

FY 2010  
DALLAS EMA/HSDA  
SHERMAN-DENISON HSDA  
CONTINUUM OF CARE



**Dallas County Health and Human Services  
Grants Management Division**

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## I. INTRODUCTION

This document contains the following guidelines for the purpose of service delivery, billing, and documentation. The guidelines in this document are effective March 1, 2009 through February 28, 2010 and are not to be applied retroactively.

**Definition**

A description of the service(s) that fall under this category. Developed and approved by the Ryan White Planning Council (RWPC).

**Activities May Include:**

A list of specific activities which are reimbursable under this service category. This list **is not** comprehensive. Developed and approved by the RWPC.

**Activities Must Include:**

A list of specific reimbursable activities that must be included in the delivery of this service category. Developed and approved by the RWPC.

**Activities May Not Include:**

A list of specific activities which are not reimbursable under this service category. Developed and approved by the RWPC.

**Unit of Service:**

The increment of service delivery to be used for reimbursement requests, documentation, and ARIES entry. Developed and approved by the Grants Management Division of Dallas County.

**Billing Limitations:**

Additional restrictions or limits on the type or amount of service(s) eligible for reimbursement under applicable service categories developed and approved by the Grants Management Division of Dallas County.

**How Best to Meet the Priority:**

Special instructions developed and approved by the RWPC. These are recommendations in addition to services provided in accordance with Sections II, III, and IV of this document, and may not be eligible for reimbursement through Ryan White, HOPWA, or State Services grants.

Note: Backup documentation must be submitted for all units of service for which reimbursement is requested. Select AIDS Regional Information and Evaluation System (ARIES) reports are the acceptable form of backup documentation for all services categories, except Health Education/Risk Reduction and Outreach Service; for which an alternate form of backup documentation is allowed as approved by Dallas County.

## II. MEDICAL SERVICES

### OUTPATIENT/AMBULATORY MEDICAL CARE

#### **HRSA Definition**

*Outpatient/Ambulatory medical care (health services)* is the provision of professional diagnostic and therapeutic services rendered by a physician, physician's assistant, clinical nurse specialist, or nurse practitioner in an outpatient setting. Settings include clinics, medical offices, and mobile vans where clients generally do not stay overnight. Emergency room services are not outpatient settings. Services includes diagnostic testing, early intervention and risk assessment, preventive care and screening, practitioner examination, medical history taking, diagnosis and treatment of common physical and mental conditions, prescribing and managing medication therapy, education and counseling on health issues, well-baby care, continuing care and management of chronic conditions, and referral to and provision of specialty care (includes all medical subspecialties).

*Primary medical care* for the treatment of HIV infection includes the provision of care that is consistent with the Public Health Service's guidelines. Such care must include access to antiretroviral and other drug therapies, including prophylaxis and treatment of opportunistic infections and combination antiretroviral therapies.

#### **Activities must include:**

- Provision of care that is consistent with Public Health Service guidelines.

#### **Activities may include:**

- Diagnostic testing;
- Early intervention and risk assessment;
- Wellness, preventive care and screening;
- Practitioner examination;
- Medical history evaluation;
- Diagnosis and treatment of common physical and mental conditions;
- Prescribing and managing medication therapies including antiretroviral medications and prophylaxis and treatment of opportunistic infections;
- Referral to and provision of specialty care.
- Care of minor injuries, education and counseling on health and nutritional issues;
- Minor surgery;
- Continuing care and management of chronic conditions.

#### **Activities may not include:**

- Complementary or alternative treatments including chiropractic care, massage therapy, hypnotherapy, and acupuncture;
- Inpatient medical services;
- Emergency room services;
- Pharmacist consultations.

### STATE ADAP:

#### **HRSA Definition**

*AIDS Drug Assistance Program (ADAP treatments)* is a State-administered program authorized under Part B of the Ryan White Program that provides FDA-approved medications to low-income individuals with HIV disease who have limited or no coverage from private insurance, Medicaid, or Medicare. (NOT FOR BID)

### AIDS PHARMACEUTICAL ASSISTANCE

### **HRSA Definition**

*AIDS Pharmaceutical Assistance (local)* includes local pharmacy assistance programs implemented by Part A or Part B Grantees to provide HIV/AIDS medications to clients. This assistance can be funded with Part A grant funds and/or Part B base award funds. Local pharmacy assistance programs are not funded with ADAP earmark funding.

#### **Activities must include:**

- Payments to agencies made on behalf of an eligible client for prescribed, medications within the RWPC approved drug formulary to prolong life, improve health, or prevent the deterioration of health.

#### **Activities may not include:**

- Payment for medications dispensed as part of an Emergency Financial Assistance Program.
- Payment for medications that are dispensed or administered during the course of a regular medical visit or that are considered part of the services provided during that visit;
- Payment for over the counter medications;
- Payment for more than one month of medication at a time;
- Payment for cosmetic prescriptions, Erectile Dysfunction prescriptions, or Human Growth Hormone;
- Payments for name brand prescriptions when generic scripts are available.

## **ORAL HEALTH CARE**

### **HRSA Definition**

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

#### **Activities must include:**

- Diagnosis and treatment of existing dental disorders and services aimed at preventing similar disorders in the future.

#### **Activities may include:**

- Preventive Services - dental cleanings, examinations, x-rays, adjustments to removable appliances, and one surface restorations;
- Routine Services – initial examinations, emergency appointments, deep cleanings with anesthesia, simple extractions, multiple surface restorations, biopsies, and localized chemotherapy;
- Specialty Services – surgical extractions, extensive restorations, periodontal surgeries, and restorations requiring sedation, root canals, occlusal guards, and prosthodontics (partials and dentures).

#### **Activities may NOT include:**

## **EARLY INTERVENTION SERVICES**

### **HRSA Definition**

*Early intervention services (EIS)* include counseling individuals with respect to HIV/AIDS; testing (including tests to confirm the presence of the disease, tests to diagnose the extent of immune deficiency, tests to provide information on appropriate therapeutic measures); referrals; other clinical and diagnostic services regarding HIV/AIDS; periodic medical evaluations for individuals with HIV/AIDS; and providing therapeutic measures.

#### **Activities must include:**

- Medical facility-based Early Intervention Services

#### **Activities may include:**

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- Pre and Post test counseling
- HIV testing to confirm the presence of the disease or diagnose the extent of the deficiency of the immune system;
- Periodic examination and testing to monitor the extent of the deficiency of the immune system until client can access primary medical care;
- Referrals to primary medical care or biomedical research facilities;
- Providing therapeutic measures for preventing and treating the deterioration of the immune system until client can access primary medical care;
- Providing continuous follow-up care until there is confirmation the patient has accessed medical services;
- Providing information about other HIV service providers for support services that will increase access to primary care.
- Educating the client on the importance of remaining in primary medical care, including education and counseling in health maintenance and maintenance of the immune system.

