



Missouri Ryan White
Part B & EHE
Service Standards

Missouri Ryan White Part B and EHE Service Standards

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Missouri Ryan White Part B and EHE Service Standards

Section I. Introduction

About this Document

The purpose of this document is to provide service standards for core medical and support services funded under the Missouri Ryan White Part B/ADAP/HICP/EHE Program. Service standards are utilized to ensure that all Ryan White Part B and EHE funded agency service providers offer the same fundamental components of the given service category across the state. They establish the minimal level of service or care that a funded agency or provider may offer, and set a benchmark by which services are monitored, and contracts are developed.

The Missouri Ryan White Part B/EHE Service Standards is a living document and may change based on Health Resources and Services Administration (HRSA) and HIV/AIDS Bureau (HAB) requirements, the needs of people with HIV/AIDS in Missouri, and the services offered by providers.

How to Use this Document

The Missouri Ryan White Part B/EHE Service Standards outline the elements and expectations funded agencies must follow when implementing a specific service category. Adherence to these standards ensures quality services that are consistent and that can be evaluated for effectiveness. The document delineates three categories of standards: universal, which apply to all service categories; core medical; and support services.

In addition to being adherent to these service standards, funded agencies must also adhere to HRSA/HAB National Monitoring Standards (universal, fiscal, and programmatic), and the current Missouri Ryan White Part B/ADAP/HICP/EHE Policies and Procedures Manual.

Section II. Universal Service Standards

Access to Services		
Standard	Criteria	Documentation
<ul style="list-style-type: none">Agency is accessible to desired target populations	<ul style="list-style-type: none">Clinic/Offices where clients are provided services are clean, handicap accessible, and located to minimize client transportation barriers (close to public transportation, easy to find, convenient parking, etc.)Clinic/offices are designed to provide adequate space for providing services and maintaining client confidentiality	<ul style="list-style-type: none">Site visit
<ul style="list-style-type: none">Services are accessible to eligible target populations	<ul style="list-style-type: none">Services must be provided irrespective of age, physical or mental challenges, history	<ul style="list-style-type: none">Policies on filePersonnel and training records

Missouri Ryan White Part B and EHE Service Standards

Access to Services		
Standard	Criteria	Documentation
	<p>of substance abuse, immigration status, marital status, national origin, race, sexual orientation, gender identity and expression, socioeconomic status, or current/past health conditions</p> <ul style="list-style-type: none"> • Agency demonstrates the ability to provide culturally and linguistically competent services 	<ul style="list-style-type: none"> • Client satisfaction surveys
<ul style="list-style-type: none"> • Services are provided regardless of an individual's ability to pay for the service 	<ul style="list-style-type: none"> • Billing and collection policies and procedures do not: <ul style="list-style-type: none"> ○ Deny services for non-payment ○ Require full payment prior to service ○ Include any other procedure that denies services for non-payment 	<ul style="list-style-type: none"> • Billing and collection policies
<ul style="list-style-type: none"> • Agency demonstrates input from clients in the design and delivery of services 	<ul style="list-style-type: none"> • Mechanism in place that allows clients to provide immediate feedback on services 	<ul style="list-style-type: none"> • Documentation of client satisfaction surveys, focus groups, and/or public meetings • Maintain visible suggestion box or other client input mechanism
<ul style="list-style-type: none"> • Agency demonstrates outreach efforts to inform low-income individuals of the availability of HIV-related services and how to access them 	<ul style="list-style-type: none"> • Availability of informational materials about services and eligibility requirements. • Collaboration with community partners to provide education 	<ul style="list-style-type: none"> • Service Directory, newsletters, brochures, posters, community bulletins, other promotional materials
<ul style="list-style-type: none"> • Agency demonstrates structured efforts to keep clients informed of changes in services 	<ul style="list-style-type: none"> • Mechanism in place to inform consumers of changes in health and support services 	<ul style="list-style-type: none"> • Policy on file
<ul style="list-style-type: none"> • Services are provided in accordance with the Americans with Disability Act (ADA) guidelines 	<ul style="list-style-type: none"> • Agency is compliant with ADA requirements for non-discriminatory policies and practices and for the provision of reasonable accommodations to address 	<ul style="list-style-type: none"> • Policy on file

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Access to Services		
Standard	Criteria	Documentation
	communication (i.e. sign language interpreter)	

