



Harris County  
**Public Health**  
Building a Healthy Community

**2025-2026**  
**HOUSTON ELIGIBLE METROPOLITAN AREA**  
**RYAN WHITE CARE ACT PART A**  
**STANDARDS OF CARE**  
**FOR HIV SERVICES**  
**RYAN WHITE GRANT ADMINISTRATION**  
**HARRIS COUNTY PUBLIC HEALTH (HCPH)**

TABLE OF CONTENTS

Introduction.....	1
General Standards .....	2
Service Specific Standards	
Emergency Financial Assistance (Other).....	25
Legal Assistance (Expungement).....	29
Transitional Housing (Temporary Assisted Living).....	31
Transportation.....	38

## Introduction

According to the Joint Commission (2008)<sup>1</sup>, a standard is a “statement that defines performance expectations, structures, or processes that must be in place for an organization to provide safe, high-quality care, treatment, and services”. Standards are developed by subject experts and are usually the minimal acceptable level of quality in service delivery. The Houston EMA Ryan White Grant Administration (RWGA) Standards of Care (SOCs) are based on multiple sources including RWGA on-site program monitoring results, consumer input, the US Public Health Services guidelines, Centers for Medicare and Medicaid Conditions of Participation (COP) for health care facilities, Joint Commission accreditation standards, the Texas Administrative Code, Center for Substance Abuse and Treatment (CSAT) guidelines and other federal, state and local regulations.

### Purpose

The purpose of the Ryan White Part A SOC is to determine the minimal acceptable levels of quality in service delivery and to provide a measurement of the effectiveness of services.

### Scope

The Houston EMA SOC applies to Part A funded HRSA defined core and support services including the following services in FY 2025-2026:

#### Core Services

- *Clinical Case Management*
- ***Health Insurance Premium and Cost Sharing Assistance***
- *Hospice Care*
- *Local AIDS Pharmaceutical Assistance Program (LPAP)*
- *Medical Case Management*
- *Medical Nutrition Therapy Supplements*
- *Mental Health Services*
- ***Oral Health***
- *Primary Medical Care (Ambulatory/ Outpatient Primary Care)*
- *Substance Use Outpatient Services*

#### Support Services

- *Emergency Financial Assistance (Other)*
- *Emergency Financial Assistance (Prescriptions)*
- *Food Bank / Home Delivered Meals*
- *Legal Services*
- *Linguistic Services*
- *Medical Transportation*
- *Mental Health Services*
- ***Non-Medical Case Management (Service Linkage)***
- *Outreach Services*
- *Referral for Healthcare & Support Services*
- *Vision Care*

Services are funded as follows:

*Part A funded services*

***Combination of Parts A, B, and/or Unw/Services funding***

### Standards Development

The first group of standards was developed in 1999 following HRSA requirements for sub grantees to implement monitoring systems to ensure subcontractors complied with contract requirements. Subsequently, the RWGA facilitates annual work group meetings to review the standards and to make applicable changes. Workgroup participants include physicians, nurses, case managers and executive staff from subcontractor agencies as well as consumers.

### Organization of the SOC

The standards cover all aspect of service delivery for all funded service categories. Some standards are consistent across all service categories and therefore are classified under general standards.

These include:

- Staff requirements, training and supervision
- Client rights and confidentiality
- Agency and staff licensure
- Emergency Management

The RWGA funds three case management models. Unique requirements for all three case management service categories have been classified under Service Specific SOC “Case Management (All Service Categories)”. Specific service requirements have been discussed under each service category. All new and/or revised standards are effective at the beginning of the fiscal year.

