

Revisions Noted in ***Bold and Italics***

TAXONOMY

Service Category	Service Definitions	Sub-Service Name	Sub-Service Description	1 Unit =
A. Outpatient / Ambulatory Medical Care	The provision of professional diagnostic and therapeutic services rendered by a physician, physician's assistant, clinical nurse specialist, nurse practitioner, or other health care professional who is certified in their jurisdiction to prescribe ARV therapy in an outpatient setting. Settings include clinics, medical offices, and mobile vans where clients generally do not stay overnight. Emergency room services are not considered out-patient settings. Services include diagnostic testing, early intervention and risk assessment, preventive care and screening, practitioner examination, medical history taking, diagnosis and treatment of common physical and mental conditions, prescribing and managing medication therapy, education and counseling on health issues, well - baby care, continuing care and management of chronic conditions, and referral to and provision of specialty care (includes all medical subspecialties). Primary Medical Care for the Treatment of HIV Infection includes the provision of care that is consistent with the Public Health Service's guidelines. Such care must include access to antiretroviral and other drug therapies, including prophylaxis and treatment of opportunistic infections and combination antiretroviral therapies.	Diagnostic Service - Primary Care		1 Visit
		Diagnostic Service - Specialist Care		1 Visit
		Therapeutic - Primary Care		1 Visit
		Therapeutic - Specialized Care		1 Visit
		Vision care		1 Visit
C. Oral Health Care	Includes diagnostic, preventive, and therapeutic services provided by a dental health care professional licensed to provide health care in the State or jurisdiction, including general dental practitioners, dental specialists, dental hygienists as well as licensed and trained dental assistants.	Diagnostic		1 Visit
		Therapeutic		1 Visit
		Prophylactic		1 Visit
I. Mental Health Services	Psychological and psychiatric treatment and counseling services for individuals with a diagnosed mental illness. These services are conducted in a group or individual setting, and provided by a mental health professional licensed or authorized within the State to render such services. This typically includes psychiatrists, psychologists, and licensed clinical social workers. NOTE: Mental health services provided to HIV-affected clients should be reported as Psychosocial Support services.	Professional Counseling - Individual		1 hour
		Professional Counseling - Couples		1 hour Per Person
		Professional Counseling - Groups		1 hour Per Person
		Professional Counseling - Family		1 hour Per Person
		Psychiatric - Out-Patient, Individual		1 hour Per Person
		Psychiatric - In - Patient, Individual		1 Day

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B. Local AIDS Pharmaceutical Assistance	<p>Includes local pharmacy assistance programs implemented by Part A or Part B Grantees to provide HIV/AIDS medications to clients. This assistance can be funded with Part A grant funds and/or Part B base award funds. These organizations may or may not provide other services (e.g. outpatient/ambulatory medical care or case management) to the clients they serve through an Ryan White HIV/AIDS Program (RWHAP) contract with their grantee.</p> <p>Programs are considered APA's if they provide HIV/AIDS medications to clients and meet all of the following criteria: 1. Have a client enrollment process; 2. Have uniform benefits for all enrolled clients; 3. Have a record system for distributed medications; and 4. Have a drug distribution system.</p> <p>Programs are NOT APA's if they dispense medications in one of the following situations: 1. As a result or component of a primary medical visit; 2. On an emergency basis (defined as a single occurrence of short duration); or 3. By giving vouchers to a client to procure medications.</p> <p>Local APA's are similar to AIDS Drug Assistance Programs (ADAP's) in that they provide medications for the treatment of HIV disease. However, local APA's are not paid for with PART B funds "earmarked" for ADAP.</p>	Local Pharmacy Assistance		1 Visit
L. Substance Abuse Services - Outpatient	<p>The provision of medical or other treatment and/or counseling to address substance abuse problems (i.e., alcohol and/or legal and illegal drugs) in an outpatient setting, by a physician or under the supervision of a physician, or by other qualified personnel.</p> <p>They include limited support of acupuncture services to HIV-positive clients provided the client has received a written referral from his or her primary health care provider and the service is provided by certified or licensed practitioners and/or programs, wherever State certification or licensure exists.</p>	Counseling		15 minutes
		Methadone		1 dose
		Acupuncture		1 Visit
		Neuro Psychiatric		1 Visit
AC. Substance Abuse Services - Residential	<p>The provision of treatment to address substance abuse problems (including alcohol and/or legal and illegal drugs) in a residential health service setting (short term). They include limited support of acupuncture services to HIV-positive clients provided the client has received a written referral from his or her primary health care provider and the service is provided by certified or licensed practitioners and/or programs, wherever State certification or licensure exists.</p>	Acupuncture		1 Visit
		Substance Abuse Residential		1 Day
K. Medical Face - to - Face Case Management Services (including Treatment Adherence)	<p>A range of client centered services that link clients with health care, psychosocial, and other services provided by trained professionals, including both medically credentialed and other health care staff. The coordination and follow-up of medical treatments are a component of medical case management. These services ensure timely and coordinated access to medically appropriate levels of health and support services and continuity of care, through ongoing assessment of the client and other key family members' needs and personal support systems. Medical case management includes the provision of treatment adherence counseling to ensure readiness for, and adherence to, complex HIV/AIDS treatments. Key activities include: (1) initial assessment of service needs, (2) development of a comprehensive, individualized service plan, (3) coordination of services required to implement the plan, (4) client monitoring to assess the efficacy of the plan, and (5) periodic re-evaluation and adaptation of the plan, at least every six months, as necessary over the life of the client. It includes client-specific advocacy and review of utilization of services.</p>	Intake		15 minutes
		Assessment		15 minutes
		Reassessment		15 minutes
		Follow - Up	Problem Solving / General Support	15 minutes
		Referral		15 minutes

