipients must assess and compare the aggregate cost of paying for the health coverage option versus paying for the aggregate full cost for medications and other appropriate HIV outpatient/ambulatory health services, and allocate funding to Health Insurance Premium and Cost Sharing Assistance only when determined to be cost effective

The service provision consists of either or both of the following:

- Paying health insurance premiums to provide comprehensive HIV Outpatient/Ambulatory Health Services and pharmacy benefits that provide a full range of HIV medications for eligible clients

- Paying cost-sharing on behalf of the client

## Key Service Components

To facilitate the maintenance high quality health care and viral suppression the Ryan White program provides for the payment of insurance premiums, co-pay, and deductible through the Health Insurance Premium and Cost-sharing Assistance Program. The services provides a cost -effective alternative to the direct distribution of medications (ADAP). It can purchase health insurance that provides comprehensive primary care and pharmacy benefits for low income clients. The service extends since the implementation of Affordable Care Act to the client's Medicare Part D true out-of-pocket (TrOOP) costs.
Cost sharing assistance includes the payment on behalf of the client of co-pays (including co-pays for prescription eyewear for conditions related to HIV infection) and deductibles.

### QUALIFICATIONS

| Staff /Other Service Qualification | Expected Practice |
|---|---|
| An agency able to make short term payments to insurance companies within 7 days off receiving the invoice; | Payments are done within 7 days of receiving invoice; |
| Agency able to receive, review, and approve client applications for the service; | Approval of eligibility within 7 days of receipt of application; |
| An agency able to carefully monitor these short term payments to assure the amounts and use correspond to the necessary period of times to keep the insurance current and for it not to lapse; | There is a system in place to track clients' premium amount and payment due date in order to flag and get insurance premiums that missed the due date paid within the grace period; |

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

- Appropriate mental health, developmental, and rehabilitation services
- Day treatment or other partial hospitalization services
- Durable medical equipment

- Home health aide services and personal care services in the home

## Key Service Component

Inpatient hospitals, nursing homes, and other long-term care facilities are not considered an integrated setting for the purposes of providing home and community-based health services.

Home and community-based health services provide opportunities for the HIV infected to receive services in their own home or community. The main elements of Home and Community-based Health Services must include: Physician order; Home visit with a nursing assessment; Development of a written care plan, signed by physician; and appropriate referrals to meet needs identified in nursing assessment. Allowable services to include: durable medical equipment; home health aide and personal care services; day treatment or other partial hospitalization services; home intravenous and aerosolized drug therapy (including prescription drugs administered as part of such therapy); routine diagnostic testing; appropriate mental health, developmental, and rehabilitation services; specialty care and vaccinations for hepatitis con-infection, provided by public and private entities.

| Standard | Measure |
|---|---|
| Home and Community-based Health care providers must meet the minimum licensing/credentialing requirements of the State of Maryland for the home healthcare service(s) that they are providing | A copy of the current credential in personnel file or contract |

***Home Health Care*** is the provision of services in the home that are appropriate to a client's needs and are performed by licensed professionals. Services must relate to the client's HIV disease and may include:

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

## Key Service Component

The provision of Home Health Care is limited to clients that are homebound. Home settings do not include nursing facilities or inpatient mental health/substance abuse treatment facilities. Services are provided by a Registered Nurse whose goal is to provide medical treatment to the patient in their home so they may remain in the community and avoid unnecessary hospitalizations, opportunistic infections, and general decline in health status.

| **Competencies, Knowledge and Skills** | **Documentation** |
|---|---|
| Services are provided by a Registered Nurse with appropriate licensure, as required by State and Local laws. | A copy of the current license must be available upon request. |

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

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

## Key Service Components

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. This service category does not extend to skilled nursing facilities or nursing homes.

A physician must certify that a patient is terminally ill, defined under Medicaid hospice regulations as having a life expectancy of 6 months or less. Counseling services provided in the context of hospice care must be consistent with the definition of mental health counseling. Palliative therapies must be consistent with those covered under respective state Medicaid programs. Such services include:

- Nursing services
- Medical supplies and equipment
- Medical social services under the direction of a licensed physician
- Medications
- Physician services
- Counseling including bereavement (both individual and family)
- Dietary counseling
- Spiritual counseling

**Qualification**

| | |
|---|---|
| All direct -care staff who require licensure or certification must be licensed by the State or certified by their respective professional organizations. | Copies of licenses and certifications on file at provider agency. |

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

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

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

## Key Service Components

The purpose of Housing Services is to provide Persons Living with HIV/AIDS (PLWHA) with safe and secure housing that will enable a client to enroll in and/or maintain participation in medical care while a long-term housing placement plan is developed and implemented in collaboration with the client's Non-Medical Case Manager.