Privacy & Confidentiality		
Standard	Criteria	Documentation/Measure
<ul style="list-style-type: none"> Agency must have policies and procedures in place that address client privacy and confidentiality 	<ul style="list-style-type: none"> All personnel must sign confidentiality agreements and agreements must be kept on file All agencies must ensure compliance with the Health Insurance Portability and Accountability Act (HIPAA) 	<ul style="list-style-type: none"> Signed confidentiality agreements on file for all staff Written procedures to protect client confidentiality
<ul style="list-style-type: none"> All personnel must ensure that client charts are secure, and that client confidentiality is maintained 	<ul style="list-style-type: none"> Computers must be password protected and secure while in use (e.g., placed with screen out of view, attended at all times, and turned off when unattended) Access to areas containing computers must be restricted to authorized personnel only or clients/visitors with escorts 	<ul style="list-style-type: none"> Electronic records are password protected Client documentation is uploaded in the electronic record

Intake, Eligibility, & Recertification		
Standard	Criteria	Documentation
<ul style="list-style-type: none"> Providers must screen consumers for eligibility, including eligibility for funded service categories, and ADAP/HICP 	<ul style="list-style-type: none"> Intake forms must include, at a minimum, all required data elements included in the most recent RSR manual 	<ul style="list-style-type: none"> Intake form available in electronic record
<ul style="list-style-type: none"> Active clients must meet all program eligibility requirements 	<ul style="list-style-type: none"> Eligibility requirements include: <ul style="list-style-type: none"> Must have an HIV/AIDS positive medical diagnosis, 	<ul style="list-style-type: none"> Proof of eligibility available in electronic record <p>Note: Refer to Policies & Procedures Manual for a list of acceptable documentation</p>

Missouri Ryan White Part B and EHE Service Standards

Intake, Eligibility, & Recertification		
Standard	Criteria	Documentation
	<ul style="list-style-type: none"> ○ Must have an income at or below 300% of the Federal Poverty Level (FPL), ○ Must be a Missouri resident <p>Note: EHE clients only require proof of HIV status to access any service described herein.</p>	
<ul style="list-style-type: none"> ● All Ryan White Part B, ADAP and HICP clients are required to recertify annually 	<ul style="list-style-type: none"> ● Client recertification annually 	<ul style="list-style-type: none"> ● Recertification documentation in clients file including: <ul style="list-style-type: none"> ○ Verification of residency ○ Verification of income

Client Rights and Responsibilities (Ryan White and EHE)		
Standard	Criteria	Documentation
<ul style="list-style-type: none"> ● All agencies must have a documented Client Rights and Responsibilities policy and process 	<ul style="list-style-type: none"> ● Clients will be informed of their rights and responsibilities annually ● Client rights and responsibilities must be made available in English and Spanish 	<ul style="list-style-type: none"> ● Documentation showing that client rights and responsibilities are updated annually (signed by client) ● Copy of client rights and responsibilities available in English and Spanish ● Copy of signed client rights and responsibilities uploaded into the electronic record

Grievance Process (Ryan White and EHE)		
Standard	Criteria	Documentation
<ul style="list-style-type: none"> ● All agencies must have a documented grievance policy and process 	<ul style="list-style-type: none"> ● Clients must be made aware of the grievance process ● Grievance policies must be made available in English and Spanish 	<ul style="list-style-type: none"> ● Site visit ● Copies of grievance policies provided in English and Spanish

Missouri Ryan White Part B and EHE Service Standards

Program Staffing (Ryan White and EHE)		
Standard	Criteria	Documentation
<ul style="list-style-type: none"> • Agencies must have written personnel policies and procedures 	<ul style="list-style-type: none"> • Personnel policies and procedures should include methods to ensure: 	<ul style="list-style-type: none"> • Personnel policies and procedures document
Program Staffing (Ryan White and EHE)		
Standard	Criteria	Documentation
	<ul style="list-style-type: none"> • Staff have a clear understanding of their job description and responsibilities as well as agency policies and procedures 	<ul style="list-style-type: none"> • Job descriptions • Agency policy and procedures
<ul style="list-style-type: none"> • Staff have appropriate skills, relevant experience, cultural and linguistic competency and relevant licensure to provide services and/or care to people with HIV 	<ul style="list-style-type: none"> • Staff are trained and knowledgeable about HIV/AIDS and available resources 	<ul style="list-style-type: none"> • Job descriptions • Training records

Missouri Ryan White Part B and EHE Service Standards

Coordination and Referrals		
Standard	Criteria	Documentation
<ul style="list-style-type: none"> Part B and EHE agencies who do not directly provide a needed service should systematically make a referral for services 	<ul style="list-style-type: none"> The agencies will initiate referrals as agreed upon by the client and provider 	<ul style="list-style-type: none"> Case notes and Individualized Service Plan (ISP)
<ul style="list-style-type: none"> As appropriate, Part B and EHE agencies shall facilitate referrals by obtaining releases of information to permit provision of information about the client's needs and other important information to the service providers 	<ul style="list-style-type: none"> Signed release of information forms obtained 	<ul style="list-style-type: none"> Signed release of information forms
<ul style="list-style-type: none"> Part B and EHE agencies will ensure clients are accessing needed referrals and services, and are following through with their referral plans 	<ul style="list-style-type: none"> Agencies will utilize a care plan or tracking mechanism to monitor completion of linked referrals Clients receive follow-up to ensure that barriers to accessing services are addressed Client refusals to follow through with referrals are documented 	<ul style="list-style-type: none"> Case notes and ISP
<ul style="list-style-type: none"> Agency will have a referral process in place for needed services not provided in the case management region 	<ul style="list-style-type: none"> Process in place 	<ul style="list-style-type: none"> Policy on file

