

# 2019 Service Units

*Approved by the Planning Council 11/26/2018*

## Case Management (non-Medical):

Service Units for all sub-priorities:

1. **Face-to-Face Encounters-Field:** Encounters with clients outside of the agency office. 15 minute increments. Travel time to and from encounters is included in calculating time spent.
2. **Face-to-Face Encounters-Office:** Encounters with clients in person at the agency office. 15 minute increments.
3. **Telephone Encounters:** Encounters with clients via telephone. 15 minute increments.
4. **Written Communication Encounters:** Encounters with clients via email, text or mail. 15 minute increments.
5. **Collateral Contacts:** Work performed on behalf of a client to include making contact with another person or agency. 15 minute increments.

*For Housing NMCM Only:*

6. **Client Housing Placement-Ryan White:** 1 Placement=1 Service Unit.
7. **Client Housing Placement-Other Funding:** 1 Placement=1 Service Unit.

## Housing Services:

1. **Emergency Housing Bednights:**  
**Purpose:** Bednights provided for PLWH through vouchered emergency housing placements at a local homeless shelter or motel/hotel.
2. **Transitional Housing Bednights:**  
**Purpose:** A night spent by a PLWH in transitional housing.

## Psychosocial Support Services:

Each sub-priority has its own service units:

1. **Peer and non-peer one-on-one counseling and support groups:**
  - I. One-on-One Peer and Non-Peer Counseling Sessions: Phone and in-person visits (measured in 15 minute increments) provided by peer or non-peer staff to HIV positive individuals. May include pre and post support for medical appointments, attending medical appointments, medical and adherence discussions.
  - II. Support Groups: Weekly facilitated support groups. May include medical and adherence discussions, CD4 and viral load check-ins, and prevention for positives discussions (i.e., safer sex practices and disclosure techniques).
2. **Pre- and Post-Chemical Dependency Treatment Psychosocial Support:**
  - I. One-on-one Counseling Sessions: Phone and in-person visits (measured in 15 minute increments) provided by a CDP or trained peer for substance using PLWH waiting for a treatment slot, and/or those in recovery needing additional support post treatment.
  - II. CD Group Support: Regular group facilitated by a CDP or trained peer for substance using PLWH waiting for a treatment, and/or those in recovery needing additional support post treatment.

## Food/Meals:

1. **Packaged Meals:** Meals picked up by or delivered to a client.
2. **Community Meals:** Meals provided in a community setting.
3. **Grocery Bags:** Grocery bags with perishable (meat, poultry, and dairy) and non-perishable items (rice, pasta, canned vegetables, etc.).
4. **Essential household item kit:** Includes household items such as (but not limited to) soap, toothpaste, shampoo, deodorant, dishwashing soap, laundry detergent.

- 5. Nutrition Consult Encounter:** Encounters with a registered dietician which may include a new patient assessment or a re-assessment (diet history, brief medical history, anthropometric measurements) consults with other service providers (e.g. physicians, nurses, case managers, etc.), additional assessments and phone consultations with patients on nutritional issues.
- 6. Nutrition Skills Building Encounter:** Encounters with a registered dietician; to include education regarding grocery shopping, meal preparation, assessing dietary needs, evaluation of meal bags, and other nutritional needs. May occur one-on-one or in a group setting.

#### **Medical Transportation:**

- 1. One Way Rides:** Medical transportation services are defined as one-way rides used to transport clients to and/or from any medical or support service. Rides may be reimbursed in the form of public transportation passes (buses, ferries, trolleys, etc.), taxi vouchers, and/or gas vouchers.

#### **Oral Health Care:**

Units for this service are based on a fee schedule for all dental codes.

#### **Outpatient/Ambulatory Health Services: Treatment Adherence:**

- 1. Medication Adherence Assessments/Encounters:** In-person and/or phone encounters with clients, which include treatment readiness discussions, medication adherence assessments, medication education, and directly observed treatment. Encounters may also include ongoing review of past medication adherence and changes to the client medication regimen.

#### **Early Intervention Services:**

- 1. Targeted HIV Test Encounter:** (measured in 15 minute increments). Includes activities related to identifying high-risk people who do not know their HIV status and referring and linking them to HIV testing.
- 2. HIV Test Completed:** 1 service unit = 1 test completed. Counts the number of HIV tests completed and the results (positive, negative, indeterminate) of each test.
- 3. Health Education and Literacy Encounters:** (measured in 15 minute increments). Includes activities related to improving knowledge and skills related to health education and literacy, HIV disease and related topics, accessing and maintaining medical care, medication adherence, risk reduction, and the continuum of HIV care.
- 4. Referral Encounters:** (measured in 15 minute increments). Includes activities related to providing a referrals to improve HIV care and treatment services at key points of entry. Includes advocating on a client's behalf regarding a referral, or following up with referral sources for referral outcomes. This unit is for referrals to any medical or support service except HIV testing.
- 5. Linkage to Services encounters:** (measured in 15 minute increments). Includes activities related to confirming that a client has attended successfully been linked to services or attended an appointment. Travel time to and from encounters is included in calculating time spent. Service linkage should not be done by client self-report alone, but confirmed with the provider to guarantee attendance.
- 6. General Support:** (measured in 15 minute increments). Includes activities that do not easily fit into the other service categories. Includes client support and advocacy, as well as documentation of client discharge based on result of HIV-negative test result and/or completion of required linkages to care and treatment.