Housing services are available to persons living with HIV/AIDS and their families in the TGA to enable the individual gain or maintain medical care and/or transition to more permanent housing. Housing services can include:

- Rental Assistance
- Security Deposits
- Utility Assistance
- Hotel/Motel and Meal Vouchers;
- Emergency Shelter Programs;

- Transitional Housing Programs;
- Permanent Supportive Housing Programs.

Sub-recipients must follow the TGA process which speaks to how do the newly identified clients access to housing services. Upon request, the TGA must provide HAB with an individualized written housing plan, consistent with RWHAP Housing Policy 11-01, covering each client receiving short term, transitional and emergency housing services. The plan should institute duration limits to provide transitional and emergency housing services. Housing services funds cannot be in the form of direct cash payments to clients and cannot be used for mortgage payments.

**Qualification**

| | |
|---|---|
| Providers must demonstrate strong linkages with Ryan White Medical and Non-Medical Case Managers and providers of other housing programs and services. These must be in the form of written Memorandum of Agreement (MOA). | Agency documentation of MOAs; |
| Provider to demonstrate strong linkage with state and local permanent housing programs such as section 8, HOPWA, etc. | Agency documentation of MOAs |
| Housing Specialist or Case Manager to have same qualifications of a Non-Medical Case Manager. | Personnel files/resumes/applications for employment reflect requisite experience,education, credential and training |

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

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

- Client-specific advocacy and/or review of utilization of services

In addition to providing the medically oriented services above, Medical Case Management may also provide benefits counseling by assisting eligible clients in obtaining access to other public and private programs for which they may be eligible (e.g., Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, other state or local health care and supportive services, and insurance plans through the health insurance Marketplaces/Exchanges).

## Key Service Components

Medical Case Management services have as their objective improving health care outcomes whereas Non-Medical Case Management Services have as their objective to provide guidance and assistance in improving access to needed services.

Provision of services is focused on maintaining HIV-infected persons in systems of primary medical care to improve HIV-related health outcomes. Medical Case Managers act as part of a multidisciplinary medical team, with a specific role of assisting clients in following their medical treatment plan. The goal of this service is the development of knowledge and skills that allow clients to adhere to the medical treatment plan without the support and assistance of the medical case manager.

The MCM must include a comprehensive assessment of need, the development of a service plan to address client needs, client referral to appropriate providers based on need and service plan, interventions to address client issues such as medication compliance, adherence and risk reduction, as well as patient education.

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

The MCM can refer or assist eligible clients to obtain access to other public and private programs for which they may be eligible, e.g., Medicaid, Medicare Part D, ADAP Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, and other State or local health care and supportive services when appropriate.

Medical Case Managers will refer client to Non-Medical Case Managers to support the clients access to ancillary services.

Visits to ensure readiness for, and adherence to, complex HIV treatments shall be considered Medical Case Management or Outpatient/Ambulatory Health Services. Treatment Adherence Services provided during a Medical Case Management visit should be reported in the Medical Case Management service category whereas Treatment Adherence services provided during an Outpatient/Ambulatory Health Service visit should be reported under the Outpatient/Ambulatory Health Services category.

Qualifications

| Staff Qualification | Expected Documentation |
|---|---|
| Medical case management services must be provided by trained professionals, including both medically credentialed and other health care staff who provide a range of client-centered services that result in a coordinated care plan which links clients to medical care and other clinical care, psychosocial, and other support services. They will meet the qualifications for the position as outlined in the Agency's job description. The requirements are:<br>A. A bachelor's (required) or master's degree (preferred) in social work from an accredited program and/or current and valid New Jersey State Social work License for CSW, LSW or LCSW ; OR<br>B. A bachelor's (required) or master degree (preferred) in Nursing (RN) and a valid Maryland license;<br>C. A Licensed Practical Nurse; OR<br>D. Personnel who do not meet the qualifications listed above will need to have twenty-four (24) hours of annual training. The 24 hours shall include fifteen (15) hours of medical training and three (3) hours of quality management training.<br>. | Personnel files/resumes/applications for employment reflect requisite experience, education and/or training. |
| The medical training shall include any of the following topics of Medical Adherence, HIV Disease Process, Oral Health, Risk Reduction, Prevention Strategies, Substance Abuse Treatment, and Nutrition. A suggested additional topic may be End-of-Life issues. Medical training should also include training on documentation. | Personnel files reflect training log with documentation of subject matter and attendance at twenty-four (24) hours of annual training. |

## ***Medical Nutrition Therapy Services*** includes:

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

- Nutrition education and/or counseling

These services can be provided in individual and/or group settings and outside of HIV Outpatient/Ambulatory Health Services.