Section III. Core Medical Service Standards

Service Category: Outpatient/Ambulatory Medical Care (OAMC) (Ryan White and EHE)

HRSA Definition: 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

Note: 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.

Service Standards:

Access to Services		
Standard	Criteria	Documentation
<ul style="list-style-type: none"> • Clients will receive outpatient/ambulatory health services from appropriately licensed and credentialed providers 	<ul style="list-style-type: none"> • Medical providers have a current license/certification for providing services in Missouri 	<ul style="list-style-type: none"> • Licensures/certifications on file
<ul style="list-style-type: none"> • Access should be provided in a timely manner 	<ul style="list-style-type: none"> • Clinics will have policies and procedures that facilitate timely, medically appropriate care 	<ul style="list-style-type: none"> • Clinic policies and procedures • CQI projects focusing on best practices for appointment processes, client no shows and multiple appointment rescheduling that result in gaps in services • Clinic wait time surveys

Missouri Ryan White Part B and EHE Service Standards

Access to Services		
Standard	Criteria	Documentation
<ul style="list-style-type: none"> • Clients in need of routine medical care will be scheduled to be seen for an initial appointment within 30 calendar days from the eligibility verification date 	<ul style="list-style-type: none"> • Appointment scheduled within 30 days 	<ul style="list-style-type: none"> • Client record

Delivery of Services		
Standard	Criteria	Documentation
<ul style="list-style-type: none"> • Ensure that the medical management of HIV infection is in accordance with the federal Department Health and Human Services (DHHS) HIV-related guidelines, 	<ul style="list-style-type: none"> • DHHS HIV-related guidelines include but are not limited to: <ul style="list-style-type: none"> ○ Antiretroviral treatment ○ Maternal-child transmission ○ Post-exposure prophylaxis ○ Management of tuberculosis and opportunistic infections ○ HIV testing i.e. https://www.cdc.gov/hiv/guidelines/testing.html 	<ul style="list-style-type: none"> • Clinic policies and procedures • Demonstrated compliance with listed guidelines

Staffing		
Standard	Criteria	Documentation
<ul style="list-style-type: none"> • Ensure that all Physicians, Pharmacists, and all other licensed medical professionals possess current licensure and/or certification 	<ul style="list-style-type: none"> • Medical providers have a current license/certification for providing services in Missouri (including Medicaid/Medicare certification) 	<ul style="list-style-type: none"> • Licensures/certifications on file (including Medicaid/Medicare certification)

Missouri Ryan White Part B and EHE Service Standards

Service Category: Oral Health (Ryan White Only)

HRSA Definition: Oral Health Care services provide outpatient diagnostic, preventive, and therapeutic services by dental health care professionals, including general dental practitioners, dental specialists, dental hygienists, and licensed dental assistants.

Service Standards:

Access to Services		
Standard	Criteria	Documentation
<ul style="list-style-type: none"> • Clients receive assistance to schedule and coordinate dental appointments 	<ul style="list-style-type: none"> • Case manager shall assist client to schedule and coordinate all dental appointments as needed 	<ul style="list-style-type: none"> • Case notes and ISP
<ul style="list-style-type: none"> • Oral health appointments are followed-up on by case manager 	<ul style="list-style-type: none"> • Case manager will follow-up on all dental appointments to ensure clients maintain access to dental services 	<ul style="list-style-type: none"> • Outcomes documented in case notes and ISP

Delivery of Services		
Standard	Criteria	Documentation
<ul style="list-style-type: none"> • The Part B provider will ensure that service funding will be available throughout the year. 	<ul style="list-style-type: none"> • The provider will: <ul style="list-style-type: none"> ○ Develop an oral care plan for approval by Part B to ensure expense do not surpass approved amounts 	<ul style="list-style-type: none"> • Case notes and ISP

Staffing		
Standard	Criteria	Documentation
<ul style="list-style-type: none"> • Ensure that oral health providers possess current licensure and/or certification 	<ul style="list-style-type: none"> • Oral health providers have a current license/certification for providing services in Missouri (for both directly funded providers, as well as those used for referrals) 	<ul style="list-style-type: none"> • Licensures/certifications on file • Upon request, a copy of all oral health providers utilized through a sub-contract, or agreement will be submitted

Service Category: Health Insurance Premium and Cost Sharing Assistance (Ryan White Only)

HRSA Definition: 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. For purposes of this service category, health insurance also includes standalone dental insurance. The service provision consists 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; and/or
- Paying standalone dental insurance premiums to provide comprehensive oral health care services for eligible clients; and/or
- Paying cost sharing on behalf of the client.

