

**West Central Florida Ryan White Care Council  
Minimum Standards of Care and Service Caps**

<b>AIDS Pharmaceutical Assistance (local)</b> .....	<b>2</b>
<b>Food Bank/Home Delivered Meals/Nutritional Supplements</b> .....	<b>3</b>
<b>Client Eligibility Criteria for Nutritional Supplements</b> .....	<b>5</b>
<b>Health Insurance</b> .....	<b>6</b>
<b>Housing Services</b> .....	<b>7</b>
<b>Medical Case Management Services</b> .....	<b>8</b>
<b>Medical Transportation Services</b> .....	<b>10</b>
<b>Mental Health Services</b> .....	<b>11</b>
<b>Oral Health</b> .....	<b>13</b>
<b>Outpatient/Ambulatory Medical Care</b> .....	<b>14</b>
<b>Peer Support Services</b> .....	<b>15</b>
<b>Substance Abuse Services Outpatient</b> .....	<b>17</b>
<b>Treatment Adherence Counseling</b> .....	<b>18</b>
<b>Service caps</b> .....	<b>19</b>

**Minimum Standards of Care  
AIDS Pharmaceutical Assistance (local)**

AIDS Pharmaceutical Assistance (local) 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. Local pharmacy assistance programs are **not** funded with ADAP earmark funding.

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<b>STANDARD</b>	<b>MEASURE</b>
1. Providers shall maintain records of quarterly quality improvement meetings including pharmacy staff as required by FAC 64B16-27.300, Standards of Pharmacy Practice. These records are considered peer review documents and are not subject to discovery in civil litigation or administrative actions.	1. Records of meetings on file as examined by Grantee
2. Patient counseling will be provided by qualified staff as needed. Counseling shall include but not be limited to, administration, drug-drug interaction, side effects, dosage, adherence education and food-drug interactions.	2. Policy on file as examined by Grantee.

Adopted: 11/06/02

Revised: 12/03/03, 11/1/06, 11/7/07, 6/3/09

**Minimum Standards of Care for  
Food Bank/Home Delivered Meals/Nutritional Supplements**

Such services include the provision of food, meals, or nutritional supplements.

**Food Bank:**

Food bank/home-delivered meals include the provision of actual food or meals. It does not include finances to purchase food or meals. The provision of essential household supplies such as hygiene items and household cleaning supplies should be included in this item. Includes vouchers to purchase food.

Such service may include the provision of actual foodstuffs and basic hygiene and toiletry items, delivered through the food pantry or by use of vouchers. The food pantry is generally used as a supplementary supplier to other sources of foodstuffs and basic hygiene and toiletry items.

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STANDARD	MEASURE
1. If a food voucher/card system is used, reimbursement procedures must be followed.	1. Fiscal Monitoring.

**Home Delivered Meals:** Not a funded service.

**Nutritional Supplements:**

On-going service/program to pay for approved nutritional supplements for persons with no other payment source. These standards are for the local nutritional supplement program which is established, operated, and funded locally by a Part A EMA to make nutritional supplements available to eligible low-income clients.

Nutritional supplements are defined as a liquid dietary supplement taken by mouth to improve nourishment, specifically by adding calories, carbohydrates, protein, fat and/or fiber in specific amounts. Providers of this service must comply with established client eligibility guidelines as adopted by the Council.

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<b>STANDARD</b>	<b>MEASURE</b>
1. Patient must meet clinical eligibility criteria. (See attached document.)	1. Documentation of inspection by provider on file. Onsite inspection by Grantee.

Adopted 09/01/99  
Revised: 6/04, 7/07, 11/7/07, 6/3/09

## Nutritional Supplements: Client Eligibility Criteria for Standard, High Calorie, Diabetic, and Renal Formulas

### Introduction:

The West Central Florida Ryan White Care Council adopted a formulary related to nutritional supplements during the March 3, 2004 meeting. Effective March 15, 2004 nutritional supplements are limited to the least expensive product for which the provider can negotiate. Product brands may fluctuate, and clients will need to be informed and educated on the formulary and the following eligibility guidelines, which have been revised as of January 19, 2006.