# Key Service Component

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

Medical nutrition therapy involves both assessment and appropriate treatments to maintain and optimize nutrition status.

Medical Nutrition services include:

- An evaluation and nutrition care plan
- Nutrition counseling and medical nutrition therapy;
- The distribution of nutrition supplements or food when appropriate;
- The provision of Nutrition and HIV trainings to clients and their providers; and
- The distribution of nutrition related educational materials to clients.

**Qualification**

| Staff Qualification | Expected Practice |
|---|---|
| A. Registered dietitian with a Bachelors, Masters and/or Doctorate degree in nutrition and related sciences, or a supervised dietetic internship or equivalent and a national exam which credentials her/him as a Registered Dietitian by the Commission on | • Resume in personnel file;<br>• Credential verification in personnel file;<br>• Training records; |
| B. Registered Dietician licensed in the State, maintain professional education (CPE) units/hours, primarily in HIV nutrition and other related medical care. | • Personnel record verification; |

| | |
|---|---|
| C. Medical Nutrition Therapy staff has a clear understanding of their job description and responsibilities as well as agency policies and procedures. | • Written job descriptions that include roles and responsibilities;<br>• Personnel records include signed statement from each staff member and supervisor confirming that the staff member has been informed of agency policies and procedures and commits to following them; |

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

## Key Components

Medical transportation may be provided through:

- Contracts with providers of transportation services
- Mileage reimbursement (through a non-cash system) that enables clients to travel to needed medical or other support services, but should not in any case exceed the established rates for federal Programs (Federal Joint Travel Regulations provide further guidance on this subject)
- Purchase or lease of organizational vehicles for client transportation programs, provided the recipient receives prior approval for the purchase of a vehicle
- Organization and use of volunteer drivers (through programs with insurance and other liability issues specifically addressed)
- Voucher or token systems

Unallowable costs include:

- Direct cash payments or cash reimbursements to clients
- Direct maintenance expenses (tires, repairs, etc.) of a privately-owned vehicle
- Any other costs associated with a privately-owned vehicle such as lease, loan payments, insurance, license, or registration fees

### Qualifications

| Staff Qualification | Expected Practice |
|---|---|
| **Agency Transportation** | |
| Drivers for agency conveyance will have received training in universal precautions and infection control appropriate to their duties. | Personnel files/resumes/applications for employment reflect requisite experience, education, licensure, required testing, and |

| | |
|---|---|
| | background checks. |
| All drivers have current State driver's licenses for the type of vehicle driven as well as levels of liability insurance required by state law and funding sources.<br><br>Drivers must have verified driving records, receive a drug screen, and undergo a background check. | |
| **Agency Vehicle Requirements** | |
| Routine maintenance records and other repair information are available.<br><br>Agency maintains documentation of current insurance coverage as required by State law and funding sources for all agency owned vehicles.<br><br>Vehicle license and inspection are current.<br><br>A log/form for collection of mileage is maintained by the driver(s) and is reviewed at least quarterly by supervisor. | Vehicle records file. |
| **Vouchers** | |
| Procedures are in place regarding use and distribution of vouchers or bus passes.<br><br>A system is in place to account for the purchase and distribution of vouchers and bus passes.<br><br>A security system is in place for storage of, and access to, vouchers, bus passes and fees collected.<br><br>A limitation of no more than 3 months' supply of gas vouchers or tokens on hand. | Agency policies and procedures.<br><br>Distribution logs, client records, and financial documentation. |
| Agency does not provide direct transportation | Agency policies and procedures. |

| | |
|---|---|
| services to clients in need of emergency medical care and there is a policy in place to address this. | |

***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.

## Key Service Components

Mental Health Services are allowable only for HIV-positive clients

This service is to assist HIV-positive clients only, to cope with the emotional and psychological aspects of living with HIV disease. Mental health counseling services includes intensive mental health therapy and counseling (individual and family) provided solely by Mental Health Practitioners. Counseling services may include general mental health therapy, counseling, and bereavement support for clients as well as non-HIV infected family members or significant others. Crisis counseling and referral will be available to clients and care givers. Medical services are provided by a licensed medical, board certified psychiatrist.

The goal is to minimize crisis situations and stabilize clients' mental health status in order to promote health care maintenance and positive health outcomes.