To use RWHAP funds for health insurance premium assistance (not standalone dental insurance assistance), an RWHAP Part B recipient must implement a methodology that incorporates the following requirements:

- RWHAP Part B 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 B recipients must assess and compare the aggregate cost of paying for the health insurance option versus paying for the full cost for medications and other appropriate HIV outpatient/ambulatory health services to ensure that purchasing health insurance is cost effective in the aggregate, and allocate funding to Health Insurance Premium and Cost Sharing Assistance only when determined to be cost effective.

To use RWHAP funds for standalone dental insurance premium assistance, an RWHAP Part B recipient must implement a methodology that incorporates the following requirement:

- RWHAP Part B recipients must assess and compare the aggregate cost of paying for the standalone dental insurance option versus paying for the full cost of HIV oral health care services to ensure that purchasing standalone dental insurance is cost effective in the aggregate, and allocate funding to Health Insurance Premium and Cost Sharing Assistance only when determined to be cost effective.

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Service Standards:

Access to Services		
Standard	Criteria	Documentation
<ul style="list-style-type: none"> Part B agencies should systematically provide access to services for insured and uninsured clients 	<ul style="list-style-type: none"> The agency will initiate referrals as agreed upon by the client 	<ul style="list-style-type: none"> Case notes and ISP
<ul style="list-style-type: none"> HICP application will be completed and submitted for eligible clients 	<ul style="list-style-type: none"> HICP applications are completed in accordance with Part B guidelines 	<ul style="list-style-type: none"> HICP Enrollment Client electronic record

Delivery of Services		
Standard	Criteria	Documentation
<ul style="list-style-type: none"> No payment may be made directly to clients, family, or household members 	<ul style="list-style-type: none"> Provide mechanism through which payment can be made on behalf of the client 	<ul style="list-style-type: none"> Documentation ensuring payments were made to appropriate vendors

- Note:** For additional information about the Missouri Health Insurance Continuation Program (HCP), please refer to the Statewide Services Manual at: [Contractor Files | Information | Health & Senior Services \(mo.gov\)](#)

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Service Category: Mental Health (Ryan White Only)

HRSA Definition: 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.

Service Standards:

Access to Services		
Standard	Criteria	Documentation
<ul style="list-style-type: none"> • Clients will receive mental health services from appropriately licensed and credentialed providers 	<ul style="list-style-type: none"> • Mental health providers have a current license/certification for providing services in Missouri (for both directly funded providers, as well as those used for referrals) 	<ul style="list-style-type: none"> • Licensures/certifications on file • Upon request, a copy of all mental health providers utilized through a sub-contract or agreement will be submitted
<ul style="list-style-type: none"> • Access should be provided in a timely manner 	<ul style="list-style-type: none"> • Clinics will have policies and procedures that facilitate timely, medically appropriate care 	<ul style="list-style-type: none"> • Policies and procedures indicating how the needs of clients are managed

Delivery of Services		
Standard	Criteria	Documentation
<ul style="list-style-type: none"> • Clients will receive a psychosocial assessment, including a mental health screening, at least annually or as needed 	<ul style="list-style-type: none"> • Assessment conducted by a provider and/or a case manager 	<ul style="list-style-type: none"> • Client electronic record
<ul style="list-style-type: none"> • A detailed treatment plan should be created for each eligible client that includes: 	<ul style="list-style-type: none"> • Services provided are consistent with the treatment plan 	<ul style="list-style-type: none"> • Client electronic record

Missouri Ryan White Part B and EHE Service Standards

Delivery of Services		
Standard	Criteria	Documentation
<ul style="list-style-type: none"> ○ The diagnosed mental illness or condition ○ The treatment modality (group or individual) ○ Start date for mental health services ○ Recommended number of sessions ○ Date for reassessment ○ Projected treatment end date, ○ Any recommendations for follow up ○ The signature of the mental health professional rendering service 		

Staffing		
Standard	Criteria	Documentation
<ul style="list-style-type: none"> ● Providers have relevant experience and licensure to care for HIV infected clients with mental health issues 	<ul style="list-style-type: none"> ● All professionals providing mental health services are properly trained and meet qualifications 	<ul style="list-style-type: none"> ● Certifications and training records

Service Category: Medical Case Management (Ryan White Only)

HRSA Definition: 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 12 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).