**Activities may NOT include:**

### **HEALTH INSURANCE PREMIUM & COST SHARING ASSISTANCE (Part A)**

#### **HRSA Definition**

*Health Insurance Premium & Cost Sharing Assistance* is the provision of financial assistance for eligible individuals living with HIV to maintain a continuity of health insurance or to receive medical benefits under a health insurance program. This includes premium payments, risk pools, co-payments, and deductibles.

#### **Activities must include:**

- Payment of insurance premiums (Premiums will be paid directly to the insurance carrier or its designated agent);
- Payment of related co-pays **and/or** deductibles;
- Co-payments for prescriptions included in the RWPC's adopted drug formulary with the exclusions listed in the Local Drug Reimbursement category.
- Payment of three-month prescription co-pays from mail-order pharmacies, where cost effective or plan required, with pro-rated monthly costs towards service cap.

#### **Activities may not include:**

- Direct payments to clients.
- Payments to Texas operated high-risk pools.

### **HEALTH INSURANCE PREMIUM & COST SHARING ASSISTANCE (Part B)**

*Health Insurance Premium & Cost Sharing Assistance* is the provision of financial assistance for eligible individuals living with HIV to maintain a continuity of health insurance or to receive medical benefits under a health insurance program. This includes premium payments, risk pools, co-payments, and deductibles.

#### **Activities must include:**

- Financial assistance according to the policies from the Texas Department of State Health Services.

#### **Activities may not include:**

- Co-payments, co-insurance, or deductible costs associated with hospitalization and/or emergency room care.
- Premium assistance for individuals enrolled in the Texas Risk Pool
- A limit on the amount of assistance an individual may receive under the policies from Texas Department of State Health Services for costs associated with co-payments, co-insurance, or deductible payments.

## **HOME HEALTH CARE**

### **HRSA Definition**

*Home Health Care* includes the provision of services in the home by licensed health care workers such as nurses and the administration of intravenous and aerosolized treatment, parenteral feeding, diagnostic testing, and other medical therapies.

#### **Activities must include:**

#### **Activities may include:**

- Intravenous and aerosolized drug treatment;
- Parenteral feeding;
- Diagnostic testing;
- Physical and rehabilitative treatment.

#### **Activities may not include:**

- Inpatient hospital services;
- Nursing home or other long-term care facility services;

## **HOME AND COMMUNITY BASED HEALTH SERVICES**

*Home and Community-based Health Services* include skilled health services furnished to the individual in the individual's home based on a written plan of care established by a case management team that includes appropriate health care professionals. Services include durable medical equipment; home health aide services and personal care services in the home; day treatment or other partial hospitalization services; home intravenous and aerosolized drug therapy (including prescription drugs administered as part of such therapy); routine diagnostics testing administered in the home; and appropriate mental health, developmental, and rehabilitation services. Inpatient hospitals services, nursing home and other long term care facilities are NOT included.

#### **Activities must include:**

#### **Activities may include:**

- Assistance with housing-based testing, treatment and therapies;
- Provision of durable medical equipment;
- Home health aid services;
- Personal care and homemaker services;
- Day treatment or partial hospitalization.

#### **Activities may not include:**

- Inpatient hospital services;
- Nursing home or other long-term care facility services.

## **HOSPICE**

### **HRSA Definition**

*Hospice services* include room, board, nursing care, counseling, physician services, and palliative therapeutics provided to clients in the terminal stages of illness in a residential setting, including a non-acute-care section of a hospital that has been designated and staffed to provide hospice services for terminal clients.

#### **Activities must include**

- Medically-ordered care.

#### **Activities may include:**

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- Nursing care;
- Counseling;
- Physician services;
- Palliative care;
- Room and board;
- Social support;
- Spiritual guidance.

### **Activities may not include**

- Home-based Hospice Care.

## **MENTAL HEALTH SERVICES**

### **HRSA Definition**

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

### **Activities must include:**

- Level I psychiatric services include individual psychiatric and medication treatment and monitoring of psychiatric disorders provided by a board certified or board eligible psychiatrist (D.O. or M.D.). Services must be provided in an outpatient clinic setting; OR,
- Level II counseling services include intensive mental health therapy and counseling (individual, family, and/or group) provided solely by a state-licensed mental health professional. Direct service providers must possess postgraduate degrees in psychology, psychiatry, or counseling (Ph.D., Ed.D., DSW, D.O., M.D., M.S., M.A., MSW, M.Ed., or equivalent), and must be licensed by the State of Texas to provide such services; OR,
- Level III counseling services include general mental health therapy and counseling (individual, family, and/or group). Direct service providers must possess a postgraduate degree in the appropriate related field, be in the process of obtaining Level II licensure with the State of Texas and be appropriately supervised by a licensed clinical supervisor approved by the state licensing board.

### **Activities may NOT include:**

## **MEDICAL NUTRITION THERAPY**

### **HRSA Definition**

*Medical nutrition therapy* is provided by a licensed registered dietitian outside of a primary care visit and includes the provision of nutritional supplements. Medical nutrition therapy provided by someone other than a licensed/registered dietitian should be recorded under psychosocial support services.

### **Activities must include:**

- Assessment of nutritional status.
- Education/counseling for nutrition needs.
- Develop and provide individual nutritional care plans.
- Medical nutrition therapy.

### **Activities may include:**

- Referral for BMI (Body Mass Index), Bioelectrical Impedance Analysis (BIA) or other appropriate measure of nutritional status.
- Review of lab results to gauge nutritional/supplement needs.
- Provide counseling in health promotion, disease progression, and disease prevention.



- Provision of nutritional supplements.

**Activities may NOT include:**

- Provision of food or meals.

**MEDICAL CASE MANAGEMENT**

**HRSA Definition**

*Medical Case management services (including treatment adherence)* are a range of client-centered services that link clients with health care, psychosocial, and other services. The coordination and follow-up of medical treatments is a component of medical case management. These services ensure timely and coordinated access to medically appropriate levels of health and support services and continuity of care, through ongoing assessment of the client's and other key family members' needs and personal support systems. Medical case management includes the provision of treatment adherence counseling to ensure readiness for, and adherence to, complex HIV/AIDS treatments. Key activities include (1) initial assessment of service needs; (2) development of a comprehensive, individualized service plan; (3) coordination of services required to implement the plan; (4) client monitoring to assess the efficacy of the plan; and (5) periodic re-evaluation and adaptation of the plan as necessary over the life of the client. It includes client-specific advocacy and/or review of utilization of services. This includes all types of case management including face-to-face, phone contact, and any other forms of communication.

**Activities must include:**

- Assessment of client's medical needs;
- Developing and periodically reviewing a care plan based on client's needs and choices, with goals and strategies for completion;
- Medically focused form of case management;
- Linking and coordinating client care to ensure that quality medical care is received, including medical, mental health, vision and dental care.