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K. Medical Non Face - to - Face Case Management Services (including Treatment Adherence)	A range of client centered services that link clients with health care, psychosocial, and other services provided by trained professionals, including both medically credentialed and other health care staff. The coordination and follow-up of medical treatments are a component of medical case management. These services ensure timely and coordinated access to medically appropriate levels of health and support services and continuity of care, through ongoing assessment of the client and other key family members' needs and personal support systems. Medical case management includes the provision of treatment adherence counseling to ensure readiness for, and adherence to, complex HIV/AIDS treatments. Key activities include: (1) initial assessment of service needs, (2) development of a comprehensive, individualized service plan, (3) coordination of services required to implement the plan, (4) client monitoring to assess the efficacy of the plan, and (5) periodic re-evaluation and adaptation of the plan, at least every six months, as necessary over the life of the client. It includes client-specific advocacy and/or review of utilization of services.	Follow - Up	Phone Contact Problem Solving / General Support	15 minutes
		Referral		15 minutes
M. Case Management Face - to Face (Non-Medical)	Includes the provision of advice and assistance in obtaining medical, social, community, legal, financial, and other needed services. Non-medical case management does not involve coordination and follow-up of medical treatments, as medical case management does.	Intake		15 minutes
		Assessment		15 minutes
		Reassessment		15 minutes
		Follow-Up	Problem Solving / General Support	15 minutes
		Referral		15 minutes
M. Case Management Non Face - to - Face (Non-Medical)	Includes the provision of advice and assistance in obtaining medical, social, community, legal, financial, and other needed services. Non-medical case management does not involve coordination and follow-up of medical treatments, as medical case management does.	Follow-Up	Phone Contact Problem Solving / General Support	15 minutes
		Referral		15 minutes
AD. Treatment Adherence Counseling	The provision of counseling or special programs provided outside of a medical case management or outpatient/ambulatory medical care visit by non-medical personnel to ensure readiness for, and adherence to, complex HIV/AIDS treatments. Treatment Adherence counseling provided during an Outpatient/Ambulatory Medical Care service visit should be reported under the Outpatient/Medical Care service category. Likewise, treatment adherence counseling provided during a Medical Case management visit should be reported in the Medical Case Management service category.	Education on Treatment - Individual	General Education on available treatments	15 minutes
		Education on Treatment - Group	General Education on available treatments	15 minutes Per Person
		Adherence - Individual	Support of adherence to a specific treatment regimen	15 minutes
		Adherence - Group	Support of adherence to a specific treatment regimen	15 minutes Per Person
G. Home and Community-based Health Services	Includes skilled health services furnished to the individual in the individual's home, based on a written plan of care established by a case management team that includes appropriate health care professionals. Services include: durable medical equipment; home health aide services and personal care services in the home; day treatment or other partial hospitalization services; home intravenous and aerosolized drug therapy (including prescription drugs administered as part of such therapy); routine diagnostics testing administered in the home; and appropriate mental health, developmental, and rehabilitation services. Note: Inpatient hospital services, nursing homes and other long term care facilities are <u>NOT</u> included.	Home Health Aid Services / Personal Care Services in the Home		1 hour
		Durable Medical Equipment		1 Item
		Specialized Care		1 Hour