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

Missouri Ryan White Part B and EHE Service Standards

Service Standards:

Access to Services		
Standard	Criteria	Documentation
<ul style="list-style-type: none"> • Clients will receive medical case management services from appropriately licensed and credentialed providers 	<ul style="list-style-type: none"> • Providers have a current license/certification for providing services in Missouri 	<ul style="list-style-type: none"> • Licensures/certifications on file
<ul style="list-style-type: none"> • Access should be provided in a timely manner 	<ul style="list-style-type: none"> • Clinics will have policies and procedures that facilitate timely, medically appropriate care 	<ul style="list-style-type: none"> • Policies and procedures indicating how the needs of clients are managed

Delivery of Services		
Standard	Criteria	Documentation
<ul style="list-style-type: none"> • Ensure that medical case managers are performing the following activities: <ul style="list-style-type: none"> ○ 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 	<ul style="list-style-type: none"> • Services provided are consistent with the assessment of needs and care plan 	<ul style="list-style-type: none"> • Client electronic record

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Delivery of Services		
Standard	Criteria	Documentation
○ Client-specific advocacy and/or review of utilization of services		

Staffing		
Standard	Criteria	Documentation
● Ensure that medical case management providers have current certification	● Providers have a current license/certification for providing services in Missouri	● Licensures/certifications on file

Service Category: Substance Abuse Outpatient Care (Ryan White Only)

HRSA Definition: 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

Program Guidance: 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 allowable, to the extent that they comport with current appropriations law and applicable HHS guidance, including HRSA- or HAB-specific guidance. Current Missouri law does not allow syringe access services.

Service Standards:

Access to Services		
Standard	Criteria	Documentation
● Clients will receive substance abuse outpatient care services from appropriately licensed and credentialed treatment providers	● Treatment providers have a current license/certification for providing services in Missouri	● Licensures/certifications on file

Missouri Ryan White Part B and EHE Service Standards

Access to Services		
Standard	Criteria	Documentation
<ul style="list-style-type: none"> • Access should be provided in a timely manner by staff who have appropriate skills, and experience to care for people with HIV/AIDS with substance abuse issues 	<ul style="list-style-type: none"> • Clinics will have policies and procedures that facilitate timely, medically appropriate care 	<ul style="list-style-type: none"> • Policies and procedures indicating how the needs of clients are managed

Delivery of Services		
Standard	Criteria	Documentation
<ul style="list-style-type: none"> • Clients will receive a psychosocial assessment, including a substance abuse screening, at least annually or as needed 	<ul style="list-style-type: none"> • Assessment conducted by a provider and/or a case manager • Services provided are consistent with the treatment plan 	<ul style="list-style-type: none"> • Client electronic record
<ul style="list-style-type: none"> • The quantity, frequency, and modality of treatment provided • The date treatment begins and ends • Regular monitoring and assessment of client progress • The signature of the individual providing the service and or the supervisor as applicable 	<ul style="list-style-type: none"> • Services provided are consistent with the treatment plan 	<ul style="list-style-type: none"> • Client electronic record

Staffing		
Standard	Criteria	Documentation
<ul style="list-style-type: none"> • Ensure that substance abuse outpatient care services providers have current licensure and certifications 	<ul style="list-style-type: none"> • Providers have a current license/certification for providing services in Missouri (for both directly funded providers, as well as those used for referrals) 	<ul style="list-style-type: none"> • Licensures/certifications on file • Upon request, a copy of all substance abuse treatment providers utilized through a sub-contractor agreement will be submitted

Missouri Ryan White Part B and EHE Service Standards

Service Category: AIDS Drug Assistance Program (Ryan White Only)

HRSA Definition: The AIDS Drug Assistance Program (ADAP) is a state-administered program authorized under Part B of the RWHAP to provide FDA-approved medications to low-income clients with HIV disease who have no coverage or limited health care coverage. ADAPs may also use program funds to purchase health insurance for eligible clients and for services that enhance access to, adherence to, and monitoring of antiretroviral therapy. RWHAP ADAP recipients must assess and compare the aggregate cost of paying for the health insurance option versus paying for the full cost for medications and other appropriate HIV outpatient/ambulatory health services to ensure that purchasing health insurance is cost effective in the aggregate. Eligible ADAP clients must be living with HIV and meet income and other eligibility criteria as established by the state.

Program Guidance: RWHAP Parts A, C and D recipients may contribute RWHAP funds to the Part B ADAP for the purchase of medication and/or health insurance for ADAP-eligible clients.