**Activities may include:**

- Implementing the care plan through time-lined strategies;
- Coordination with client's medical providers;
- Providing information, referrals and assistance with linkages to needed medical services;
- Monitoring and following up on the goals of the care plan, and revising as necessary;
- Providing education about medical therapies including the benefits and side effects of adherence;
- Providing interventions to improve adherence to medical therapies and compliance with medical appointments;
- In-patient case management to prevent unnecessary re-hospitalization or to expedite discharge;
- Assessment of client's need for medical nutrition therapy.

**Activities may not include:**

- Mental health or substance abuse counseling;
- Diagnostic or preventive care;
- Nutrition counseling;
- Complementary or alternative treatments including chiropractic care, massage therapy, hypnotherapy, herbal therapy other than those prescribed by a physician, and acupuncture
- ARIES or other types of data entry;
- Compilation of outcome measures reports;
- Development, distribution, or analysis of client satisfaction surveys;
- Courtesy calls, no-shows, and/or attempts to contact no-shows;
- Recreational activities.

## **SUBSTANCE ABUSE SERVICES**

### **HRSA Definition**

*Substance abuse services outpatient* is the provision of medical or other treatment and/or counseling to address substance abuse problems (i.e., alcohol and/or legal and illegal drugs) in an outpatient setting, rendered by a physician or under the supervision of a physician, or by other qualified personnel.

### **Activities must include:**

- Outpatient substance abuse services;
- Assessments;

### **Activities may include:**

- Individual and group therapy;
- Skills training;
- Discharge planning;
- Aftercare and follow-up;
- Harm reduction counseling.

### **Activities may not include:**

- Needle exchange programs;
- Residential health services.

### III. SUPPORT SERVICES

#### **CASE MANAGEMENT (NON-MEDICAL)**

##### **HRSA Definition**

Case Management (non-Medical) includes the provision of advice and assistance in obtaining medical, social, community, legal, financial, and other needed services. Non-medical case management does not involve coordination and follow-up of medical treatments, as medical case management does.-

##### **Activities must include:**

- Completing intakes, screening for client eligibility and determining need for all services;
- Assessing and periodically reassessing a client's bio-psychosocial history including needs of client and support system;
- Documented completion of the RWPC approved Client Needs Assessment evaluating client's level of need;
- Developing and periodically reviewing a care plan based on client's needs and choices with goals and strategies for completion;
- Implementing the care plan through time-lined strategies;
- Providing information, referrals and assistance with linkages to needed services;
- Monitoring and following up on the goals of the care plan;
- Advocating on behalf of a client to remove barriers to service;
- Collaborating with other service providers to coordinate client's care;
- Providing appropriate crisis intervention as needed;

##### **Activities may include:**

- Case management to prevent unnecessary hospitalization or to expedite discharge.

##### **Activities may not include:**

- Coordination and follow-up of medical treatments;
- ARIES or other types of data entry;
- Compilation of outcome measures reports;
- Development, distribution, or analysis of client satisfaction surveys;
- Courtesy calls, no-shows and/or attempts to contact no-shows;
- Recreational activities.

#### **HOUSING-BASED CASE MANAGEMENT**

##### **HRSA Definition**

Case Management (non-Medical) includes the provision of advice and assistance in obtaining medical, social, community, legal, financial, and other needed services. Non-medical case management does not involve coordination and follow-up of medical treatments, as medical case management does.-

##### **Activities must include:**

- Services provided in a congregate housing setting;
- Completing intakes, screening for client eligibility and determining need for all services;
- Assessing and periodically reassessing a client's bio-psychosocial history including needs of client and support system;
- Documented completion of the RWPC approved Acuity Scale evaluating client's level of need;
- Developing and periodically reviewing a care plan based on client's needs and choices with goals and strategies for completion;
- Implementing the care plan through time-lined strategies;

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- Providing information, referrals and assistance with linkages to needed services;
- Monitoring and following up on the goals of the care plan;
- Advocating on behalf of a client to remove barriers to service;
- Collaborating with other service providers to coordinate client's care;
- Providing appropriate crisis intervention as needed.

### **Activities may include:**

- Case management to prevent unnecessary hospitalization or to expedite discharge.

### **Activities may not include:**

- Coordination and follow-up of medical treatments;
- ARIES or other types of data entry;
- Compilation of outcome measures reports;
- Development, distribution, or analysis of client satisfaction surveys;
- Courtesy calls, no-shows and/or attempts to contact no-shows;
- Recreational activities.

## **CHILD CARE SERVICES (Part A and Part B)**

### **HRSA Definition**

*Child care services* are the provision of care for the children of clients who are HIV-positive while the clients attend medical or other appointments or Ryan White Program-related meetings, groups, or training. NOTE: This does not include child care while a client is at work.

### **Activities must include:**

- Continuing or intermittent provision of basic child care including child development activities that promote cognitive learning and social skills development;

### **Activities may not include:**

- Off-site recreational or social activities;
- Daycare while the HIV+ parent, guardian, or caretaker is at work.

## **DAY/RESPITE CARE FOR AFFECTED CHILD (State Services)**

### **Definition**

The provision of care for the children of clients who are HIV-positive while the clients are attending medical or psychosocial appointments or to find or keep employment.

### **Activities must include:**

- Continuing or intermittent provision of basic child care including child development activities that promote cognitive learning and social skills development; OR
- Provision of basic child care of a non-infected infant, child or youth that enables the HIV+ parent, guardian, caretaker, or sibling to find or keep employment (MAY BE FUNDED THROUGH STATE SERVICES GRANT ONLY.)

### **Activities may not include:**

- Off-site recreational or social activities;

## **DAY/RESPITE CARE FOR CHILDREN/YOUTH**

### **HRSA Definition**

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*Respite care* is the provision of community or home-based, non-medical assistance designed to relieve the primary caregiver responsible for providing day-to-day care of a client with HIV/AIDS.

### **Activities must include:**

### **Activities may include:**

- Provision of basic child care including child development activities that promote cognitive learning and social skills development.
- Periodic and time limited respite for the caregiver of the infected child/youth.

### **Activities may not include:**

- Off-site recreational or social activities.
- Care of an adult.

## **EMERGENCY FINANCIAL ASSISTANCE**

### **HRSA Definition**

*Emergency financial assistance* is the provision of short-term payments to agencies or establishment of voucher programs to assist with emergency expenses related to essential utilities, housing, food (including groceries, food vouchers, and food stamps), and medication when other resources are not available. NOTE: Part A and Part B programs must be allocated, tracked and report these funds under specific service categories as described under 2.6 in DSS Program Policy Guidance No. 2 (formally Policy No. 97-02).

### **Activities must include:**

- Provision of short-term payments for essential utilities to include: water, gas and electric bills paid directly to the utility provider.