**Qualifications**

| Staff Qualification | Expected Practice |
|---|---|
| All staff providing direct mental health services to clients must be licensed to provide mental health services in one of the following professions:<br>a. Licensed Clinical Social Worker;<br>b. Licensed Master Social Worker (LSW) (is under a clinical supervision plan);<br>c. Marriage and family therapist;<br>d. Licensed professional counselor;<br>e. Psychologist;<br>f. Psychiatrist;<br>g. Psychiatric nurse;<br>h. Psychotherapist. | Current License/Certification will be maintained on file.<br><br>Personnel records/resumes/applications for employment reflect requisite experience/education. |
| Provider shall have an established, detailed staff | Personnel record reflects |

| | |
|---|---|
| orientation process. Orientation must be provided to all staff providing direct services to patients within thirty (30) working days of employment, including at a minimum:<br>a. Crisis intervention procedures;<br>b. Service Standards;<br>c. Confidentiality;<br>d. Documentation in case records; (eCompas training);<br>e. Consumer rights and responsibilities;<br>f. Consumer abuse and neglect reporting policies and procedures;<br>g. Professional ethics;<br>h. Emergency and safety procedures;<br>i. Data management and record keeping;<br>j. Review of job description; | completion of orientation and signed job description.<br><br>Contract providers will provide documentation of receiving such training. |
| Staff participating in the direct provision of services to patients must satisfactorily complete all appropriate CEUs based on individual licensure requirements at a minimum, as per the license requirement for each licensed mental health practitioner. | Documentation on file. |

# ***Non-Medical Case Management Services (NMCM)***

provide guidance and assistance in accessing medical, social, community, legal, financial, and other needed services. Non-Medical Case management services may also include assisting eligible clients to obtain access to other public and private programs for which they may be eligible, such as Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, other state or local health care and supportive services, or health insurance Marketplace plans. This service category includes several methods of communication including face-to-face, phone contact, and any other forms of communication deemed appropriate by the RWHAP Part recipient. Key activities include:

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

## Key Service Activities

Non-Medical Case Management Services have as their objective to provide guidance and assistance in improving access to needed services whereas Medical Case Management services

have as their objective improving health care outcomes. Is a collaborative process that assesses, educates, plans, implements, coordinates, monitors, and evaluates the options and services required to meet the client's health and human service needs. Case Management is seen as an encounter that involves assessment and basic care needs planning with the goal of independence for the client.

Due to the episodic nature of HIV, it is expected that clients will have varying levels of need throughout their enrollment in services. Some clients may demonstrate a low level of need and would therefore benefit from *Non-Medical Case Management*. Distinct case management categories are described in detail under separate sections (See description for Medical Case Management Services).

Enrollment in either Medical Case Management services or Non-Medical Case Management is not permanent; a client may move from one type of case management to the other depending on current circumstances. On-going and frequent assessment by a Non-Medical Case Manager and periodic review by a Case Management Supervisor should occur to ensure that clients receive the level of care that is appropriate. Routine screening tools and acuity scales should be used consistently by all Case Management providers. Activities in Non-Medical Case Management include, but are not limited to:

a. Providing information and assistance with linkage to Medical Case Management and psycho-social services as needed;
b. Providing benefits and entitlement counseling, including assisting eligible clients in obtaining access to public and private programs that they may be eligible for. This includes Medicaid, Medicare Part D, ADAP, Case Management Program, Pharmaceutical Manufacturer's Patient Assistance Programs, and other State and local health care and supportive services;
c. Advocating on behalf of clients to decrease service gaps and remove barriers to services;
d. Helping and empowering clients to develop and utilize independent living skills and strategies;
e. Helping clients with applications for all other resources available for their service needs.

Non-Medical Case Management services are home and community-based. Non-Medical Case Managers will encounter clients in their environment, which may include a residence, a public facility, in the streets, or in the facilities of the Case Management service provider agency. The goal of Non-Medical Case Management is to enhance access to and retention in medical care for eligible people living with HIV/AIDS through a range of client-centered services.

**Qualifications**

| Staff Qualification | Expected Documentation |
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| The minimum requirements are:<br>a. A minimum of an Associate's Degree from an accredited college or university; **and**<br>b. A minimum of one year paid work experience with persons living with HIV/AIDS or other catastrophic illness **preferred**; **and/or**<br>c. State, National, or Local certification from a recognized state/national/local certification organization and/or licensing organization **preferred** (i.e. CSW, , LCSW, LPC, , LCADC, etc.,); **or**<br>d. Extensive knowledge of community resources and services;<br>e. Case managers that do not meet the above requirement will need to take annually a minimum of sixteen (16) additional hours of training on the target population and the HIV service delivery system in the service area including but not limited to:<br>• The full complement of HIV/AIDS services available in the TGA service area. How to access such services [including how to ensure that particular sub-populations are able to access services (i.e., undocumented individuals)];<br>• Procedure manual;<br>• Education on applications for eligibility under entitlement and benefit programs other than Ryan White services | Personnel files/resumes/applications for employment reflect requisite experience, education, and or training. |

***Oral Health Care*** includes diagnostic, preventive, and therapeutic services provided by general dental practitioners, dental specialists, dental hygienists, auxiliaries, and other trained primary care providers.