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F. Home Health-Care	The provision of services in the home by licensed health care <i>professionals</i> such as nurses, and the administration of intravenous and aerosolized treatment, parenteral feeding, diagnostic testing, and other medical therapies.	Home Health Care		1 hour
J. Medical Nutrition Therapy	Medical nutrition therapy including nutritional supplements is provided by a licensed registered dietitian outside of an Outpatient/Ambulatory Medical Care visit. The provision of food may be provided pursuant to a physician's recommendation and a nutritional plan developed by a licensed, registered dietitian. Nutritional services and nutritional supplements not provided by a licensed, registered dietitian shall be considered a support service and be reported under psychosocial support services and foodbank/home delivered meals respectively. Food not provided pursuant to a physician's recommendation and a nutritional plan developed by a licensed, registered dietitian should also be considered a support service and is reported under food bank/home delivered meals.	Medical Nutrition Therapy - Individual	This represents the number of visits made to the agency's licensed registered dietitian to obtain nutritional education or counseling, provided in an individual setting to a HIV+ client or another who is not infected, if the provision of such service can be construed to have at least an indirect benefit to a person with HIV infection.	1 Hour
		Medical Nutrition Therapy - Group	This represents the number of visits made to the agency's licensed registered dietitian to obtain nutritional education or counseling, provided in a group setting to HIV+ clients and others who are not infected, if the provision of such service can be construed to have at least an indirect benefit to a person with HIV infection.	1 hour Per Person
AA. Rehabilitation Services	Services provided by a licensed or authorized professional in accordance with an individualized plan of care intended to improve or maintain a client's quality of life and optimal capacity for self-care. Services include physical and occupational therapy, speech pathology, and low-vision training.	Physical Therapy		1 Visit
		Occupational Therapy		1 Visit
		Speech Pathology		1 Visit
		Low Vision Training		1 Visit
H. Hospice Services	End of life care provided to clients in the terminal stage of an illness. They include room, board, nursing care, counseling, physician services, and palliative therapeutics. Services may be provided in a residential setting, including a non-acute-care section of a hospital that has been designated and staffed to provide hospice services. A physician must certify that a patient is terminal, defined under Medicaid hospice regulations as having a life expectancy of six months or less. Counseling services provided in the context of hospice care must be consistent with the definition of mental health counseling. Palliative therapies must be consistent with those covered under respective State Medicaid Programs.	Residential		1 Day
		In Home Hospice Care		1 hour
AB. Respite Care	The provision of community or home-based, non-medical assistance designed to relieve the primary caregiver responsible for providing day-to-day care of a client with HIV/AIDS.	Adult Day Care-Community Rename to: Day Care - Community		1 Day
		Adult Day Care - In Home Rename to: Day Care - In Home		1 Hour
		Adult Respite Care- Community Rename to: Respite Care-Community		1 Hour
		Adult Respite Care - In Home Rename to: Respite Care - In Home		1 Hour