### **Activities may NOT include:**

- Provision of short-term payments for transportation, food, and medication assistance or payments made directly to clients.

## **OTHER- STATE SERVICES (HERR)**

### **DSHS Definition**

**(This service may not be funded using Ryan White Part B funds)**

The provision of services not found in other service categories (e.g., Household Items, Eyewear, employment Assistance). Services to be provided under this service category must be approved by DSHS.

### **HRSA Definition**

*Health education/risk reduction* is the provision of services that educate clients with HIV about HIV transmission and how to reduce the risk of HIV transmission. It includes the provision of information; including information dissemination about medical and psychosocial support services and counseling to help clients with HIV improve their health status.

### **Activities must include:**

- Preparation and dissemination of the informational handbook including the following information:
  - Chart to track labs and medications
  - Efficient and useful comprehensive service agency listings
  - Risk reduction messages
  - Reasons to enter and remain in primary medical care
  - Information on Ryan White services
  - Information on eligibility for Ryan White services

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- A method to track referrals
- General information for newly diagnosed
- Space to write in provider information (physician, case manager, pharmacy, etc.)
- General health information including space to document and track body weight, blood pressure, nutrition questions, and questions about medications
- Explanation of HOPWA
- Phone numbers of other EMAs
- Comprehensive Care Coordination section;
- Maintaining a distribution list which must include at a minimum: key points of entry, Part A, MAI, Part B, State Services, and State HOPWA funded providers.

### **Activities may not include:**

- Provision of professional and volunteer training and education.
- Provision of verbal information and/or education about risk reduction and/or available HIV-related services.

## **FOOD BANK**

### **HRSA Definition**

*Food bank/home-delivered meals* include the provision of actual food or meals. It does not include finances to purchase food or meals. The provision of essential household supplies such as hygiene items and household cleaning supplies should be included in this item. Includes vouchers to purchase food.

### **Activities must include:**

### **Activities may include:**

- Providing food including fresh fruit, vegetables, meats, dairy products, staples, etc;
- Providing personal hygiene products including toothpaste, feminine hygiene, bathing soap, shampoo and deodorant;
- Providing cleaning and paper goods such as toilet paper;
- Delivery of food, personal hygiene items, and cleaning goods to a client's home (rural areas only).
- Provision of nutritional supplements for the purpose of meal replacement.
- Provision of education for safe food preparation practices.

### **Activities may not include:**

- The provision of meals;
- The provision of pet food or products;
- Nutrition counseling.

## **HOME-DELIVERED MEALS**

### **HRSA Definition**

*Food bank/home-delivered meals* include the provision of actual food or meals. It does not include finances to purchase food or meals. The provision of essential household supplies such as hygiene items and household cleaning supplies should be included in this item. Includes vouchers to purchase food.

### **Activities must include:**

- Provision of nutritionally balanced meals, on site in a congregate housing setting, or home delivered meals to non-ambulatory individuals with a documented medical need for meal assistance.

### **Activities may not include:**

- Provision of food pantry services.

**CONGREGATE HOUSING (State Services)**

**Definition**

Supervised housing in a congregate, or group, setting.

**Activities must include:**

- See definition.

**Activities may include:**

- Housing operation costs associated with the day-to-day operations of the facilities, which includes maintenance, security, operations, insurance, utilities, furnishings, equipment, supplies. Support services associated with providing direct services to clients which includes health, mental health, drug and alcohol abuse treatment and counseling, day care, nutritional services, etc.;
- Lease cost for facilities supported with HOPWA funds;
- Any other eligible activity, which is permitted in the HOPWA regulations, as stated in 24 CFR 574.300 and authorized by DCHHS.

**Activities may not include:**

- Direct payments to eligible clients.

**SHORT TERM RENTAL ASSISTANCE (HOPWA funded)**

**Definition**

Provision of rental, mortgage, and utility payments.

**Activities must include:**

- Payment of rent, mortgage, and/or utility payments to a landlord, mortgage holder (HOPWA funds only), or utility service provider.

**Activities may include:**

- Any other eligible activity, which is permitted in the HOPWA regulations, as stated in 24 CFR 574.300 and authorized by DCHHS.

**Activities may not include:**

- Direct payments to clients or family members of clients.

**TENANT-BASED RENTAL ASSISTANCE (HOPWA funded)**

**Definition**

Provision of rental, and/or utility payments.

**Activities must include:**

- Payment of rent and/or utility payments to a landlord, mortgage holder, or utility service provider.

**Activities may include:**

- Any other eligible activity, which is permitted in the HOPWA regulations, as stated in 24 CFR 574.300 and authorized by DCHHS.

**Activities may not include:**

- Direct payments to clients.

## **LEGAL SERVICES**

### **HRSA Definition**

*Legal services* are the provision of services to individuals with respect to powers of attorney, do-not-resuscitate orders and 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 Ryan White Program. It does not include any legal services that arrange for guardianship or adoption of children after the death of their normal caregiver.

### **Activities must include:**

### **Activities may include:**

- The preparation of powers of attorney, do not resuscitate orders;
- Interventions necessary to ensure access to eligible services including discrimination or breach of confidentiality litigation as it relates to services eligible for funding under the Treatment Modernization Act.

### **Activities may not include:**

- Legal services related to criminal defense, class action suits, or any legal matters unrelated to CARE Act service access.
- Legal services that arrange for guardianship or adoption of children after the death of their normal caregiver.
- Wills, trusts, and bankruptcy proceedings.

## **LINGUISTICS SERVICES**

### **HRSA Definition**

*Linguistics services* include the provision of interpretation and translation services.

### **Activities must include**

### **Activities may include:**

- Verbal interpretation between a client and/or caregiver and other service provider to facilitate the delivery of services;
- Written translation of documents into another language, or Braille, for other Dallas County pass-through grant-funded agencies to facilitate the delivery of services to a client or clients;
- Sign language translation between a client and/or caregiver and other service provider to facilitate the delivery of services.

### **Activities may not include**

## **OUTREACH – LOST TO CARE**

### **HRSA Definition**

*Outreach services* are programs that have as their principal purpose identification of people with unknown HIV disease or those who know their status so that they may become aware of, and may be enrolled in care and treatment services (i.e., case finding), not HIV counseling and testing nor 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 must include:**

- Identifying HIV positive individuals who know their HIV status and are not receiving care;
- Providing targeted verbal and written information with explicit and clear links to health care services; Directing individuals to early intervention services (EIS) or primary care (HIV counseling and testing, diagnostic, and clinical ongoing prevention counseling services with appropriate providers of health and support services);
- Educating the client on the importance of remaining in primary medical care;
- Completing follow-up by tracking linkages to primary medical care and services that will retain them in primary medical care and treatment.
- Outreach services conducted in conjunction with a primary medical care program.

**Activities may include:**

- Providing referrals through the Care Coordination system.