Service Standards: Please refer to the Statewide Services Manual located at [Contractor Files | Information | Health & Senior Services \(mo.gov\)](#)

Note: Individuals in EHE may receive medication support through that funding, which may include help with accessing a patient assistance program, applying for MO HealthNet, co-pay assistance, or full coverage of medications.

Section IV. Support Service Standards

Service Category: Non-Medical Case Management (Ryan White Only)

HRSA Definition: 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 B 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 12 months with adaptations as necessary
- Ongoing assessment of the client's and other key family members' needs and personal support systems

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

Missouri Ryan White Part B and EHE Service Standards

Service Standards:

Access to Services		
Standard	Criteria	Documentation
<ul style="list-style-type: none"> • Clients will receive non-medical case management services 	<ul style="list-style-type: none"> • Agencies must be contracted for non-medical case management. • Agency staff must have the verification of education, work experience and training. 	<ul style="list-style-type: none"> • Contract on file • Agency staff education, work experience and training documentation on file
<ul style="list-style-type: none"> • Access should be provided in a timely manner 	<ul style="list-style-type: none"> • Clinics will have policies and procedures that facilitate timely, medically appropriate care 	<ul style="list-style-type: none"> • Policies and procedures indicating how the needs of clients are managed

Delivery of Services		
Standard	Criteria	Documentation
<ul style="list-style-type: none"> • Ensure that non-medical case managers are performing the following activities: <ul style="list-style-type: none"> ○ 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 	<ul style="list-style-type: none"> • Services provided are consistent with the assessment of needs and care plan 	<ul style="list-style-type: none"> • Client electronic record

Staffing		
Standard	Criteria	Documentation
<ul style="list-style-type: none"> • Clients will receive non-medical case management services 	<ul style="list-style-type: none"> • Agencies must be contracted for non-medical case management. • Agency staff must have the verification of education, work experience and training. 	<ul style="list-style-type: none"> • Contract on file • Agency staff education, work experience, and training documentation on file

Missouri Ryan White Part B and EHE Service Standards

Service Category: Emergency Financial Assistance (Ryan White and EHE)

HRSA Definition: 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.

Program Guidance: 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.

Service Standards:

Access to Services		
Standard	Criteria	Documentation
<ul style="list-style-type: none"> • Clients will receive assistance with the following under Emergency Financial Assistance (EFA): <ul style="list-style-type: none"> ○ Utilities, ○ Housing, ○ Food (including groceries, food vouchers, and food stamps), or 	<ul style="list-style-type: none"> • Agency will document utilization for each client served in the client electronic record 	<ul style="list-style-type: none"> • Client electronic record
<ul style="list-style-type: none"> • Access should be provided in a timely manner 	<ul style="list-style-type: none"> • Agencies will have policies and procedures that facilitate timely, medically appropriate care 	<ul style="list-style-type: none"> • Policies and procedures indicating how the needs of clients are managed

Missouri Ryan White Part B and EHE Service Standards

Delivery of Services		
Standard	Criteria	Documentation
<ul style="list-style-type: none"> • Services are to be provided through: <ul style="list-style-type: none"> ○ Short-term payments appropriate service provider or vendor <p>Note: Direct cash payments to clients are not permitted</p>	<ul style="list-style-type: none"> • Agency has a mechanism to ensure that payments can be made on behalf of client 	<ul style="list-style-type: none"> • Documentation on file in client electronic record detailing emergency financial assistance support
<ul style="list-style-type: none"> • Records of services provided will reflect compliance with EFA standards 	<ul style="list-style-type: none"> • Agency will maintain records for utilization for each client served 	<ul style="list-style-type: none"> • Documentation on file in client electronic record detailing emergency financial assistance support

Missouri Ryan White Part B and EHE Service Standards

Service Category: Health Education/Risk Reduction (Ryan White Only)

HRSA Definition: 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. 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

Program Guidance: Health Education/Risk Reduction services cannot be delivered anonymously.

Missouri Ryan White Part B and EHE Service Standards

Service Standards:

Access to Services		
Standard	Criteria	Documentation
<ul style="list-style-type: none"> • Clients will receive education on: <ul style="list-style-type: none"> ○ Risk reduction strategies to reduce transmission such PrEP for clients’ partners and treatment as prevention ○ Health care coverage options ○ Health literacy ○ Treatment adherence education 	<ul style="list-style-type: none"> • Agency will maintain records for utilization for each client served, including topics of education provided 	<ul style="list-style-type: none"> • Health Education Policy on file • Documentation on file in client electronic record detailing health education/risk reduction services
<ul style="list-style-type: none"> • Access to service as defined should be provided in a timely manner 	<ul style="list-style-type: none"> • Agencies will have policies and procedures that facilitate timely, medically appropriate care 	<ul style="list-style-type: none"> • Policies and procedures indicating how the needs of clients are managed

