



Referral for Healthcare and Support Services Service Standard

Texas Department of State Health Services, HIV Care Services Group — [HIV/STD Program | Texas DSHS](#)

Subcategories	Service Units
Application	Per application
Referral for Healthcare/Supportive Services	Per referral

Health Resources & Services Administration (HRSA)

Description:

Referral for Health Care and Support Services (RHCS) directs a client to needed core medical or support services in person or through telephone, written, or other type of communication. Activities provided under this service category may include referrals to assist HRSA Ryan White HIV/AIDS Program (RWHAP)-eligible clients to obtain access to other public or private programs for which they may be eligible (e.g., [Medicaid](#), [Medicare Part D](#), [State Pharmacy Assistance Programs](#), [Pharmaceutical Manufacturer’s Patient Assistance Programs](#), and other state or local health care and supportive services, or health insurance [Marketplace plans](#)).

Program Guidance:

Agencies should report referrals for health care and support services provided by Outpatient/Ambulatory Health Care professionals under the Outpatient/Ambulatory Health Services (OAHS) category.

Agencies should report referrals for health care and support services provided during a Medical Case Management (MCM) or Non-Medical Case Management (NMCM) visit in the appropriate case management service category (i.e., MCM or NMCM). If a client who is enrolled in MCM or NMCM receives referral services that are not provided during a case management visit or by the client’s medical case

manager, agencies can report these under RHCS, provided the service standards for RHCS are met. Recipients should take steps to ensure services are not billed in duplicate across different service categories.

Recipients can use RWHAP Part B and State Services (RW and SS) funds to provide transitional social services to establish or reestablish linkages to the community. Referral services that link a soon-to-be-released inmate with primary care are an example of appropriate transitional social services. Transitional social services may not exceed 180 days, per DSHS Policy [591.00 Limitations on Ryan White and State Service Funds for Incarcerated Persons in Community Facilities, Section 5.3](#).

Limitations:

Recipients cannot use RHCS funds to duplicate referral services provided through other service categories.

Services:

Referral for Health Care and Support Services includes benefits and entitlement counseling and referral to health care services to assist eligible clients to obtain access to other public and private programs for which they may be eligible.

Benefits counseling services facilitate a client's access to public or private health and disability benefits and programs. This service category works to maximize public funding by assisting clients in identifying all available health and disability benefits supported by funding streams other RW and SS funds. Agencies should educate clients about and assist with accessing and securing all available public and private benefits and entitlement programs.

Health care services provide clients with assistance in accessing medical and support services to improve engagement in the health care system and the HIV continuum of care. Services may include Marketplace plans, health insurance, and medication payment plans or programs. These services focus on assisting a client's entry into and movement through the care service delivery network such that RW and SS funds are the payer of last resort.

Universal Standards:

Service providers for Referral for Healthcare and Support Services must follow [HRSA and DSHS Universal Standards](#) 1-52 and 184-186.

Service Standards and Measures:

The following standards and measures are guides to improving healthcare outcomes for people living with HIV throughout the State of Texas within the Ryan White Part B and State Services Program.

Standard	Measure
<p>Benefits Counseling: Activities should be client-centered and facilitate access to and maintenance of health and disability benefits and services. It is the primary responsibility of staff to ensure clients are receiving all needed public and private benefits and resources for which they are eligible. Staff should educate clients about available benefit programs, assess eligibility, assist with applications, provide advocacy with appeals and denials, assist with re-certifications, and provide advocacy in other areas relevant to maintaining these benefits and resources. Staff should assist clients with the following resources, as appropriate:</p> <ul style="list-style-type: none"> • AIDS Drug Assistance Program (ADAP) • Health insurance plans and payment options (Health Insurance Premium Payment, Continuation of Health Coverage, Medicaid, Medicare, Affordable Care Act Marketplace insurance) • Supplemental Nutrition Assistance Program (SNAP) • Pharmaceutical patient assistance programs (PAPs) • Social Security programs, such as Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) • Temporary Assistance to Needy Families (TANF) • Veterans Administration (VA) benefits • Women, Infants and Children (WIC) • Other public or private benefits programs 	<ol style="list-style-type: none"> 1. Percentage of clients with documented education provided on applicable public or private benefit programs. 2. Percentage of clients with applicable public or private benefit applications completed within 14 business days of the eligibility determination date. 3. Percentage of clients with documentation of follow-up and results within 90 days of a completed benefit application.

<ul style="list-style-type: none"> • Other professional services <p>Staff should assist eligible clients with the completion of the applicable benefits application(s) within 14 business days of the eligibility determination date. After a completed application has been submitted, staff should follow up within 90 days to determine the results of the application and if the client has any additional or ongoing needs.</p>	
<p>Health Care Services: Activities should assist clients in accessing health care and support services to support their engagement in the health care system and the HIV continuum of care. Staff should assist eligible clients with referrals to the following, as applicable:</p> <ul style="list-style-type: none"> • Marketplace plans, other health insurance, or medication payment plans or programs. • Health Insurance Premium and Cost-Sharing Assistance (HIA) for assistance with insurance costs • Additional core services applicable to the client’s needs, with education provided to the client on how to access these services • Additional support services applicable to the client’s needs, with education provided to the client on how to access these services. <p>Staff should complete follow up for all clients. If a client is given a referral to self-complete, RHCS staff should follow up with the client within 10 business days to determine the outcome and any further assistance needs. If staff assisted the client with scheduling an appointment for a referral at the time of service, RHCS staff should follow up with the client within 10 business days of the scheduled appointment to determine the outcome and any further assistance needs.</p>	<ol style="list-style-type: none"> 4. Percentage of clients who received assistance in accessing health insurance, as applicable. 5. Percentage of clients who received a referral to any core or support service who have documentation that education was provided on how to access these services. 6. Percentage of clients who received a referral to any core or support services that had documentation of a follow-up within 10 business days of a referral given to the client to self-complete OR 10 business days from scheduled appointment if an appointment was set at time of referral.

References:

Division of Metropolitan HIV/AIDS Programs, HIV/AIDS Bureau (HAB). [*Ryan White HIV/AIDS Program \(RWHAP\) National Monitoring Standards for RWHAP Part A Recipients*](#). Health Resources and Services Administration, June 2023.

Division of State HIV/AIDS Programs, HIV/AIDS Bureau (HAB). [*Ryan White HIV/AIDS Program \(RWHAP\) National Monitoring Standards for RWHAP Part B Recipients*](#). Health Resources and Services Administration, June 2023.

Ryan White HIV/AIDS Program. [*Policy Notice 16-02: Eligible Individuals & Allowable Uses of Funds*](#). Health Resources & Services Administration, 22 Oct. 2018.

Texas Department of State Health Services. "591.000 Limitations on Ryan White and State Services Funds for Incarcerated Persons in Community Facilities." [Www.dshs.texas.gov](http://www.dshs.texas.gov), 21 Mar. 2019, www.dshs.texas.gov/hivstd/policy/policies/591-000. Accessed 9 Feb. 2023.