**Activities may not include:**

- Prevention education;
- HIV counseling/testing;
- Condom or needle distribution;
- Broad scope awareness activities that address the general public;
- Marketing efforts for specific agencies that do not include information about services available in the continuum;
- Outreach conducted in group settings.

**OUTREACH – STREET**

**HRSA Definition**

*Outreach services* are programs that have as their principal purpose identification of people with unknown HIV disease or those who know their status so that they may become aware of, and may be enrolled in care and treatment services (i.e., case finding), not HIV counseling and testing nor 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 must include**

- Providing referrals to case management;
- Providing targeted verbal and written information;
- Directing individuals to early intervention services (EIS) or primary care (HIV counseling and testing, diagnostic, and clinical ongoing prevention counseling services with appropriate providers of health and support services);
- Educating the client on the importance of remaining in primary medical care;
- Completing follow-up by tracking linkages to early intervention services, primary medical care, and services that will retain them in primary medical care and treatment.
- Targeting populations that are identified in local needs assessment, epidemiological data, and/or service utilization data as being at high-risk of HIV disease.

**Activities may not include:**

- Prevention education;

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- HIV counseling/testing;
- Condom or needle distribution;
- Marketing efforts for specific agencies that do not include information about services available in the continuum;
- Outreach conducted in group settings of more than 10 individuals.

### **MEDICAL TRANSPORTATION SERVICES**

#### **HRSA Definition**

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

#### **Activities must include:**

- Transporting an eligible client to an HIV-related medical appointment;
- Delivering HIV-related medications to an eligible client, or in bulk quantity to community-based agencies;
- Distributing bus passes and/or taxi vouchers to provide access to HIV-related appointments.

#### **Activities may not include:**

- Transportation to a non-medical appointment.

### **TRANSPORTATION (STATE SERVICES)**

#### **Definition**

Conveyance services provided for a client in order to accommodate access to primary medical care, or other HIV-related psychosocial services.

#### **Activities must include:**

- Transporting an eligible client to an HIV-related medical or psychosocial support appointment;
- Delivering HIV-related medications to an eligible client, or in bulk quantity to community-based agencies;
- Distributing bus passes and/or taxi vouchers to provide access to HIV-related medical appointments.

#### **Activities may not include:**

- Transportation to a non-medical or non-psychosocial support appointment.

### **RESPIRE CARE FOR ADULTS**

#### **HRSA Definition**

*Respite care* is the provision of community or home-based, non-medical assistance designed to relieve the primary caregiver responsible for providing day-to-day care of a client with HIV/AIDS.

#### **Activities must include:**

- Structured home or center-based activities that promote skills-building and social interaction that contribute to the maintenance and/or improvement of the client's support system.
- Periodic and time-limited respite for the caregiver(s) of the infected individual.

#### **Activities may not include:**

- Care of a child/youth.

## IV. UNITS OF SERVICE AND BILLING LIMITATIONS

Category	Units of Service	Billing Limitations
AIDS Pharmaceutical Assistance	<ul style="list-style-type: none"> <li>One (1) prescription</li> </ul>	<ul style="list-style-type: none"> <li>Generic medications should be used when available;</li> <li>Prescriptions issued for cosmetic purposes, non-medically necessary purposes, and over-the-counter medications are not reimbursable;</li> <li>Only one month of medications may be filled at a time;</li> <li>Erectile dysfunction and human growth hormone prescriptions are not reimbursable; and</li> <li>Medications must fall within the Texas Medicaid Formulary in order to be reimbursable.</li> </ul>
Case Management (non-medical)	<ul style="list-style-type: none"> <li>One (1) fifteen (15) minute, face-to-face/other encounter</li> </ul>	<ul style="list-style-type: none"> <li>Units billed must be based on documented time spent delivering the service;</li> <li>Administrative activities may not be billed as units of service;</li> <li>Case conferencing units may only be billed by one staff person (case management, housing based case management, and disease management);</li> <li>Generic newsletters, invitations, etc. sent to clients may not be billed; and</li> <li>Messages left for clients or on behalf of a client may not be billed.</li> </ul>
Child Care Services (Part A and Part B-funded)	<ul style="list-style-type: none"> <li>One (1) hour of child care for an affected child</li> </ul>	NONE
Child Care Services (State Services-funded)	<ul style="list-style-type: none"> <li>One (1) hour of child care for an affected child</li> </ul>	NONE
Congregate Housing (State Services-funded)	<ul style="list-style-type: none"> <li>One (1) day of housing</li> </ul>	<ul style="list-style-type: none"> <li>Effective March 27, 2008, there is a 24 month cumulative period of eligibility per household for housing services (HRSA HAB Policy 99-02).</li> </ul>
Day/Respite Care for Children/Youth	<ul style="list-style-type: none"> <li>One (1) hour of day/respite care</li> </ul>	<ul style="list-style-type: none"> <li>Hours billed must reflect actual time as documented; and</li> <li>Services for infants who test negative for HIV antibodies at the</li> </ul>

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	<p>for an infant born to an HIV+ mother (aged birth to 12 months)</p> <ul style="list-style-type: none"> <li>• One (1) hour of day/respice care for an HIV+ child (aged 12 months to 13 years)</li> <li>• One (1) hour of day/respice care for an HIV+ youth (aged 13 years to 25 years)</li> <li>• One (1) hour of day/respice care for an affected infant, child, or youth</li> </ul>	age of 12 months or older are not reimbursable units.
Early Intervention Services	<ul style="list-style-type: none"> <li>• One (1) medical visit</li> <li>• One (1) fifteen (15) minute counseling and referral contact</li> </ul>	NONE
Emergency Financial Assistance	<ul style="list-style-type: none"> <li>• One (1) utility payment</li> </ul>	NONE
Food Bank	<ul style="list-style-type: none"> <li>• One (1) visit, for up to a seven (7) day supply of food</li> </ul>	NONE