---

<sup>1</sup> The Joint Commission (formerly known as Joint Commission on Accreditation of Healthcare Organization (2008)). Comprehensive accreditation manual for ambulatory care; Glossary

## GENERAL STANDARDS

	Standard	Measure
<b>1.0</b>	<b>Staff Requirements</b>	
1.1	<p><u>Staff Screening (Pre-Employment)</u></p> <p>Staff providing services to clients shall be screened for appropriateness by provider agency as follows:</p> <ul style="list-style-type: none"> <li>• Personal/Professional references</li> <li>• Personal interview</li> <li>• Written application</li> <li>• Criminal background checks, if required by Agency Policy, must be conducted prior to employment and thereafter for all staff and/or volunteers per Agency policy.</li> </ul>	<ul style="list-style-type: none"> <li>• Review of Agency's Policies and Procedures Manual indicates compliance.</li> <li>• Review of personnel and/or volunteer files indicates compliance.</li> </ul>
1.2	<p><u>Initial Training: Staff/Volunteers</u></p> <p>Initial training includes eight (8) hours of: HIV basics, safety issues (fire &amp; emergency preparedness, hazard communication, infection control, universal precautions), confidentiality issues, role of staff/volunteers (e.g., job description), agency-specific information (e.g., Drug Free Workplace policy) and customer service training must be completed within 60 days of hire.</p> <p><a href="https://www.dshs.texas.gov/hivstd/contractor/casemanage">https://www.dshs.texas.gov/hivstd/contractor/casemanage</a></p>	<ul style="list-style-type: none"> <li>• Documentation of all training in personnel file.</li> <li>• Specific training requirements are specified in Agency Policy and Procedure.</li> <li>• Materials for staff training and continuing education are on file.</li> <li>• Staff interviews indicate compliance.</li> </ul>
1.3	<p><u>Staff Performance Evaluation</u></p> <p>Agency will perform annual staff performance evaluation.</p>	<ul style="list-style-type: none"> <li>• Completed annual performance evaluation kept in employee's file.</li> <li>• Signed and dated by employee and supervisor (includes electronic signature).</li> </ul>

1.4	<p><u>Cultural and HIV Mental Health Co-morbidity Competence Training/Staff and Volunteers</u></p> <p>All staff tenured 0 – 5 years with their current employer must receive four (4) hours of cultural competency training to include information on working with people of all races, ethnicities, nationalities, gender identities, and sexual orientations and an additional one (1) hour of HIV/Mental Health co-morbidity sensitivity training annually. All new employees must complete these within ninety (90) days of hire.</p> <p>All staff with greater than 5 years with their current employer must receive two (2) hours of cultural competency training and an additional one (1) hour of HIV/Mental Health co-morbidity sensitivity training annually.</p>	<ul style="list-style-type: none"> <li>• Documentation of training is maintained by the agency in the personnel file.</li> </ul>
1.5	<p><u>Staff education on eligibility determination and fee schedule</u></p> <p>Agency must provide training on agency's policies and procedures for eligibility determination and sliding fee schedule for, but not limited to, case managers, and eligibility &amp; intake staff annually.</p> <p>All new employees must complete within ninety (90) days of hire.</p>	<ul style="list-style-type: none"> <li>• Documentation of training in employee's record.</li> </ul>
<b>2.0</b>	<b>Services utilize effective management practices such as cost effectiveness, human resources and quality improvement.</b>	
2.1	<p>Service Evaluation</p> <p>Agency has a process in place for the evaluation of client services.</p>	<ul style="list-style-type: none"> <li>• Review of Agency's Policies and Procedures Manual indicates compliance.</li> <li>• Staff interviews indicate compliance.</li> </ul>

