

**VDH Service Unit Definitions
Grant Year 2018-2019**

HRSA Service Categories:	Service Unit Definition (each definition in this column constitutes 1 unit):
1. Core Medical Services	
a. Outpatient /Ambulatory Health Services	One medical prescribing provider office visit per day per physician/group practice for uninsured or underinsured client *
a1. Laboratory Test	One individual lab test (e.g. a panel of five lab tests = 5 units) for uninsured or underinsured client
d. Oral Health Care	One visit for uninsured client OR one oral health visit copayment or cost share for insured client
e. Early Intervention Services	One targeted HIV testing effort; one referral to HIV medical care; one linkage to HIV care or treatment; one outreach unit; one health education/risk reduction unit
f. Health Insurance Premium & Cost Sharing Assistance for Low-Income Individuals	One medical office visit or lab copayment or cost share for insured client
j. Mental Health Services	One mental health provider visit per day* for uninsured client OR one mental health office visit copayment or cost share for insured client
k. Medical Nutrition Therapy	One case of medical nutritional supplement or one visit with registered dietician

l. Medical Case Management (including Treatment Adherence)	A 15 minute encounter with case manager (e.g. 1 hour = 4 units)
m. Substance Abuse Services–outpatient	One substance abuse provider visit per day for uninsured client* OR one substance abuse office visit copayment or cost share for insured client
2. Support Services	
n. Non-medical Case Management	A 15 minute encounter with case manager (e.g. 1 hour = 4 units)
q. Emergency Financial Assistance**	Payment for one 30-day or less prescription for Ryan White Part B non-ADAP formulary medication for uninsured client ¹ ; one food voucher; one month's rent; one essential utility payment ² ; short term emergency housing 7 days or less
r. Food Bank/Home-Delivered Meals	One bag of food, voucher to food pantry, or delivered meal, one case of nutritional supplement***
s. Health Education / Risk Reduction	One organized effort
t. Housing	One initial individualized housing plan One annual individualized housing plan update One month's rent One month's utilities One navigation service effort (search, placement, advocacy, referral, placement, inspection)
u. Other Professional Services	One provided legal, permanency planning, or income tax preparation service
v. Linguistic Services	One provided linguistic service****

w. Medical Transportation Services	A one way trip = 1 unit; One voucher = 1 unit
x. Outreach Services	A 15 minute face to face outreach visit
aa. Referral for health care and support services	One 15-minute encounter
ae. Substance Abuse Services (residential)	One 30 day or less inpatient substance abuse treatment*****

*An additional visit on the same date of service at a different practice/site = one unit. All categories assume one or more client encounters per day with the same practice/site = one unit.

**Emergency financial assistance (EFA) is limited one-time or short term payments. Subrecipients must clearly document that Ryan White Part B is the payer of last resort for each EFA service provided to a client. It is expected that all other sources of funding will be effectively used. Continuous provision of an allowable service to a client should not be funded through EFA.

1 Refer to the HIV Care Services, Ryan White Part B Formulary at

<http://www.vdh.virginia.gov/disease-prevention/formulary/>

2 Essential utilities are oil/gas, electric, water, sewage, telephone

*** In accordance with HAB PCN #16-02, the provision of Medical Nutritional Therapy must be conducted by a registered dietitian. Issuing nutritional supplements without a dietician falls under food bank and home delivered meals.

**** Linguistic services include oral or written translation for a client to assist with language barriers.

*****Residential treatment program must comply with HAB PCN #16-02 substance abuse services (residential) definition and program guidance. PCN #16-02:

http://www.vdh.virginia.gov/content/uploads/sites/10/2016/12/ServiceCategoryPCN_16-02Final.pdf