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Health Education/Risk Reduction	<ul style="list-style-type: none"> <li>• One (1) fifteen (15) minute individual intervention</li> <li>• One (1) fifteen (15) minute group-level intervention</li> </ul>	NONE
Health Insurance Premium and Cost Sharing Assistance	<ul style="list-style-type: none"> <li>• One (1) monthly payment</li> </ul>	<ul style="list-style-type: none"> <li>• Payments will be at a rate not to exceed seven hundred fifty dollars (\$750.00) as established by the Ryan White Planning Council, for the premium, related co-pays, and deductible.</li> </ul>
Home and Community Based Health Services	<ul style="list-style-type: none"> <li>• One (1) visit by non-licensed health care workers</li> <li>• Durable medical equipment</li> </ul>	<ul style="list-style-type: none"> <li>• Any service provided to an individual eligible for home health coverage under another third party reimbursement plan may not be billed to DCHHS unless the client has exhausted the benefits available under the plan; and</li> <li>• No units of service will be reimbursed without a physician's order.</li> </ul>
Home Health Care	<ul style="list-style-type: none"> <li>• One (1) visit by licensed health care workers</li> </ul>	<ul style="list-style-type: none"> <li>• Any service provided to an individual eligible for home health coverage under another third party reimbursement plan may not be billed to DCHHS unless the client has exhausted the benefits available under the plan; and</li> <li>• No units of service will be reimbursed without a physician's order.</li> </ul>
Home-Delivered Meals	<ul style="list-style-type: none"> <li>• One (1) on-site meal or nutritional supplement</li> </ul>	NONE
Hospice	<ul style="list-style-type: none"> <li>• One (1) day of hospice care</li> </ul>	NONE
Housing-Based Case Management	<ul style="list-style-type: none"> <li>• One (1) intake</li> <li>• One (1) fifteen (15) minute,</li> </ul>	<ul style="list-style-type: none"> <li>• Units billed must be based on documented time spent delivering the service;</li> <li>• Administrative activities may not be billed as units of service;</li> </ul>

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	face-to-face/other encounter	<ul style="list-style-type: none"> <li>Case conferencing units may only be billed by one staff person (case management, housing based case management, and disease management);</li> <li>Generic newsletters, invitations, etc. sent to clients may not be billed; and</li> <li>Messages left for clients or on behalf of a client may not be billed.</li> </ul>
Legal Services	<ul style="list-style-type: none"> <li>One (1) sixty (60) minute period of consultation or legal advocacy by an attorney or a paraprofessional</li> </ul>	NONE
Linguistic Services	<ul style="list-style-type: none"> <li>One (1) fifteen (15) minute increment of interpretation or sign language</li> <li>One (1) document</li> </ul>	<ul style="list-style-type: none"> <li>Units billed must be based on documented time spent delivering the service; and</li> <li>Interpretation or translation provided for another agency or for groups will be reimbursed for the amount of time spent interpreting or translating, not the number of clients receiving the interpretation.</li> </ul>
Medical Case Management	<ul style="list-style-type: none"> <li>One (1) fifteen (15) minute face-to-face/other encounter</li> </ul>	<ul style="list-style-type: none"> <li>Units billed must be based on documented time spent delivering the service;</li> <li>Administrative activities may not be billed as units of service;</li> <li>Case conferencing units may only be billed by one staff person (case management, housing based case management, and disease management);</li> <li>Generic newsletters, invitations, etc. sent to clients may not be billed; and</li> <li>Messages left for clients or on behalf of a client may not be billed.</li> </ul>
Medical Nutrition Therapy	<ul style="list-style-type: none"> <li>One (1) visit</li> </ul>	<ul style="list-style-type: none"> <li>No more than one (1) visit, per client, per day, may be reimbursed;</li> <li>Medical Nutrition Therapy services provided over the phone are</li> </ul>

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		<p>not reimbursable as units of service; and</p> <ul style="list-style-type: none"> <li>Any service provided to an individual eligible for medical care coverage under another third party reimbursement plan may not be billed to DCHHS unless the client has exhausted the benefits available under the plan.</li> </ul>
Medical Transportation Services	<ul style="list-style-type: none"> <li>One (1) van trip, per one way</li> <li>One (1) bus pass/token</li> <li>One (1) taxi voucher</li> <li>One (1) delivery of medications (regardless of the number of medications to be delivered in a single delivery) per one way</li> </ul>	<ul style="list-style-type: none"> <li>Pick-up and return van trips during which client and/or medication are not being transported may not be billed as units of service; and</li> <li>Only one (1) unit of delivery of medications may be billed regardless of the number of medications to be delivered in a single one-way delivery per client.</li> </ul>
Mental Health Services	<ul style="list-style-type: none"> <li>One (1) individual Level I psychiatric evaluation visit</li> <li>One (1) individual Level I medication management visit</li> <li>One (1) Level II individual forty-five (45) minute session</li> </ul>	<ul style="list-style-type: none"> <li>Mental health therapy groups may have no more than twelve (12) participants per group;</li> <li>Individual sessions should be at least 45 minutes in length and will be reimbursed by the session;</li> <li>Group sessions should be at least 60 minutes in length and will be reimbursed by the session;</li> <li>No more than four (4) psychiatric evaluation visits per year, per client may be reimbursed;</li> <li>Fractions of a unit may not be billed;</li> <li>Any service provided to an individual eligible for mental health services coverage under another third party reimbursement plan may not be billed to DCHHS unless the client has exhausted the</li> </ul>

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	<ul style="list-style-type: none"> <li>• One (1) Level III individual fort-five (45) minute session</li> <li>• One (1) patient participating in a sixty (60) minute Level II group session</li> <li>• One (1) patient participating in a sixty-(60) minute Level III group session</li> </ul>	<p>benefits available under the plan; and</p> <ul style="list-style-type: none"> <li>• Inpatient psychiatric or psychological services may not be reimbursed.</li> </ul>
Oral Health Care	<ul style="list-style-type: none"> <li>• One (1) dental prophylaxis</li> <li>• One (1) dental routine visit</li> <li>• One (1) dental specialty visit</li> <li>• One (1) prosthetic device</li> </ul>	<ul style="list-style-type: none"> <li>• A maximum of two (2) visits per day, per client may be reimbursed. A single visit may include multiple services or procedures; and</li> <li>• Any service provided to an individual eligible for dental health services coverage under another third party reimbursement plan may not be billed to DCHHS unless the client has exhausted the benefits available under the plan.</li> </ul>
Outpatient/Ambulatory Medical Care	<ul style="list-style-type: none"> <li>• One (1) visit</li> <li>• One (1) laboratory service</li> <li>• One (1) diagnostic service</li> </ul>	<ul style="list-style-type: none"> <li>• No more than two (2) visits, per client, per day, may be reimbursed;</li> <li>• Outpatient medical services provided over the phone are not reimbursable as units of service; and</li> <li>• Any service provided to an individual eligible for medical care coverage under another third party reimbursement plan may not be billed to DCHHS unless the client has exhausted the benefits available under the plan.</li> </ul>
Outreach-Lost to Care	<ul style="list-style-type: none"> <li>• One (1) documented encounter</li> </ul>	NONE