2.2	<u>Subcontractor Monitoring</u> Agency that utilizes a subcontractor in delivery of service, must have established policies and procedures on subcontractor monitoring that include: <ul style="list-style-type: none"> <li>• Fiscal monitoring</li> <li>• Program</li> <li>• Quality of care</li> <li>• Compliance with guidelines and</li> </ul>	<ul style="list-style-type: none"> <li>• Documentation of subcontractor monitoring.</li> <li>• Review of Agency's Policies and Procedures Manual indicates compliance.</li> </ul>
2.3	<u>Staff Guidelines</u> Agency develops written guidelines for staff, which include, at a minimum, agency-specific policies and procedures (staff selection, resignation and termination process, and position descriptions); client confidentiality; health and safety requirements; complaint and grievance procedures; emergency procedures; and statement of client rights; staff must review these guidelines annually.	<ul style="list-style-type: none"> <li>• Personnel file contains a signed statement acknowledging that staff guidelines were reviewed, and that the employee understands agency policies and procedures.</li> </ul>
2.4	<u>Work Conditions</u> Staff/volunteers have the necessary tools, supplies, equipment, and space to accomplish their work.	<ul style="list-style-type: none"> <li>• Inspection of tools and/or equipment indicates that these are in good working order and in sufficient supply.</li> </ul> Staff interviews indicate compliance.
2.5	<u>Staff Supervision</u> Staff services are supervised by a paid coordinator or manager.	<ul style="list-style-type: none"> <li>• Review of personnel files indicates compliance.</li> <li>• Review of Agency's Policies and Procedures Manual indicates compliance.</li> </ul>

2.6	<u>Professional Behavior</u> Staff must comply with written standards of professional behavior.	<ul style="list-style-type: none"> <li>• Staff guidelines include standards of professional behavior.</li> <li>• Review of Agency's Policies and Procedures Manual indicates compliance.</li> <li>• Review of personnel files indicates compliance.</li> <li>• Review of agency's complaint and grievance files.</li> </ul>
2.7	<u>Communication</u> There are procedures in place regarding regular communication with staff about the program and general agency issues.	<ul style="list-style-type: none"> <li>• Review of Agency's Policies and Procedures Manual indicates compliance.</li> <li>• Documentation of regular staff meetings.</li> <li>• Staff interviews indicate compliance.</li> </ul>
2.8	<u>Accountability</u> There is a system in place to document staff time and effort commensurate to appropriate funding source.	<ul style="list-style-type: none"> <li>• Staff time sheets or other documentation indicate compliance.</li> </ul>
2.9	<u>Staff Availability</u> Staff are present to answer incoming calls during agency's normal operating hours.	<ul style="list-style-type: none"> <li>• Published documentation of agency operating hours.</li> <li>• Staff time sheets or other documentation indicate compliance.</li> </ul>

<b>3.0</b>	<b>Clients Rights and Responsibilities</b>	
3.1	<u>Clients Rights and Responsibilities</u> Agency reviews Client Rights and Responsibilities Statement with each client in a language and format the client understands. Agency provides client with written copy of client rights and responsibilities, including: <ul style="list-style-type: none"> <li>• Informed consent</li> <li>• Confidentiality</li> <li>• Grievance procedures</li> <li>• Duty to warn or report certain behaviors.</li> <li>• Scope of service</li> <li>• Criteria for end of services</li> </ul>	<ul style="list-style-type: none"> <li>• Documentation in client's record.</li> </ul>
3.2	<u>Confidentiality</u> Agency maintains Policy and Procedure regarding client confidentiality in accordance with RWGA site visit guidelines, local, state and federal laws. Providers must implement mechanisms to ensure protection of clients' confidentiality in all processes throughout the agency. There is a written policy statement regarding client confidentiality form signed by each employee and included in the personnel file.	<ul style="list-style-type: none"> <li>• Review of Agency's Policies and Procedures Manual indicates compliance.</li> <li>• Client's interview indicates compliance.</li> <li>• Agency's structural layout and information management indicates compliance.</li> <li>• Signed confidentiality statement in each employee's personnel file.</li> </ul>
3.3	<u>Consents</u> All consent forms comply with state and federal laws, are signed by an individual legally able to give consent and must include the Consent for Services form and a consent for release/exchange of information for every individual/agency to whom client identifying information is disclosed, regardless of whether HIV status is revealed.	<ul style="list-style-type: none"> <li>• Agency Policy and Procedure and signed and dated consent forms in client record.</li> </ul>