<b>Clinical Eligibility Criteria</b>	<b>Supportive Documentation</b>
(At least <u>one</u> of the following criteria must be met to be eligible to receive nutritional supplements)	(Supportive documentation must be submitted to pharmacy at the time the prescription is filled)
Body Mass Index (BMI) < 20	BMI calculation documented on prescription form
>= 5% weight loss in 1 month	Percentage of weight loss over one month documented on prescription form
>= 10% weight loss in 3 months	Percentage of weight loss over three months documented on prescription form
Phase angle of < 5.0 (male) or <4.5 (female) as measured by bioelectrical impedance testing (BIA)	BIA calculation documented on prescription form
Current evidence of illness preventing adequate food intake (especially when nutritional demands are increased)	Documentation of appropriate illness on prescription form: hypoalbuminemia, thrush (oral Candidiasis), esophageal Candidiasis, CVA, surgery, chemotherapy and/or radiation associated with cancer treatment, severe dental problems, other acute illness and/or opportunistic infection

### Requirements for Prescribers:

Multiple flavors require multiple prescriptions as each flavor is associated with a unique NDC number for billing.

1. Evidence of clinical eligibility must be indicated on the prescription or must be attached to the prescription.
2. Formulary restriction: maximum three month supply (one month supply with two refills). A new prescription is required every three months with updated and current supportive documentation of clinical eligibility. Providers must evaluate response to therapy when issuing new prescriptions.

### Unacceptable Use of Nutritional Supplements

1. Client convenience
2. Lack of finances (food banks, food stamps, financial assistance should be pursued first)

### Miscellaneous Information:

1. Exceptions to the above guidelines will be considered on a case-by-case basis and are at the discretion of the Grantee.
2. Questions and/or concerns should be addressed to the Grantee's Office (813-272-6935 or [arnolda@hillsboroughcounty.org](mailto:arnolda@hillsboroughcounty.org)).
3. Patients who have active substance abuse should be referred for additional assessment and intervention to address those issues.

Revised: Sept 5, 2007

## Minimum Standards of Care Health Insurance

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.

Since the eligible PLWH (Person Living with HIV) does not access services directly from the health insurance services provider but through a case manager, these minimum standards have been developed to reflect this unique fiscal relationship. The case management relationship ensures PLWH confidentiality and grievance procedures. These minimum standards as developed by the Planning & Evaluation Committee have been adopted by the Care Council. Minimum standards of care are intended to establish measurable guidelines for providing convenient, accessible and non-discriminatory services. No standard will be applied retroactively. The Grantee is responsible for assuring that in addition to these standards, all contracts with providers have provisions requiring the protection of clients' confidentiality and their eligibility for services without regard to gender identity, age, religion, ethnicity, and sexual orientation. The Grantee shall also require providers to have clear policies and procedures for client grievances and for the assessment of client satisfaction with services. The Grantee verifies that providers meet the minimum standards established by the Care Council. The Grantee will report significant and/or consistent challenges with particular Care Council approved minimum standards to the Planning & Evaluation Committee.

STANDARD	MEASURE
1. Upon receipt of the request for payment, the service provider will notify the case manager within three working days of the outcome of the request.	1. Written procedure and documentation on file as examined by the Grantee.
2. The provider will issue payments for approved requests within 30 working days of receipt of an invoice for payment.	2. Written procedure and documentation on file as examined by the Grantee.
3. The provider will conduct an annual training on the program and related procedures for case managers. The provider will also provide written updates on changes in eligibility or service benefits, procedural changes and other related information to case management agencies on a timely and regular basis.	3. Written procedure and documentation on file as examined by the Grantee.
4. The provider will establish and maintain a mechanism to assure that upon the PLWH's disenrollment, any unused portion of issued premium payments is reimbursed to the program.	4. Written procedure and documentation on file as examined by the Grantee.