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Outreach-Street	<ul style="list-style-type: none"> <li>One (1) documented encounter</li> </ul>	NONE
Respite Care for Adults	<ul style="list-style-type: none"> <li>One (1) hour of respite care to an HIV+ adult (aged 25+ years)</li> </ul>	<ul style="list-style-type: none"> <li>Units billed must be based on documented time spent delivering the service.</li> </ul>
Short-Term Rental Assistance (HOPWA-funded)	<ul style="list-style-type: none"> <li>One (1) short-term rental, mortgage, utility assistance payment</li> </ul>	NONE
State ADAP	<ul style="list-style-type: none"> <li>Not Applicable—Not for bid</li> </ul>	
Substance Abuse	<ul style="list-style-type: none"> <li>One (1) individual forty-five (45) minute counseling session</li> <li>One (1) patient participating in a sixty (60) minute group session (not to exceed ten (10) grant-funded patients per group)</li> </ul>	<ul style="list-style-type: none"> <li>Any service billed to DCHHS must be provided at the facility location licensed by the Department of State Health Services to provide that level of treatment;</li> <li>Individual sessions should be at least 45 minutes in length and will be reimbursed by the session;</li> <li>Group sessions should be at least 60 minutes in length and will be reimbursed by the session;</li> <li>Fractions of a unit may not be billed; and</li> <li>Any service provided to an individual eligible for substance abuse services coverage under another third party reimbursement plan may not be billed to DCHHS unless the client has exhausted the benefits available under the plan.</li> </ul>
Tenant-Based Rental Assistance (HOPWA-funded)	<ul style="list-style-type: none"> <li>One (1) tenant-based rental payment</li> </ul>	NONE

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	<ul style="list-style-type: none"> <li>• One (1) utility payment</li> </ul>	
Transportation (State Services-funded)	<ul style="list-style-type: none"> <li>• One (1) van trip, per one way</li> <li>• One (1) bus pass/token</li> <li>• One (1) taxi voucher</li> <li>• One (1) delivery of medications (regardless of the number of medications to be delivered in a single delivery) per one way</li> </ul>	<ul style="list-style-type: none"> <li>• Pick-up and return van trips during which client and/or medication are not being transported may not be billed as units of service; and</li> <li>• Only one (1) unit of delivery of medications may be billed regardless of the number of medications to be delivered in a single one-way delivery per client.</li> </ul>

## V. How Best to Meet the Priority

Rank	Service Category	Special Instructions
1	<b>Outpatient Medical Care</b>	<ul style="list-style-type: none"> <li>• Provide information about Ryan White programs to reduce financial concerns about seeking care.</li> <li>• Ensure providers are knowledgeable regarding management of patients co-infected with HIV and HCV.</li> <li>• Provide information about the importance of remaining in primary care.</li> <li>• Provide information about availability of local drug reimbursement programs.</li> <li>• Information must also be provided in Spanish due to a high level of need and under-utilization of medication services in the Latino population.</li> <li>• Provide services in the Oak Cliff and Stemmons corridor areas due to increased levels of need in these areas. (See zip code table attached).</li> </ul>
2	<b>Oral Health Care</b>	<ul style="list-style-type: none"> <li>• Educate consumers about the importance of dental hygiene.</li> <li>• Inform medical case managers about dental care options and providers to make appropriate referrals.</li> </ul>
3	<b>AIDS Pharmaceutical Assistance</b>	<ul style="list-style-type: none"> <li>• Provide information on drug reimbursement programs to recently released, and to populations in the Stemmons Corridor area (see zip code table attached).</li> <li>• Educate consumers on co-payment assistance available through Ryan White and alternative insurance funding.</li> </ul>
4	<b>State ADAP</b>	<ul style="list-style-type: none"> <li>• Reduce waiting times to receive medications at HIV clinics.</li> </ul>
5	<b>Medical Case Management</b>	<ul style="list-style-type: none"> <li>• Increase access to services by decreasing wait times and creating varied hours of operation.</li> <li>• Collaborate with, and refer clients to, prevention case managers in order to encourage risk reduction behavior.</li> <li>• Inform newly diagnosed about the importance of entering and remaining in primary medical care.</li> <li>• Provide information about availability of local drug reimbursement programs. Information must also be provided in Spanish due to a high level of need and under-utilization of medication services in the Latino population.</li> </ul>
6	<b>Mental Health</b>	<ul style="list-style-type: none"> <li>• Provide information on available primary medical care services.</li> <li>• Provide or seek technical assistance for population specific mental health needs (i.e. Black and Hispanic MSM, IDU, youth).</li> </ul>
7	<b>Early Intervention Services</b>	<ul style="list-style-type: none"> <li>• Ensure that counseling and testing providers provide mental health referrals to help the newly diagnosed cope.</li> </ul>

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		<ul style="list-style-type: none"> <li>• Ensure that counseling and testing providers provide substance abuse referrals for IDU.</li> </ul>
8	<b>Medical Nutrition therapy</b>	
9	<b>Health Insurance Premium &amp; Cost Sharing Assistance</b>	<ul style="list-style-type: none"> <li>• Educate consumers about the various types of insurance, program requirements and necessary documentation in medical clinics.</li> <li>• Provide information about insurance assistance programs in medical clinics due to underutilization of this service by African American Clients.</li> </ul>
10	<b>Substance Abuse Services</b>	<ul style="list-style-type: none"> <li>• Provide information about available primary care services.</li> </ul>
11	<b>Home Health Care</b>	
12	<b>Home and Community Based Health Care</b>	
13	<b>Hospice</b>	
1	<b>Food Bank</b>	<ul style="list-style-type: none"> <li>• Provide quality and comprehensive food pantry services in rural and urban areas.</li> <li>• Provide information about available primary care services.</li> </ul>
2	<b>Outreach-Lost to Care</b>	<ul style="list-style-type: none"> <li>• Track the barriers to care that caused clients to cease accessing medical care, and provide an annual report to the Ryan White Planning Council. Each client contacted must be asked to provide reasons for dropping out of care whether they reconnect to care or not. Each answer should be recorded.</li> </ul>
3	<b>Case Management (Non-Med)</b>	<ul style="list-style-type: none"> <li>• Collaborate with key points of entry to provide information on Case Management services.</li> <li>• Increase access to services by decreasing wait times and creating varied hours of operation.</li> <li>• Provide education to reduce fear and denial and promote entry into primary medical care.</li> <li>• Provide information about the security of the ARIES system to promote client sharing.</li> <li>• Collaborate with, and refer clients to, prevention case managers in order to encourage risk reduction behavior.</li> <li>• Educate clients on the importance of remaining in primary medical care.</li> <li>• Provide information about availability of local drug reimbursement programs. Information must also be provided in Spanish due to a high level of need and under-utilization of medication services in the Latino population.</li> <li>• Provide information about availability of insurance assistance programs due to under-utilization of this service by African-American clients.</li> </ul>
4	<b>Housing Based-Management</b>	<ul style="list-style-type: none"> <li>• Collaborate with key points of entry to provide information on Case Management services.</li> <li>• Provide referrals to non-Ryan White community resources when appropriate.</li> <li>• Provide education to reduce fear and denial and promote entry into primary medical</li> </ul>