3.4	<p><u>Up to date Release of Information</u></p> <p>Agency obtains an informed written consent of the client or legally responsible person prior to the disclosure or exchange of certain information about client's case to another party (including family members) in accordance with the RWGA Site Visit Guidelines, local, state and federal laws. The release/exchange consent form must contain:</p> <ul style="list-style-type: none"> <li>• Name of the person or entity permitted to make the disclosure.</li> <li>• Name of the client</li> <li>• The purpose of the disclosure</li> <li>• The types of information to be disclosed.</li> <li>• Entities to disclose to</li> <li>• Date on which the consent is signed.</li> <li>• The expiration date of client authorization (or expiration event) no longer than two years.</li> <li>• Signature of the client/or parent, guardian or person authorized to sign in lieu of the client.</li> <li>• Description of the Release of Information, its components, and ways the client can nullify it.</li> </ul> <p>Release/exchange of information forms must be completed entirely in the presence of the client. Any unused lines must have a line crossed through the space.</p>	<ul style="list-style-type: none"> <li>• Current Release of Information form with all the required elements signed by client or authorized person in client's record.</li> </ul>
-----	--	--



3.5	<p>Grievance Procedure</p> <p>Agency has Policy and Procedure regarding client grievances that is reviewed with each client in a language and format the client can understand and a written copy of which is provided to each client. Grievance procedure includes but is not limited to:</p> <ul style="list-style-type: none"> <li>• To whom complaints can be made.</li> <li>• Steps necessary to complain.</li> <li>• Form of grievance if any.</li> <li>• Timelines and steps taken by the agency to resolve the grievance.</li> <li>• Documentation by the agency of the process, including a standardized grievance/complaint form available in a language and format understandable to the client.</li> <li>• All complaints or grievances initiated by clients are documented on the Agency's standardized form.</li> <li>• Resolution of each grievance/complaint is documented on the standardized form and shared with client.</li> <li>• Confidentiality of grievance.</li> <li>• Addresses and phone numbers of licensing authorities and funding sources.</li> <li>• Language outlining that clients cannot be retaliated against for filing grievances.</li> </ul>	<ul style="list-style-type: none"> <li>• Signed receipt of agency Grievance Procedure, filed in client chart.</li> <li>• Review of Agency's Policies and Procedures Manual indicates compliance.</li> <li>• Review of Agency's Grievance file indicates compliance.</li> <li>• Source Citation: HAB Monitoring Standards; Part I: Universal Standards; Section A: Access to Care #2</li> </ul>
-----	---	--

3.6	<p><u>Conditions Under Which Discharge/Closure May Occur</u></p> <p>A client may be discharged from Ryan White funded services for the following reasons.</p> <ul style="list-style-type: none"> <li>• Death of the client</li> <li>• At the client's or legal guardian request</li> <li>• Changes in client's need which indicates services from another agency.</li> <li>• Fraudulent claims or documentation about HIV diagnosis by the client.</li> <li>• Client actions put the agency, case manager or other clients at risk. Documented supervisory review is required when a client is terminated or suspended from services due to behavioral issues.</li> <li>• Client moves out of service area, enters jail, or cannot be contacted for sixty (60) days. Agency must document three (3) attempts to contact clients by more than one method (e.g., phone, mail, email, text message, in person via home visit).</li> <li>• Client service plan is completed, and no additional needs are identified.</li> </ul> <p>Client must be provided a written notice prior to involuntary termination of services (e.g., due to dangerous behavior, fraudulent claims, or documentation, etc.).</p>	<ul style="list-style-type: none"> <li>• Documentation in client record and in the Centralized Patient Care Data Management System.</li> <li>• A copy of written notice and a certified mail receipt for involuntary termination.</li> </ul>
3.7	<p><u>Client Closure</u></p> <p>A summary progress note is completed in accordance with Site Visit Guidelines within three (3) working days of closure, including:</p> <ul style="list-style-type: none"> <li>• Date and reason for discharge/closure.</li> <li>• Summary of all services received by the client and the client's response to services.</li> <li>• Referrals made and/or</li> <li>• Instructions given to the individual at discharge (when applicable).</li> </ul>	<ul style="list-style-type: none"> <li>• Documentation in client record and in the Centralized Patient Care Data Management System.</li> </ul>