Adopted: 03/05/03

Revised: 8/4/04, 3/7/07, 11/7/07, 6/3/09

## Minimum Standards of Care Housing Services

Housing services are 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 does not provide direct medical or supportive services and housing that provides some type of medical or supportive services such as residential mental health services, foster care, or assisted living residential services.

The following minimum standards are in place to describe and establish measurable guidelines in order to offer clients the most convenient, accessible, non-discriminatory and cost effective housing services. For the purpose of these standards, household is defined as one or more persons where there is a sharing of income and expenses residing at the same address.

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STANDARD	MEASURE
1. Clients must present a need for services as related to their HIV health status.	1. Documentation on file as examined by the Grantee.
2. Payments made for services must be appropriate for the area and household size.	2. Written procedures and/or reasonable rent charts documented on file as examined by the Grantee.
3. Assistance can only be provided to HIV positive individuals within a household.	3. Documentation as to household size, income and expenses as documented on file as examined by the Grantee.
4. There must be a plan to move the client off assistance and to be more self-sufficient, documented by referring entity and provided to the housing provider.	4. Documentation on file as examined by the Grantee.
5. Lease or utility bills service address must be for the same address of the client.	5. Documentation on file as examined by the Grantee.
6. In the absence of a lease an approved rental verification form must be used.	6. Documentation on file as examined by the Grantee.
7. Full current copies of the utility bills must be provided for services showing total amounts due for the service address.	7. Documentation on file as examined by the Grantee.

Adopted: 06/06/01

Revised: 12/03/03, 6/3/09

**Minimum Standards of Care  
Medical Case Management Services**

Medical Case management services (including treatment adherence) are a range of client-centered services that link clients with health care, psychosocial, and other services. The coordination and follow-up of medical treatments is 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's 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 as necessary over the life of the client. It includes client-specific advocacy and/or review of utilization of services. This includes all types of case management including face-to-face, phone contact, and any other forms of communication.

Services can take place at the client's home, clinic and/or provider office.

Case Managers should reflect competence and experience in assessing client needs and be familiar with community as well as city, county and state resources available for clients. Case management agencies are encouraged to consider the Florida Department of Health Case Management Standards and Guidelines for items not addressed in these minimum standards.

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<b>STANDARD</b>	<b>MEASURE</b>
1. Case managers must attempt to contact clients at least once every 60 days. Contact is defined as phone, face-to-face, leaving a message or a mailing.	1. Documentation on file as examined by the Grantee.
2. Active files must have individualized service plan reviewed by client and case manager semi-annually.	2. Documentation on file as examined by the Grantee.
3. Active files must reflect a face-to-face visit conducted on a semi-annual basis.	3. Documentation on file as examined by the Grantee.
4. Clients will have access to a case manager during normal business hours for the agency.	4. Written policy exists as examined by the Grantee.
5. Case managers will work collaboratively with client and medical/psychosocial providers to promote adherence to treatment.	5. Written policy exists as examined by the Grantee.
6. Case managers and direct supervisors must attend training sessions as offered by the Grantee. Additional training must be coordinated and/or	6. Documentation on file as examined by the Grantee.

provided by supervisory staff.	
7. Case managers must maintain up to date documentation on all activities with, or on behalf of clients.	7. Documentation on file as examined by the Grantee.
8. Case managers must provide the client a choice of service providers if available.	8. Documentation on file as examined by the Grantee.
9. Case managers must ensure that a copy of a client's record in its entirety is sent to the receiving agency within 10 business days from receipt of original signed release.	9. Documentation on file as examined by the Grantee.

Adopted: 04/03/02

Revised: 12/03/03, 12/6/06, 11/7/07, 6/3/09

**Minimum Standards of Care  
Medical Transportation Services**

Medical transportation services include conveyance services provided, directly or through voucher, to a client so that he or she may access health care services.

Such services may include taxi, tokens, bus passes, vouchers or agency vehicle transportation.