## Key Service Component

Services will include a treatment plan with an estimate of cost to be approved by the TGA. This category includes routine dental examinations, prophylaxis, x-rays, fillings, endodentistry, and oral surgery. Emergency procedures will be treated on a walk-in basis as availability and provisions allow. If the provider cannot provide adequate services for emergency care, the patient will be referred to a hospital emergency room. Cosmetic dentistry for cosmetic purposes only is prohibited. The goal of oral health is to sustain proper nutrition and improve the oral health of persons living with HIV/AIDS.

### Qualifications

| Staff Qualification | Expected Practice |
|---|---|
| Dentists must be licensed and accredited as specified by the state licensure Board. | Personnel files/resumes/applications for employment reflect requisite licensing and accreditation. |
| Dental hygienists must be licensed and accredited as specified by the state licensure Board. | Personnel files/resumes/applications for employment reflect requisite licensing and accreditation. |
| Dental assistants must register with the state Board within one year if they administer x-rays. | Personnel files/resumes/applications for employment reflect requisite SBDE registration. |
| **Staff Vaccinations:**<br>a. Hepatitis B, required as defined by the provider personnel policies<br>b. Tuberculosis tests at least every 12 months for all staff is strongly recommended;<br>c. OSHA guidelines must be met to ensure staff and patient safety. | Staff health records will be maintained at each agency to ensure that all vaccinations are obtained and precautions are met. |
| Dental hygienists and assistants must perform all services to patients under supervision of a licensed dentist. | Copy of supervising dentist license on file. |
| Provider/Agency shall be accredited and/or licensed to deliver dental services. | Documentation of current unconditional license and/or certification is on file for each provider and for organization as a whole, where applicable. |

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

- Legal services provided to and/or on behalf of the individual living with HIV and involving legal matters related to or arising from their HIV disease, including:
    - Assistance with public benefits such as Social Security Disability Insurance (SSDI)
    - Interventions necessary to ensure access to eligible benefits, including discrimination or breach of confidentiality litigation as it relates to services eligible for funding under the RWHAP
    - Preparation of:
        - Healthcare power of attorney
        - Durable powers of attorney
        - Living wills
- Permanency planning to help clients/families make decisions about the placement and care of minor children after their parents/caregivers are deceased or are no longer able to care for them, including:
    - Social service counseling or legal counsel regarding the drafting of wills or delegating powers of attorney

- Preparation for custody options for legal dependents including standby guardianship, joint custody, or adoption
- Income tax preparation services to assist clients in filing Federal tax returns that are required by the Affordable Care Act for all individuals receiving premium tax credits

## Key Service Components

Legal services need to be directly necessitated by an individual's HIV/AIDS serostatus and/or related to accessing core services. It must provide legal assistance with legal problems relation to discrimination, confidentiality, access to care, public benefits, and wills.

These services include but are not limited to:

a. Preparation of healthcare power of attorney, durable powers of attorney & Living Wills;
b. Interventions and litigations that provide access to eligible benefits (Social Security Disability), discrimination or breach of confidentiality; and
c. Permanency planning for an individual or family where the responsible adult is expected to pre-decease a dependent (usually a minor child) due to HIV/AIDS;
d. Preparation for custody options for legal dependents including standby guardianship, joint custody or adoption.
e. Income Tax preparation to apply for ACA

Legal services exclude criminal defense and class-action suits unless related to access to services eligible or funding under the RWHAP

Funding for **Legal services** may not be used for any criminal defense or for class-action suits unrelated to access to services eligible for funding under the Ryan White Program. The service should guarantee HIV clients with protections from discrimination, getting redress for human rights violations, and expanding access to HIV prevention and treatment.