3.8	<p><u>Client Feedback</u></p> <p>In addition to the RWGA standardized client satisfaction survey conducted on an ongoing basis (no less than annually). Agency must have structured and ongoing efforts to obtain input from clients (or client caregivers, in cases where clients are unable to give feedback) in the design and delivery of services. Such efforts may include client satisfaction surveys, focus groups and public meetings conducted at least annually. Agency may also maintain a visible suggestion box for clients' inputs. Analysis and use of results must be documented. Agency must maintain a file of materials documenting Consumer Advisory Board (CAB) membership and meeting materials (applicable only if agency has a CAB).</p> <p>Agencies that serve an average of 100 or more unduplicated clients monthly under combined RW/A, MAI, RW/B and SS funding must implement a CAB. The CAB must meet regularly (at least 4 times per year) at a time and location conducive to consumer participation to gather, support and encourage client feedback, address issues which impact client satisfaction with services and provide Agency with recommendations to improve service delivery, including accessibility and retention in care.</p>	<ul style="list-style-type: none"> <li>• Documentation of clients' evaluation of services is maintained.</li> <li>• Documentation of CAB and public meeting minutes.</li> <li>• Documentation of existence and appropriateness of a suggestion box or other client input mechanism.</li> <li>• Documentation of content, use, and confidentiality of a client satisfaction survey or focus groups conducted annually.</li> <li>• Source Citation: HAB Monitoring Standards; Part I: Universal Standards; Section A: Access to Care #1</li> </ul>
-----	--	--

3.9	<p><u>Patient Safety (Core Services Only)</u></p> <p>Agency shall establish mechanisms to implement National Patient Safety Goals (NPSG) modeled after the current Joint Commission accreditation <i>for Ambulatory Care</i> (<a href="http://www.jointcommission.org">www.jointcommission.org</a>) to ensure patients' safety. The NPSG to be addressed include the following as applicable:</p> <ul style="list-style-type: none"> <li>• “Improve the accuracy of patient identification.</li> <li>• Improve the safety of using medications.</li> <li>• Reduce the risk of healthcare-associated infections.</li> <li>• Accurately and completely reconcile medications across the continuum of care.</li> <li>• Universal Protocol for preventing Wrong Site, Wrong Procedure and Wrong Person Surgery” (<a href="http://www.jointcommission.org">www.jointcommission.org</a>)</li> </ul>	<ul style="list-style-type: none"> <li>• Review of Agency’s Policies and Procedures Manual indicates compliance.</li> </ul>
3.10	<p><u>Client Records</u></p> <p>Provider shall maintain all client records.</p>	<ul style="list-style-type: none"> <li>• Review of agency’s policy and procedure for records administration indicates compliance.</li> </ul>

<b>4.0</b>	<b>Accessibility</b>	
4.1	<p><u>Cultural Competence</u></p> <p>Agency demonstrates a commitment to provision of services that are culturally sensitive and language competent for Limited English Proficient (LEP) individuals and people of all gender identities and sexual orientations.</p>	<ul style="list-style-type: none"> <li>• Agency has procedures for obtaining translation services.</li> <li>• Client satisfaction survey indicates compliance</li> <li>• Policies and procedures demonstrate commitment to the community and culture of the clients.</li> <li>• Availability of interpretive services, bilingual staff, and staff trained in cultural competence.</li> <li>• Agency has vital documents including, but not limited to applications, consents, complaint forms, and notices of rights translated in client record.</li> <li>• Agency has facilities available for consumers of all gender identities, including gender-neutral restrooms.</li> </ul>
4.2	<p><u>Client Education</u></p> <p>Agency demonstrates capacity for client education and provision of information on community resources.</p>	<ul style="list-style-type: none"> <li>• Availability of the blue book and other educational materials.</li> <li>• Documentation of educational needs assessment and client education in clients' records.</li> </ul>