Transportation services include:

1. Supporting and expanding transportation services that enhance the ability of people with HIV infection to obtain health services.
2. Agencies that coordinate transportation services.
3. Emergency transportation to assure timely access to needed services for low income and/or physically disabled residents of the service area who have HIV-related illnesses or AIDS.
4. Consideration for HIV-disabled clients needing assistance in navigating stairs and in getting in and out of vehicles and folding wheelchairs.

These minimum standards of care are intended to describe transportation services; to establish measurable guidelines for providing the most convenient, accessible and non-discriminatory transportation; and to ensure that there is ongoing and consistent programmatic oversight of such services.

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STANDARD	MEASURE
1. Providers must have appropriate licensure and insurance coverage.	1. Written procedures and/or documentation on file as examined by the Grantee.

Adopted: 09/01/99

Revised: 12/03/03, 9/5/07, 6/3/09

**Minimum Standards of Care  
Mental Health Services**

Such services may include psychological and psychiatric treatment and counseling services, offered to individuals with a diagnosed mental illness, 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.

Mental health care for persons with HIV disease should reflect competence and experience in evaluation, formulation, and diagnosis as well as in evidence-based therapeutics, using contemporary practice guidelines where available.

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<b>STANDARD</b>	<b>MEASURE</b>
1. License-eligible staff delivering mental health services will receive direct, professional supervision by a licensed mental health provider of the type of care they are providing to individual patients/clients.	1. Written procedures and/or documentation on file as examined by Grantee.
2. The provider must provide mechanisms for urgent care evaluation and triage.	2. Written statement of policy and procedures on file as examined by the Grantee.
3. The provider will establish procedures for continuity of mental health/psychiatric care to their patients/clients in all settings in which they may need care.	3. Written statement of procedures on file as examined by the Grantee.
4. The provider will provide referrals for continuity of substance abuse care to their patients/clients as needed.	4. Documentation of referrals on file as reviewed by the Grantee.
5. The provider will develop and maintain client specific collaboration with primary medical care service providers.	5. Written statement of procedures on file as examined by the Grantee.
6. The provider will maintain an initial mental health assessment of each participating client that consists of: presenting problem(s), psychosocial history, mental status examination, differential diagnoses, treatment recommendations and signature of the licensed or license-eligible professional conducting the assessment.	6. Written documentation on file as examined by the Grantee.

Adopted: 06/07/00

Revised: 12/03/03, 3/7/07, 11/7/07, 6/3/09

**Minimum Standards of Care  
Oral Health**

Oral health care includes diagnostic, preventive, and therapeutic services provided by general dental practitioners, dental specialists, dental hygienists and auxiliaries, and other trained primary care providers.

The following minimum standards are in place to describe and establish measurable guidelines in order to offer clients the most convenient, accessible and non-discriminatory oral services.

These minimum standards as developed by the Planning & Evaluation Committee have been adopted by the Care Council. The Grantee is responsible for assuring that in addition to these standards, all contracts with providers have provisions requiring the protection of clients' confidentiality and their eligibility for services without regard to gender identity, age, religion, ethnicity, and sexual orientation. The Grantee shall also require providers to have clear policies and procedures for client grievances and for the assessment of client satisfaction with services. The Grantee verifies that providers meet the minimum standards established by the Care Council. The Grantee will report significant and/or consistent challenges with particular minimum standards to the Planning & Evaluation Committee.

<b>STANDARD</b>	<b>MEASURE</b>
1. Provider shall follow nationally accepted treatment guidelines.	1. Written documentation on file as examined by the Grantee.
2. Dental care shall have the primary focus of alleviating discomfort, keeping teeth and gums healthy, preventing infection and maintaining the ability to eat nutritional foods with the goal of optimizing overall health. Procedures that are for cosmetic purposes only will not be covered.  Treatment must be completed within a reasonable and customary time frame.	2. Written documentation on file as examined by the Grantee.
3. Normal treatment plan shall, at a minimum, include a thorough dental examination, x-rays and cleaning. Follow-up services shall include education, preventative home care instructions, and any additional services necessary to maintain dental health.	3. Written documentation on file as examined by the Grantee.
4. Provider shall have a policy in place to address dental emergencies.	4. Written documentation on file as examined by the Grantee.