### Qualifications

| Staff Qualification | Expected Practice |
|---|---|
| All legal counsel service must be performed by trained professional staff. Attorneys must have current licensure and hold certification through the Boards and Commissions and Bar Association in the State. | Personnel files/resumes/applications for employment reflect requisite experience and education. |
| 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. | Personnel files/resumes/applications for employment reflect requisite experience and education. Supervisory records are kept on file. |
| A minimum of sixteen (16) additional hours of | Personnel file reflects completion of orientation and signed job description. |

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| orientation training must cover orientation to the target population and the HIV service delivery system. Training should include but not limited to:<br>a. Available HIV/AIDS services in the TGA and the state;<br>b. How to access such services, especially Ryan White Part A funded services;<br>c. Ryan White Standards of Care (Universal and Service Category Standards) | |

***Outpatient/Ambulatory Health Services*** are diagnostic and therapeutic services provided directly to a client by a licensed healthcare provider in an outpatient medical setting. Outpatient medical settings include clinics, medical offices, and mobile vans where clients do not stay overnight. Emergency room or urgent care services are not considered outpatient settings. Allowable activities include:

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

## Key Service Components

Eligible services include the provision of comprehensive accessible health care services in an office or clinic setting under the direction of licensed physician, physician assistant, nurse practitioner, clinical nurse specialist, or other provider that can diagnose, treat and prescribed ARVs. Services include primary medical care and all other services associated with the HIV diagnosis such as laboratory, diagnostic testing, specialty care (e.g., infectious disease, dermatology, oncology), outpatient rehabilitation, physical therapy, and vision.

Treatment Adherence services provided during an Outpatient/Ambulatory Health Service visit should be reported under the Outpatient/Ambulatory Health Services category whereas

Treatment Adherence services provided during a Medical Case Management visit should be reported in the Medical Case Management service category.

Qualifications

| *Standards* | *Measure* |
|---|---|
| Maintain a current and valid M.D., D.O., P.A., or N.P. license. | Annual credentialing of providers and active licensure in credentialing file.<br><br>Provided direct, continuous ongoing care for at least 20 HIV infect clients in the past two years.<br><br>Complete at least 30 hours of HIV related training in CME Category.<br><br>Successfully completed the American Academy of HIV Medicine Credentialing examination.<br><br>Mid-level practitioner have HIV experience and protocols must be in place describing the supervisory relationship between the mid-level practitioner and the physician. |
| Each agency shall employ non-provider clinical staff that is knowledgeable and experienced in their area of clinical practice as well as in the area of HIV/AIDS (RN, LPN, etc.). | Staff meets the minimum qualifications detailed in the job description and standards of care.<br><br>Personnel records, resume, application for employment, experience and education. |
| Each agency will ensure that appropriate staffing levels are reached and maintained to provide contracted services. | Full or part time positions funded under contract are filled or appropriate actions are taken to fill positions. |

***Outreach Services*** include the provision of the following three activities:

- Identification of people who do not know their HIV status and linkage into Outpatient/Ambulatory Health Services

- Provision of additional information and education on health care coverage options
- Reengagement of people who know their status into Outpatient/Ambulatory Health Services

## Key Service Component

The principal purpose of Outreach is the identification of people with unknown HIV disease or those who know their status (i.e., case finding) so that they may become aware of, and may be enrolled in, care and treatment services. Outreach services do not include HIV counseling and testing or HIV prevention education. These services may target high-risk communities or individuals. Outreach programs must be planned and delivered in coordination with local HIV prevention outreach programs to avoid duplication of effort; be targeted to populations known through local epidemiologic data to be at disproportionate risk for HIV infection; be conducted at times and in places where there is a high probability that individuals with HIV infection will be reached; and be designed with quantified program reporting that will accommodate local effectiveness evaluation. Activities that can be part of the service include:

- identification;
- providing information/education;
- maintaining contact;
- linked referral;
- engagement and retention activities; and
- When appropriate, outreach workers should accompany clients to initial visits to primary care and/or case management services for access to medications.

The outreach activities needs to be structured to target specific at risk population to increase: the number of individuals who are aware of their HIV status; who are in medical care and receiving HIV treatment; and the number of HIV negative individuals referred to services that contribute to keeping them HIV negative. Main goal of the targeted activities is to identify those with undiagnosed HIV disease and link them to care.

Funds may not be used to pay for HIV counseling or testing under this service category. *See* Policy Notice 12-01: *The Use of Ryan White HIV/AIDS Program Funds for Outreach Services*. Outreach services cannot be delivered anonymously as personally identifiable information is needed from clients for program reporting.