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N. Child Care Services	The provision of care for the children of clients who are HIV positive while the clients are attending medical or other appointments or Ryan White HIV/AIDS Program - related meetings, groups, or training. NOTE: Does not include child care while the client is at work.	Child Care Services		30 minutes
D. Early Intervention Services (EIS) (Parts A and B)	Include counseling individuals with respect to HIV/AIDS; testing (including tests to confirm the presence of the disease, to diagnose the extent of immune deficiency, tests to provide information on appropriate therapeutic measures); referrals; other clinical and diagnostic services regarding HIV/AIDS; periodic medical evaluations for individuals with HIV/AIDS; and provision of therapeutic measures. While HIV counseling, testing and referral services are an integral part of EIS, these services should be reported as aggregate data in the RDR Provider Report. This includes data on individuals with negative confirmatory HIV tests. NOTE: Early Identification of Individuals with HIV/AIDS (EIIHA) activities should be reported as EIS.	Early Intervention Services		1 Visit
E. Health Insurance Premium & Cost Sharing Assistance	The provision of financial assistance for eligible individuals living with HIV to maintain a continuity of health insurance or to receive medical benefits under a health insurance program. This includes premium payments, risk pools, co-payments, and deductibles. NOTE: Data on Health Insurance Premium and Cost Sharing assistance funded through ADAP should NOT be reported in the RSR. These data are reported in a separate ADAP Quarterly Report.	High risk insurance pool - Premiums		1 Premium
		High risk insurance pool - Deductibles		1 Deductible
		High risk insurance pool - Co-payments		1 Co-Payment
		Medicare Supplement - Premiums		1 Premium
		Medicare Supplement - Deductibles		1 Deductible
		Medicare Supplement - Co-Payments		1 Co-Payment
		Other Health Insurance - Premiums		1 Premium
		Other Health Insurance - Deductibles		1 Deductible
P. Emergency Financial Assistance	The provision of one time or short term payments to agencies or the establishment of voucher programs when other resources are not available to help with emergency expenses related to essential utilities, housing, food (including groceries, food vouchers, and food stamps), transportation and medication. NOTE: Part A and Part B programs must allocate, track, and report these funds under specific service categories as described under 2.6 in the Division of Service Systems (DSS) Program Policy Guidance No. 10-02 (formally Policy No. 97-02). NOTE: It is expected that all other sources of funding in the community for emergency assistance will be effectively utilized and that any allocation of Ryan White HIV/AIDS Program funds to these purposes will be the payer-of -last-resort, and for limited amounts, use and periods of time. Continuous provision of an allowable service to a client should be reported in the applicable service category.	Utilities		1 Bill / Expense
		Prescriptions		1 Filled Prescription
		Food		1 Food Voucher
		Housing support - RW Only	Provides short term financial assistance to support temporary or transitional housing required in order to gain or maintain medical care. <u>Does not include on-going rental subsidies or mortgage payments.</u>	1 Day
		Transportation		1 Way Trip or 1 Round Trip
Q. Food Bank/Home delivered Meals	The provision of actual food or meals. It does not include finances to purchase food or meals, but may include vouchers to purchase food. The provision of essential household supplies, such as hygiene items and household cleaning supplies, also should be included. The provision of food and/or nutritional supplements by someone other than a registered dietitian should be included in this item as well. Food Vouchers provided as an on-going service to a client should be reported in this service category. Food Vouchers provided on a one-time or intermittent basis should be reported in the Emergency Financial Assistance category. Please refer to Policy letters 10-02 for Water Filter and Water Filter Replacement.	Home Delivered Meals	The number of meals and deliveries of meals to HIV+ clients. This does not reflect finances to purchase food or meals.	1 meal
		Congregate Meals	setting.	1 meal
		Food Bank	This represents the number of visits to the agency's food bank.	1 Visit
		Food Bank Voucher		1 Voucher
		Water Filter		1 Item