Adopted: 05/01/02

Revised: 12/03/03, 12/6/06, 11/7/07, 6/3/09

**Minimum Standards of Care  
Outpatient/Ambulatory Medical Care**

Such services may include provision of professional diagnostic and therapeutic services rendered by a physician, physician's assistant, clinical nurse specialist or nurse practitioner in an outpatient setting. Settings include clinics, medical offices, and mobile vans where clients generally do not stay overnight. Emergency room services are not outpatient settings. This includes 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, care of minor injuries, education and counseling on health and nutritional issues, minor surgery and assisting at surgery, 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 included the provision of specialty care that is consistent with Public Health Service guidelines. Such care must include access to antiretrovirals and other drug therapies, including prophylaxis and treatment of opportunistic infections and combination antiretroviral therapies.

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<b>STANDARD</b>	<b>MEASURE</b>
1. Providers shall follow nationally accepted treatment guidelines, i.e., Centers for Disease Control (CDC), Infectious Disease Society of America (IDSA), or Department of Health and Human Services (DHHS).	1. Written procedures and/or documentation on file as examined by the Grantee.

Adopted: 07/11/01

Revised: 12/03/03, 3/7/07, 11/7/07, 6/3/09

**Minimum Standards of Care  
Peer Support Services**

Peer Support services are provided by and for individuals who are living with HIV/AIDS and help clients empower themselves and develop effective strategies for living healthy lives. Through one-on-one interactions and in small groups, these services support clients' engagement in health care and provide opportunities for education, skill-building, and emotional support in a respectful environment. With harm reduction as a foundation, peer support helps clients access health and benefit information, develop coping skills, reduce feelings of social isolation, and increase self determination and self-advocacy, helping improve quality of life for both participants and peer leaders.

The overall objectives of the Peer Support standards of care are to provide opportunities for sharing information and resources, with the goal of promoting self-advocacy; and facilitate the development of social and emotional support networks by and for people living with HIV/AIDS.

The objectives of the competencies standards for Peer Support are to:

- provide clients with the highest quality services through experienced and trained staff;
- ensure that peer support providers are able to provide culturally and linguistically appropriate services; and
- ensure that the provision of peer support service is documented appropriately.

A peer support client may disclose information within support groups or in one-on-one sessions that the individual has chosen not to share with a case manager and/or with another provider in the agency. When documenting peer support service provision, peer support staff should be aware of this and be sensitive to how and what information is recorded in the client's file.

Documentation should identify general topic areas discussed during the session (e.g., disclosure, adherence, or risk reduction), but not an individual participant's comments, feedback, or thoughts.

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STANDARD	MEASURE
1. One-on-one peer support services are provided by people living with HIV/AIDS.	1. Peer support staff self-identify as people living with HIV/AIDS.
2. Peer support groups are facilitated or co-facilitated by people living with HIV/AIDS.	2. Peer support staff self-identify as people living with HIV/AIDS.
3. Provision of one-on-one peer support services is documented in client file, including date, duration, and general topics covered.	3. Documentation in client file.

<p>4. Provisions of support group services is documented, including date, name of group, number of participants, and general topics covered; client participation in support groups is documented in client file.</p>	<p>4. Documentation of support groups on file at agency; documentation of support group attendance in client file.</p>
<p>5. Peer support staff (paid, stipend and volunteer) will receive at least one hour of administrative supervision per month and one hour of clinical supervision per month. Administrative and clinical supervision should be conducted by separate individuals.</p>	<p>5. Signed documentation on file indicating dates of one-on-one and/or group supervision, types of supervision (clinical or administrative), and name of supervisor.</p>

Adopted: 9/2/09

**Minimum Standards of Care  
Substance Abuse Services Outpatient**

Substance abuse services outpatient is 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, rendered by a physician or under the supervision of a physician, or by other qualified personnel.