### Qualifications

| Staff Qualification | Expected Documentation |
|---|---|
| Staff has appropriate skills, relevant experience, cultural and linguistic competency, and relevant licensure to provide services and/or care to people living with HIV. | Written description of staffing requirements by position; Staff resumes in personnel files; Personnel and training records. |
| Staff is trained and knowledgeable about HIV/AIDS, the | Documentation of training on |

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| affected communities, and available resources. Training specific to outreach activities should include (but not limited to) the following:<br>• HIV/AIDS Counseling (and testing when applicable);<br>• Problem-solving to increase access and engagement to care<br>• Referral to medical care;<br>• Personal safety;<br>• Adherence counseling;<br>• Non-violent crisis intervention;<br>• Cultural diversity; and<br>• Psychosocial issues specific to HIV/AIDS. | these topics;<br>Documentation of participation of all staff involved in delivering Part A services; |

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

- Bereavement counseling
- Caregiver/respite support (RWHAP Part D)
- Child abuse and neglect counseling
- HIV support groups
- Nutrition counseling provided by a non-registered dietitian (see Medical Nutrition Therapy Services)
- Pastoral care/counseling services

## Key Service Component

Psychosocial services are a systematic provision of supportive interventions to increase the skills and confidence of persons who are HIV positive in managing their health problems. The activities that can be provided include:

- Individual and group counseling, including drop-in sessions to be provided by a qualified individual (professional or peer). These counseling sessions should be structured, with a treatment plan or curriculum, to move clients toward attainable goals;
- Peer counseling or support groups offered by HIV-positive individuals or those knowledgeable about HIV and are culturally sensitive to special populations;
- HIV support groups, pastoral care groups, and bereavement counseling.

Funds under this service category may not be used to provide nutritional supplements (*See* Food Bank/Home Delivered Meals). Pastoral counseling must be available to all eligible clients

regardless of their religious denominational affiliation. Funds may not be used for social/recreational activities or to pay for a client's gym membership.

**Qualifications**

| Standard | Expected Documentation |
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| Psychosocial support service providers possess the knowledge, skills, and the experience necessary to competently perform expected services. | Personnel File |
| Staff is trained and knowledgeable about HIV/AIDS, the affected communities and available resources. Providers must demonstrate knowledge of HIV/AIDS, its psychosocial dynamics, and implications including generally accepted psychosocial interventions and practices. | Documentation of attendance to training on these topics; |
| Staff is knowledgeable about available resources to avoid duplication of services. | Documentation of attendance in training or networking meetings |

***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 HIV-positive client to relieve the primary caregiver responsible for the day-to-day care of an adult or minor living with HIV.

## Key Service Components

Provision of community-based non-medical assistance designed to relieve the primary caregiver responsible for providing day-to-day care of a client with HIV/AIDS.
A caregiver is defined as someone who either cares for a HIV positive individual, or is an HIV-positive individual who is responsible for taking care of children, available services include:

- Assisting the family members to enable a person to stay at home;
- Relieving family members for a short duration from the constantly demanding responsibility of providing care;
- Attending to basic self-help needs and other activities that would ordinarily be performed by the family member;
- Care for children during the time that the HIV positive parent or guardian or the main caregiver must go to medical appointment or be relieved from the responsibility of child care.

- Recreational and social activities are allowable program activities as part of a respite care service provided in a licensed or certified provider setting including drop-in centers within HIV Outpatient/Ambulatory Health Services or satellite facilities;
- Funds may be used to support informal, home-based Respite Care, but liability issues should be included in the consideration of this expenditure. Direct cash payments to clients are not permitted.

Funds may not be used for off premise social/recreational activities or to pay for a client's gym membership.

**Qualifications**

| Standard | Measure |
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| Staff has the skills, experience, and qualifications appropriate to providing respite care services. When the client designates a community respite care giver who is a member of his or her natural network, this designation suffices as the qualification. | Personnel File |
| Staff members are licensed as necessary to provide services. | Personnel File |
| If a respite caregiver is from the client's network, the client signs a disclaimer acknowledging that the caregiver may not always meet all of the requirements expected of the agency's paid staff, and that the agency is not responsible for any issues that may arise as a result of this arrangement. | Disclaimer, signed by the client, and filed in client's record, including the name(s) of the respite caregiver(s); |

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

- Screening
- Assessment
- Diagnosis, and/or
- Treatment of substance use disorder, including:

- Pretreatment/recovery readiness programs
- Harm reduction
- Behavioral health counseling associated with substance use disorder
- Outpatient drug-free treatment and counseling
- Medication assisted therapy
- Neuro-psychiatric pharmaceuticals
- Relapse prevention

- Acupuncture Therapy. (*Funds awarded under the Ryan White HIV/AIDS Program may only be used to support limited acupuncture services for HIV-positive clients as part of Ryan White HIV/AIDS Program funded Substance Abuse Treatment Services (outpatient or residential), provided the client has received a written referral from his/her primary health care provider. All acupuncture therapy must be provided by certified or licensed practitioners and/or programs, wherever State certification or licensure exists)*.