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		<p>care.</p> <ul style="list-style-type: none"> <li>• Provide information about the security of the ARIES system to promote client sharing.</li> <li>• Collaborate with, and refer clients to, prevention case managers in order to encourage risk reduction.</li> </ul>
5	<b>Outreach-Street</b>	<ul style="list-style-type: none"> <li>• Provide information about available case management services especially to priority populations of homeless and commercial sex workers, as well as to the geographic areas of Stemmons Corridor, Grand Prairie/ W. Dallas/ N. Corridor/Irving (see zip code table attached).</li> <li>• Target 35-44 year olds, White and African American Males, Hispanic females, African American males and females, MSM, and IDU based on current patterns of HIV infection and unmet need in the Dallas area.</li> </ul>
6	<b>Medical Transportation</b>	<ul style="list-style-type: none"> <li>• Identify additional options for those living in suburban and rural areas with limited public transportation.</li> </ul>
7	<b>Emergency Financial Assistance</b>	
8	<b>Short Term Rental Assistance</b>	<ul style="list-style-type: none"> <li>• Provide information about available primary care services.</li> </ul>
9	<b>Health Education-Risk Reduction</b>	
10	<b>Transportation-State Services</b>	
11	<b>Long-Term Rental Assistance</b>	<ul style="list-style-type: none"> <li>• Provide information about available primary care services.</li> </ul>
12	<b>Congregate Housing</b>	<ul style="list-style-type: none"> <li>• Provide information about available primary care services.</li> </ul>
13	<b>Home Delivered Meals</b>	
14	<b>Day Respite Care for Children/Youth/Adolescents</b>	
15	<b>Linguistic Services</b>	<ul style="list-style-type: none"> <li>• Investigate use of interpretation services through use of technology that provides service through phone access, internet access, or other means. Expand the number of dialects available for translation through technology that provides services through phone access etc.</li> </ul>
16	<b>Child Care Services</b>	<ul style="list-style-type: none"> <li>• Evaluate options for providing child care at medical clinics to encourage clients (especially women) to attend medical appointments.</li> </ul>
17	<b>Legal Services</b>	
18	<b>Child Care (State Services)</b>	
19	<b>Respite Care for Adults</b>	

Services area by Zip Code as defined in the Dallas County Community Health Checkup

<b>ZONE 1- EAST DALLAS, MESQUITE/GARLAND, VICKERY</b>	
75204	East Dallas
75206	East Dallas
75214	East Dallas
75218	East Dallas
75223	East Dallas
75226	East Dallas
75228	East Dallas
75246	East Dallas
75040	Mesquite/Garland
75041	Mesquite/Garland
75042	Mesquite/Garland
75043	Mesquite/Garland
75044	Mesquite/Garland
75048	Mesquite/Garland
75088	Mesquite/Garland
75150	Mesquite/Garland
75182	Mesquite/Garland
75231	Vickery
75238	Vickery
75243	Vickery
<b>ZONE 2- GRAND PRAIRIE, IRVING, WEST DALLAS, NORTHERN CORRIDOR</b>	
75050	Grand Prairie
75051	Grand Prairie
75052	Grand Prairie
75053	Grand Prairie
75102	Grand Prairie
75001	Irving
75006	Irving
75015	Irving
75019	Irving
75038	Irving
75039	Irving
75060	Irving
75061	Irving
75062	Irving
75063	Irving
75234	Irving
75261	Irving
75212	West Dallas
75080	Northern Corridor
75081	Northern Corridor
75205	Northern Corridor
75225	Northern Corridor
75230	Northern Corridor
75240	Northern Corridor
75244	Northern Corridor
75248	Northern Corridor
75251	Northern Corridor

<b>ZONE 3- NW OAK CLIFF, SOUTH OAK CLIFF</b>	
75104	NW Oak Cliff
75106	NW Oak Cliff
75115	NW Oak Cliff
75116	NW Oak Cliff
75123	NW Oak Cliff
75137	NW Oak Cliff
75208	NW Oak Cliff
75277	NW Oak Cliff
75233	NW Oak Cliff
75236	NW Oak Cliff
75237	NW Oak Cliff
75249	NW Oak Cliff
75134	South Oak Cliff
75146	South Oak Cliff
75203	South Oak Cliff
75216	South Oak Cliff
75224	South Oak Cliff
75232	South Oak Cliff
75239	South Oak Cliff
75241	South Oak Cliff
<b>ZONE 4- SE DALLAS, SOUTH DALLAS</b>	
75141	SE Dallas
75149	SE Dallas
75159	SE Dallas
75172	SE Dallas
75180	SE Dallas
75181	SE Dallas
75217	SE Dallas
75227	SE Dallas
75253	SE Dallas
75210	South Dallas
75215	South Dallas
<b>ZONE 5- STEMMONS CORRIDOR</b>	
75201	Stemmons Corridor
75202	Stemmons Corridor
75207	Stemmons Corridor
75209	Stemmons Corridor
75219	Stemmons Corridor
75220	Stemmons Corridor
75229	Stemmons Corridor
75235	Stemmons Corridor
75247	Stemmons Corridor

## VI. DOCUMENTATION REQUIREMENTS

For agencies receiving funding awards, documentation requirements for all service categories must be completed prior to submission for a reimbursement request. Documentation should occur at the completion of each contact resulting in a reimbursable unit of service. Documentation should include the following elements for *all service categories* unless noted below:

1. **WHO RECEIVED** - Who received the service? Client's name or identifying number should be on all backup documentation. Not required for Outreach-Street.
2. **WHO PROVIDED** - Who provided the service? For every unit of service for which reimbursement is requested, someone at the agency level had to interface with the client – the backup documentation for every encounter should include their name, signature, and credentials if appropriate. Not required for Insurance Assistance and Drug Reimbursement.
3. **WHAT** - What service was provided? All documentation should indicate what service was being provided: medical case management, transportation, food pantry, etc.
4. **WHEN** - Date and time of service provided; the duration of time on that date or start and stop times.

1 unit	2 units	3 units	4 units
1-29 minutes	30-44 minutes	45-59 minutes	60 minutes

5. **HOW MUCH** – How many units of the service were provided? Each unit of service billed to DCHHS should match the number of units documented. This documentation of units should follow the guidelines in the *Continuum of Care* for each service category.
6. **WHERE** - Where was the service provided? Specify the location: clinic, street corner, client's home, van, health fair, etc. Not required for Insurance Assistance and Drug Reimbursement.
7. **WHY** - What was the purpose or intent of the service encounter? Documentation should always reflect what needs, goals or objectives have been identified in the client's care plan. Not required for Outreach-Street.
8. **STATUS** - Progress or lack of progress in achieving goals outlined in the care plan. Not required for Insurance Assistance, Drug Reimbursement, Outreach-Street, and Interpretation/ Translation.

Agencies may develop documentation formats to meet their own needs while incorporating these required elements. Most of these elements can be documented in checkboxes and tables. Sample documentation forms for each service category may be obtained from a DCHHS program monitor.