The following minimum standards are in place to describe and establish measurable guidelines in order to offer clients the most convenient, accessible and non-discriminatory substance abuse treatment and counseling services.

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<b>STANDARD</b>	<b>MEASURE</b>
1. The provider will provide referrals for continuity of mental health, and/or psychiatric care to their patients/clients as needed.	1. Documentation of referrals on file as reviewed by the Grantee.
2. Treatment incorporates an initial assessment of client that consists of medical history and a psychosocial history with treatment recommendations.	2. Written procedures and/or documentation on file as examined by the Grantee.
3. Outpatient treatment incorporates continuum of care strategies to provide a safe environment for a client to return to after detox or other initial intervention.	3. Written statement of policy and procedures on file as examined by the Grantee.
4. The need for mental health treatment can not preclude a client from receiving substance abuse counseling/treatment.	4. Written statement of this policy and procedures on file as examined by the Grantee.
5. Qualified professionals who possess current professional licensure or who are authorized by the state will participate in the care and treatment of clients as required by law.	5. Written documentation on file as examined by the Grantee.

Adopted: 06/07/00

Revised: 12/03/03, 3/7/07, 11/7/07, 6/3/09

**Minimum Standards of Care  
Treatment Adherence Counseling**

The provision of counseling or special programs to ensure readiness for and adherence to complex HIV/AIDS treatments by non-medical personnel outside of the medical case management and clinical setting.

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<b>STANDARD</b>	<b>MEASURE</b>
1. Providers of this service have specific experience in caring for HIV infected clients or receive appropriate training including AIDS 104 level training within first 90 days of hire or as soon as training is available but not to exceed six months.	1. Written procedures and/or documentation on file as examined by the Grantee.
2. Providers of this service will receive a minimum of four hours of HIV/AIDS updates annually.	2. Documentation on file as examined by the Grantee.
3. Providers of this service will receive a minimum of four hours of training on treatment adherence issues annually.	3. Documentation on file as examined by the Grantee.
4. Providers of this service will receive a minimum of four hours of training on psychosocial issues annually.	4. Documentation on file as examined by the Grantee.

Adopted: 05/07/03

Revised: 12/03/03, 3/7/07, 11/7/07, 6/3/09

**SERVICE CAPS/LIMITS\***

Service Category	Recommended cap/limit  All limits are established per client per contract year beginning with the '07 program year unless otherwise indicated	Exceptions allowed  Grantee considers exceptions on a case by case basis	
Food Bank Nutritional Supplements	No cap/limit established		No change from current criteria which establishes an eligibility guideline of 150% of the federal poverty guidelines, which includes a provision for waiver when required.
Transportation	No cap/limit established		No change from current criteria
Substance Abuse	No cap/limit established		No change from current criteria
Mental Health	No cap/limit established		No change from current criteria
Drug Reimbursement	No cap/limit established		No change from current criteria
Health Insurance	Enrolled clients receive up to \$175 per month for co-pays and up to \$400 per month for COBRA, group and individual insurance premium payments		No change from current criteria which establishes service limits
Housing Emergency rent and utility Transitional housing	\$1000 plus a once in a lifetime deposit one year		No change from current criteria No change from current criteria
Oral Health	\$2000	Only if medically necessary	
Acupuncture	\$500		
Legal services	\$1000		
Primary Care  Patient Education/ Treatment Adherence*	No limit on office visits or labs  No more than 25% of total primary care contract may be used for patient education		
*The Care Council designated pregnant women, infants, children and adolescents as special populations and does not include them in the service cap for primary care patient education (revision 3/7/07)			
Case Management	\$2400		

Note: The cost for an individual unit of service varies based on current contract with providers and makes it difficult to predict the additional units of service that may be created or the additional number of clients that can be served with caps/limits imposed.

\*It is the Provider's responsibility to respond flexibly to a changing environment as long as they do not exceed the cap established for a particular service. (revision 9/2/09)

Approved 9/6/06