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		Water Filter Replacement		1 Item
S. Housing Services	<p>The provision of short-term assistance to support emergency, temporary or transitional housing to enable an individual or family to gain or maintain medical care. Housing-related referral services include assessment, search, placement, advocacy, and the fees associated with them. Eligible housing can include both housing that provides some type of medical or supportive services such as residential substance abuse or mental health services, residential foster care, or assisted living residential services and housing that does not provide direct medical or supportive services but is essential for an individual or family to gain or maintain access to and compliance with HIV-related medical care and treatment.</p> <p>NOTES: (1) Housing funds cannot be in the form of direct cash payments to recipients for services and cannot be used for Mortgage payments. (2) Short -term or emergency assistance is understood as transitional in nature and for the purposes of moving or maintaining an individual or family in a long-term, stable living situation. Therefore, such assistance cannot be permanent and must be accompanied by a strategy to identify, relocate, and/or ensure the individual or family is moved to, or capable of maintaining, a long term, stable living situation. For more information, see the policy "The Use of Ryan White HIV/AIDS Program Funds for Housing Referral Services and Short-term or Emergency Housing Needs" at http://hab.hrsa.gov/manage_your_grant/policiesletters.html.</p>	Housing Assistance/ Information Services - RW	Assistance provided to locate and obtain suitable, ongoing or transitional housing. Includes counseling, information, and referral services to assist a client to locate, acquire, finance and maintain housing. May also include fair housing counseling.	15 minutes
		Housing Assistance/ Information Services - HOPWA	Assistance provided to locate and obtain suitable, ongoing or transitional housing. Includes counseling, information, and referral services to assist a client to locate, acquire, finance and maintain housing. May also include fair housing counseling.	15 minutes
		Housing support - RW Only	Provides short term financial assistance to support temporary or transitional housing required in order to gain or maintain medical care. Does not include on-going rental subsidies or mortgage payments.	1 Day
		Resource Identification - HOPWA Only	Activities intended to establish, coordinate and develop housing assistance resources. Includes conducting research to determine feasibility of housing related initiatives.	1 Hour
		Acquisition and Rehab - HOPWA ONLY	Activities related to the acquisition, rehabilitation, conversion, lease, and repair of facilities to provide housing and services.	\$1.00
		New Construction - HOPWA Only	Costs associated with the construction of Single Room Occupancy and community residences.	\$1.00
		Rental Assistance Payments - HOPWA Only	Costs related to the payments made for support of ongoing, monthly project or tenant-based rental assistance/rent subsidies.	\$1.00
		Short-term rent, mortgage and utility payments - HOPWA Only	Costs related to payments to prevent the homelessness of a tenant or mortgagor of a dwelling.	\$1.00
		Permanent Housing Placement - HOPWA Only	Costs for security deposits and first month rent not to exceed two months.	\$1.00
		Supportive Services - HOPWA Only	HOPWA Case Management	15 minutes
Supportive or Skilled Housing - HOPWA Only	Provides for transitional or ongoing, facility-based housing including nursing home, skilled care, intermediate care and personal care facilities and projects or facilities that provide housing with supportive services. Also known as HOPWA Operating Costs.	1 Day		

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R. Health education / risk reduction	<p><i>Health Education and Risk Reduction activities educate clients living with HIV about how HIV is transmitted and how to reduce the risk of transmission. It includes the provision of information about medical and psychosocial support services and counseling to help clients living with HIV improve their health status.</i></p> <p><i>NOTE: Health Education/Risk Reduction services can only be delivered to individuals who are HIV positive. These services cannot be delivered anonymously. Client-level data must be reported for every individual that receives these services.</i></p>	Risk Reduction/Education		15 minutes
T. Legal Services	<p>The provision of services to individuals with respect to powers of attorney, do-not-resuscitate orders and interventions necessary to ensure access to eligible benefits, including discrimination or breach of confidentiality litigation as it relates to services eligible for funding under the Ryan White HIV/AIDS Program.</p> <p>NOTE: Legal Services to arrange for guardianship or adoption of children after the death of their primary caregiver should be reported as a permanency planning service.</p>	Legal Services		15 minutes
Y. Psychosocial Support Services	<p>The provision of support and counseling activities, child abuse and neglect counseling, HIV support groups, pastoral care, caregiver support, and bereavement counseling. Nutrition counseling services provided by a non-registered dietitian are reported in this service category.</p> <p>NOTE: Nutritional services and nutritional supplements provided by a licensed, registered dietitian are considered a core medical service and should be reported as Medical Nutrition therapy. The provision of food and/or nutritional supplements by someone other than a registered dietitian should be reported in the Food Bank/Home delivered meals service category.</p>	Pastoral Care		15 minutes
		Non-Professional Nutritional Counseling - Individual		15 minutes
		Non-Professional Nutritional Counseling - Group		15 minutes Per Person
		HIV Support Group	Group meeting for individuals with HIV, conducted by a non - licensed counselor	30 minutes Per Person
		Caregiver Support Group	Group meeting for caregivers conducted by a non-licensed counselor	30 minutes Per Person
		Peer Counseling - Individual	Individual one to one session conducted by a non-licensed HIV+ individual	15 minutes
		Peer Counseling - Group	Group meetings conducted by non-licensed HIV+ individuals	30 minutes Per Person
		Counseling - Individual	Individual one to one session conducted by a licensed or non-licensed counselor.	15 minutes
		Counseling - Group	Group session conducted by a licensed or non-licensed counselor.	15 minutes