# Key Service Components

Substance abuse services may involve a variety of cognitive, emotional, spiritual, and practical skills to deal with addictions, and ongoing recovery, as well as clinical treatments and interventions that address the physical sources of symptoms of addiction.

Examples of services include: regular ongoing substance abuse treatment and counseling on an individual and/or group basis by a state licensed provider. Services must include provision of, or links to, the following: social and/or medical detoxification when necessary, recovery readiness, harm reduction, 12 step model, rational recovery approach model, aftercare, mental health counseling to reduce depression, anxiety and other disorders associated with substance abuse, medical treatment for addiction, and drug-free treatment and counseling.

Acupuncture therapy may be allowable under this service category only when, as part of a substance use disorder treatment program funded under the RWHAP, it is included in a documented plan. Syringe access services are not allowable, pursuant to current appropriations law provisions

The goal of the service is to minimize crisis situation, stabilize client substance use, in order to maintain their participation in primary care and support services and to see a reduction in the transmission of HIV through drug use.

**Qualifications**

| Staff Qualification | Expected Practice |
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| All staff providing direct substance abuse | Personnel files/resumes/applications for |

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| counseling or treatment services to clients will meet the qualifications for the position as outlined in the agency's job description. | employment reflect requisite licenses, certifications, experience, and training.<br><br>Documentation of supervision during client interaction with Counselors In Training (CIT) or Interns as required by the State. |
| Continuing education/in-service training. In accordance with state licensing and credentialing boards, all direct care staff must satisfactorily complete the required hours in continuing education training. | Documentation to include in the employee file that reflects date of training, contents, name of trainer, topic, length of training, and signature of employee. |
| The provider agency must be a licensed hospital or a licensed facility with outpatient treatment designation and must comply with the rules and standards established by the State. | Documentation of current facility licensing on site. |
| Provider agency must develop and implement policies and procedures for handling crisis situations and psychiatric emergencies, which include, but are not limited to, the following:<br>• Verbal Intervention;<br>• Non-violent physical intervention;<br>• Emergency medical contact information;<br>• Incident reporting;<br>• Voluntary and involuntary patient admission. | Documentation of client and staff safety policies and procedures on site. |

***Substance Abuse Services (Residential)*** is the provision of services for the treatment of drug or alcohol use disorders in a residential setting to include screening, assessment, diagnosis, and treatment of substance use disorder. This service includes:

- Pretreatment/recovery readiness programs
- Harm reduction
- Behavioral health counseling associated with substance use disorder
- Medication assisted therapy
- Neuro-psychiatric pharmaceuticals
- Relapse prevention

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

## Key Service Components

**Substance abuse residential** requires a written referral from the clinical provider. The program can include the provision of a detoxification and/or 24 hour residential non-medical services to individuals recovering from problems related to alcohol and/or other drug abuse and who need alcohol and/or other drug abuse treatment or detoxification services. Acupuncture is allowable only when it is included in a documented plan. The HIV substance abuse residential services provided under contract with the EMA can include:
Substance abuse residential rehabilitation, acupuncture and transitional housing. The length of stay not to exceed:

- Eight weeks for high intensity
- Twelve weeks for medium level intensity
- Sixteen weeks for low level intensity

Funds may not be used or inpatient detoxification in a hospital setting, unless the detox facility has a separate license.

The goal of HIV substance abuse residential services for people living with HIV is to assist clients to achieve and maintain a lifestyle free of substance abuse and to transition to permanent, stable housing

### Qualifications

| STANDARD | MEASUR |
|---|---|
| At least 50% of program staff providing counseling services in all alcohol or other drug program shall be certified pursuant to the Maryland State policy, procedure and regulations. | Personnel file. |
| Facility must be licensed for drug and alcohol treatment according to state and local Code of Regulations. | Certificate of Occupancy or other certificate as required and issued by the State of Maryland. |

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| Residential rehabilitation programs require the following administrative staff:<br>• Program administrator on-site during normal work day;<br>• Registered nurse to remain on call 24 hours a day;<br>• On duty resident manager;<br>• On duty awake staff –<br>▪ 1-6 beds/1 awake staff;<br>▪ 7-25 beds/2 awake staff;<br>▪ more than 25 beds/1 awake staff for each 16 beds or portion thereof;<br>• Support staff to perform office work, cooking, house cleaning, laundering, and maintenance activities; | Employee records and staffing plan to verify; |
| Programs require the following direct service staff:<br>• Counselor(s) to perform admission, intake, assessment; | Employee records and staffing plan to verify; |
| HIV substance abuse residential services will respect inherent dignity of clients and will be client-centered aiming to foster client self-determination. | Supervision and program review to confirm. |