Delivery of Services		
Standard	Criteria	Documentation
<ul style="list-style-type: none"> • Records of services provided will reflect compliance with Health Education/Risk Reduction standards 	<ul style="list-style-type: none"> • Agencies will maintain records for utilization for each client served 	<ul style="list-style-type: none"> • Documentation on file in client electronic record detailing health education/risk reduction services

Service Category: Linguistic Services (Ryan White and EHE)

HRSA Definition: Linguistic Services provide interpretation and translation services, both oral and written, to eligible clients. These services must be provided by qualified linguistic services providers as a component of HIV service delivery between the healthcare provider and the client. These services are to be provided when such services are necessary to facilitate communication between the provider and client and/or support delivery of RWHAP-eligible services.

Program Guidance: Services provided must comply with the National Standards for Culturally and Linguistically Appropriate Services (CLAS).

Missouri Ryan White Part B and EHE Service Standards

Service Standards:

Access to Services		
Standard	Criteria	Documentation
<ul style="list-style-type: none"> • Eligible clients will receive both written and oral interpretation and translation services 	<ul style="list-style-type: none"> • Agencies will maintain records for utilization for each client served 	<ul style="list-style-type: none"> • Linguistic Service policy on file • Documentation on file in client electronic record detailing linguistic services
<ul style="list-style-type: none"> • Access should be provided in a timely manner 	<ul style="list-style-type: none"> • Agencies will have policies and procedures that facilitate timely, medically appropriate care 	<ul style="list-style-type: none"> • Policies and procedures indicating how the needs of clients are managed

Delivery of Services		
Standard	Criteria	Documentation
<ul style="list-style-type: none"> • Provider will assess clients for interpretation and/or translation needs 	<ul style="list-style-type: none"> • The provider will initiate service based on assessment 	<ul style="list-style-type: none"> • Case notes and ISP
<ul style="list-style-type: none"> • Agencies must assure the competence of language assistance provided to clients limited in English proficiency by interpreters 	<ul style="list-style-type: none"> • Agencies must ensure access for clients with limited English skills 	<ul style="list-style-type: none"> • Listing/directory on file for telephone services
<ul style="list-style-type: none"> • Records of services provided will reflect compliance with Linguistic Service standards 	<ul style="list-style-type: none"> • Agencies will maintain records for utilization for each client served 	<ul style="list-style-type: none"> • Documentation on file in client electronic record detailing linguistic services

Staffing		
Standard	Criteria	Documentation
<ul style="list-style-type: none"> • These services must be provided by qualified linguistic services providers as a component of HIV service delivery between the healthcare provider and the client 	<ul style="list-style-type: none"> • Services are provided by appropriately trained and qualified individuals holding appropriate State or local Certification 	<ul style="list-style-type: none"> • Upon request, a copy of all providers utilized through a sub-contract, or agreement will be submitted

Missouri Ryan White Part B and EHE Service Standards

Service Category: Medical Transportation Services (Ryan White and EHE)

HRSA Definition: 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.

Program Guidance: 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

Costs for transportation for medical providers to provide care should be categorized under the service category for the service being provided.

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

Service Standards: Please refer to the Outstate Services Manual located at: [Contractor Files | Information | Health & Senior Services \(mo.gov\)](#)

Missouri Ryan White Part B and EHE Service Standards

Access to Services		
Standard	Criteria	Documentation
<ul style="list-style-type: none"> Agencies will accommodate safe, cost-effective access to primary medical care, and/or other support services through transportation <p>Note: The following are considered unallowable under this service category:</p> <ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> The Agency will maintain records for utilization for each client served 	<ul style="list-style-type: none"> Documentation on file in client electronic record detailing transportation services
<ul style="list-style-type: none"> Access should be provided in a timely manner 	<ul style="list-style-type: none"> The Agency will follow the Part B transportation policy and procedures to facilitate timely, medically appropriate care 	<ul style="list-style-type: none"> Policies and procedures indicating how the needs of clients are managed

Delivery of Services		
Standard	Criteria	Documentation
<ul style="list-style-type: none"> Agency will assess clients for transportation needs 	<ul style="list-style-type: none"> The agency will initiate service based on assessment 	<ul style="list-style-type: none"> Case notes and ISP
<ul style="list-style-type: none"> Agencies must assure that those who provide direct transportation maintain appropriate licensure and coverage 	<ul style="list-style-type: none"> Driver's must maintain: <ul style="list-style-type: none"> A current/valid driver's license Vehicle liability insurance Current registration and license plates 	<ul style="list-style-type: none"> Records including evidence of: <ul style="list-style-type: none"> Valid driver's license for all drivers Vehicle liability insurance Valid vehicle registration
<ul style="list-style-type: none"> Records of services provided will reflect compliance with Medical Transportation Service standards 	<ul style="list-style-type: none"> Agency will maintain records for utilization for each client served 	<ul style="list-style-type: none"> Documentation on file in client electronic record detailing transportation services

Missouri Ryan White Part B and EHE Service Standards

Service Category: Substance Abuse Residential Care (Ryan White Only)

HRSA Definition: Substance Abuse Residential Care is the provision of inpatient 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

Program Guidance: 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 allowable, to the extent that they comport with current appropriations law and applicable HHS guidance, including HRSA- or HAB-specific guidance. Current Missouri law does not allow syringe access services.