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Z. Referral for Health Care/Supportive Services	<p>The act of directing a client to a service in person or writing, by telephone, or other type of communication. These services are provided outside of an Outpatient/Ambulatory Medical Care, Medical Case Mgt., or Non-Medical Case Mgt. service visit.</p> <p>NOTE: Referrals for Health Care/Supportive services provided by Outpatient/Ambulatory Medical Care services should be reported under Outpatient/Ambulatory Medical Care service category. Referrals for Health Care/Supportive services provided by case managers (medical and non-medical) should be reported in the appropriate case management service category -- i.e. Medical Case Mgt. or non- Medical Case Mgt.</p>	Referral Health Care/Supportive		15 minutes
W. Outreach Services	<p>Programs that have as their principal purpose identification of people with unknown HIV disease or those who know their status (i.e., case finding) so that they may become aware of, and may be enrolled in, care and treatment services. Outreach services do not include HIV counseling and testing or HIV prevention education. Broad activities such as providing "leaflets at a subway stop" or "a poster at a bus shelter" or "tabling at a health fair" would Not meet the intent of the law. These services may target high-risk communities or individuals. Outreach programs must be planned and delivered in coordination with local HIV prevention outreach programs to avoid duplication of effort; targeted to populations known through local epidemiologic data to be at disproportionate risk for HIV infection; conducted at times and in places where there is a high probability of reaching individuals with HIV infection and designed with quantified program reporting that will accommodate local effectiveness evaluation.</p> <p>NOTE: <i>Outreach Services cannot be delivered anonymously. Client level data must be reported for everyone that receives this service.</i></p>	Encounter	Street Contact	1 HIV+ Case Identified
		Referrals	Street Referrals	15 minutes
		Follow Up	Street Contact	15 minutes
V. Medical Transportation Services	<p>Include conveyance services provided, directly or through a voucher, to a client to enable him or her to access health care services.</p> <p>Medical transportation is classified as a support service and is used to provide transportation for eligible Ryan White HIV/AIDS Program clients to core medical services and support services. Medical transportation must be reported as a support service in all cases, regardless of whether the client is transported to a medical core service or to a support service.</p>	1 - Bus Pass, Train Token, Taxi Voucher	Amount paid for public transportation of clients to health care or support service locations	1 Way Trip or 1 Round Trip
		Transportation by Agency Staff Member	Account for the <u>time</u> spent by an agency staff member who transports clients to health care or support service locations.	15 minutes
		Transportation by Agency Staff Member	Account for the <u>mileage</u> by an agency staff member who transports clients to health care or support service locations.	1 Way Trip or 1 Round Trip
		Medically Assisted Transport	Non-emergency transport of non-ambulatory clients to health care or support service locations (i.e. Care Coach)	1 Way Trip
		Reimbursement - Volunteer/ Consumer - Gas Card Only	Reimbursement to clients transporting themselves or volunteers transporting clients to health care or support service locations. Gas card only.	1 Gas Card
U. Linguistics Services	Includes the provision of interpretation (oral) and translation (written) services, provided by qualified individuals as a component of HIV service delivery between the provider and client, when such services are necessary to facilitate communication between the provider and client and/or support the delivery of Ryan White-eligible services.	Translation / Interpretation Svcs		15 minutes

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This Sub-Service category is to measure the effectiveness of Street Contact rather than the Administrative Effort. Therefore, 1 Unit = 1 HIV+ Case identified.