

Health Resources and Services Administration (HRSA) service definition:

Referral for Health Care and Support Services 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 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, and other state or local health care and supportive services, or health insurance marketplace plans).

Program guidance:

- Referrals for health care and support services provided by a(n) outpatient/ambulatory health care provider(s) should be reported under the outpatient/ambulatory health services category
- Referrals for health care and support services provided by case managers (medical and non-medical) should be reported in the appropriate case management service category (i.e., medical case management or non-medical case management)

Key service components and activities:

Referral for health care and support services includes coordination of referrals to core medical and support services provided through agencies or other contracted providers (e.g., mental health and substance use service providers).

HIV Services Program service standards:

Key service components and activities are noted in the service standards below.

Standard	Documentation
Personnel Qualifications	
1. Services are provided by trained staff according to personnel policy or procedures set by subrecipient, to include at minimum: a. Individuals who possess a comprehensive knowledge of or professional experience in community health, direct patient health care, public	1. Documentation of applicable experience and qualifications is in personnel files available for review by Indiana Department of Health (IDOH) upon request.

health, case management, or social work.	
Eligibility Criteria	
- Subrecipients must have established criteria for the provision of psychosocial support services that includes, at minimum: - Eligibility verification consistent with recipient requirements.	- Non-medical case managers/appropriate agency staff must maintain up to date eligibility records for clients according to agency protocol and in any data system required by IDOH. - Documentation must be made available for review by IDOH upon request.
Assessment	
Subrecipients should establish criteria for assessment relevant to services provided.	Policies and procedures.
Service Delivery/Treatment	
Subrecipients should establish criteria for service delivery relevant to services provided.	- Policies and procedures. - Services units provided must be recorded in CAREWare service tracking system no later than 20 days after the end of each month in which services were provided. Case notes entry is required, but the deadline for entry is determined by the funded agency.

Subservices:

- RS – Assessment
- RS – Referral
- RS – Follow-up

Service unit definition:

- Assessment = One visit
- Referral = One referral
- Follow-up = One visit