Service Standards:

Access to Services		
Standard	Criteria	Documentation
<ul style="list-style-type: none"> • Clients will receive substance abuse outpatient care services from appropriately licensed and credentialed treatment providers 	<ul style="list-style-type: none"> • Treatment providers have a current license/certification for providing services in Missouri 	<ul style="list-style-type: none"> • Licensures/certifications on file

Missouri Ryan White Part B and EHE Service Standards

Access to Services		
Standard	Criteria	Documentation
<ul style="list-style-type: none"> • Access should be provided in a timely manner by staff who have appropriate skills, and experience to care for people with HIV/AIDS with substance abuse issues 	<ul style="list-style-type: none"> • Clinics will have policies and procedures that facilitate timely, medically appropriate care 	<ul style="list-style-type: none"> • Policies and procedures indicating how the needs of clients are managed

Delivery of Services		
Standard	Criteria	Documentation
<ul style="list-style-type: none"> • Clients will receive a psychosocial assessment, including a substance abuse screening, at least annually or as needed 	<ul style="list-style-type: none"> • Assessment conducted by a provider and/or a case manager 	<ul style="list-style-type: none"> • Client electronic record

Staffing		
Standard	Criteria	Documentation
<ul style="list-style-type: none"> • Ensure that substance abuse outpatient care services providers have current licensure and certifications 	<ul style="list-style-type: none"> • Providers have a current license/certification for providing services in Missouri (for both directly funded providers, as well as those used for referrals) 	<ul style="list-style-type: none"> • Licensures/certifications on file • Upon request, a copy of all substance abuse treatment providers utilized through a sub-contractor agreement will be submitted

Service Category: Home and Community Based Services (Ryan White Only)

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

Program Guidance: 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.

Missouri Ryan White Part B and EHE Service Standards

Service Standards:

Access to Services		
Standard	Criteria	Documentation
<ul style="list-style-type: none"> • Access should be provided in a timely manner by staff who have appropriate skills, and experience to care for people with HIV/AIDS with substance abuse issues 	<ul style="list-style-type: none"> • Providers will have policies and procedures that facilitate timely, medically appropriate care 	<ul style="list-style-type: none"> • Policies and procedures indicating how the needs of clients are managed • Client electronic record

Delivery of Services		
Standard	Criteria	Documentation
<ul style="list-style-type: none"> • Clients will receive an assessment of need of in-home personal care services and/or durable medical equipment. 	<ul style="list-style-type: none"> • Assessment conducted by a provider and/or a case manager 	<ul style="list-style-type: none"> • Client electronic record

Staffing		
Standard	Criteria	Documentation
<ul style="list-style-type: none"> • Ensure services will be provided in a timely manner by staff who have the appropriate skills, and experience to care for people with HIV/AIDS 	<ul style="list-style-type: none"> • Providers have a current license/certification for providing services in Missouri (for both directly funded providers, as well as those used for referrals) 	<ul style="list-style-type: none"> • Licensures/certifications on file • Client electronic record

Missouri Ryan White Part B and EHE Service Standards

References

- [National Monitoring Standards for Ryan White Part A and Part B Grantees: Universal – Part A and B](#)
- [Part A and B National Monitoring Standards FAQs](#)
- [Part B Fiscal Monitoring Standards](#)
- [Part B Program Monitoring Standards](#)
- <https://www.ncbi.nlm.nih.gov/pubmed/19369696>
- <https://nccc.georgetown.edu/foundations/assessment.php>
- Missouri Ryan White HIV Medical Case Management Manual
- Missouri Ryan White Statewide Services Manual
- Missouri Outstate Services Manual
- HRSA [Clinical Care Guidelines and Resources](#)
- HRSA/HAB Performance Measures: [Performance Measure Portfolio](#)
- HRSA/HAB [Policy Notices and Program Letters](#)
- [HRSA Ryan White Part B Manual \(Last Revised 2022\)](#)
- Ryan White HIV/AIDS Program [Legislation](#)
- National HIV/AIDS Strategy ([Updated to 2025](#))