4.3	<p><u>Special Service Needs</u></p> <p>Agency demonstrates a commitment to assisting individuals with special needs.</p>	<ul style="list-style-type: none"> <li>• Agency compliance with the Americans with Disabilities Act (ADA).</li> <li>• Review of Policies and Procedures indicates compliance.</li> <li>• Environmental Review shows a facility that is handicapped accessible.</li> </ul>
4.4	<p><u>Provision of Services for Low-Income Individuals</u></p> <p>Agency must ensure that facility is handicap accessible and is also accessible by public transportation (if in area served by METRO). Agency must have policies and procedures in place that ensures access to transportation services if facility is not accessible by public transportation. Agency should not have policies that dictate a dress code or conduct that may act as barrier to care for low-income individuals.</p>	<ul style="list-style-type: none"> <li>• Facility is accessible by public transportation.</li> <li>• Review of Agency's Policies and Procedures Manual indicates compliance.</li> <li>• Source Citation: HAB Monitoring Standards; Part I: Universal Standards; Section A: Access to Care #4</li> </ul>
4.5	<p><u>Proof of HIV Diagnosis</u></p> <p>Documentation of the client's HIV status is obtained at or prior to the initiation of services or registration services.</p> <p>An anonymous test result may be used to document HIV status temporarily (up to sixty [60] days). It must contain enough information to ensure the identity of the subject with a reasonable amount of certainty.</p>	<ul style="list-style-type: none"> <li>• Documentation in client record as per RWGA site visit guidelines or TRG Policy SG-03.</li> <li>• Source Citation: HAB Monitoring Standards; Part I: Universal Standards; Section A: Access to Care #3</li> </ul>

4.6	<p><u>Provision of Services Regardless of Current or Past Health Condition</u></p> <p>Agency must have Policies and Procedures in place to ensure that clients living with HIV are not denied services due to current or pre-existing health condition or non- HIV related condition. A file must be maintained on all clients who are refused services and the reason for refusal.</p>	<ul style="list-style-type: none"> <li>• Review of Policies and Procedures indicates compliance.</li> <li>• A file containing information on clients who have been refused services and the reasons for refusal.</li> <li>• Source Citation: HAB Program Standards; Section D: #1</li> </ul>
4.7	<p><u>Client Eligibility</u></p> <p>In order to be eligible for services, individuals must meet the following:</p> <ul style="list-style-type: none"> <li>• HIV+</li> <li>• Residence in the Houston EMA/ HSDA (With prior approval, clients can be served if they reside outside of the Houston EMA/HSDA.)</li> <li>• Income no greater than 300% of the Federal Poverty level (unless otherwise indicated)</li> <li>• Proof of identification</li> <li>• Ineligibility for third party reimbursement</li> </ul>	<ul style="list-style-type: none"> <li>• Documentation of HIV+ status, residence, identification, and income in the client record.</li> <li>• Documentation of ineligibility for third party reimbursement.</li> <li>• Documentation of screening for Third Party Payers in accordance with RWGA site visit guidelines.</li> <li>• Source Citation: HAB Monitoring Standards; Part I: Universal Standards; Section B: Eligibility Determination/Screening #1</li> </ul>

4.8	<p><u>Re-certification of Client Eligibility</u></p> <p>Appropriate documentation is required for changes in status and at least once a year (defined as a 12-month period) with renewed eligibility with the CPCDMS. At a minimum, agency confirms an individual's income, residency and re- screens, as appropriate, for third-party payers. Third party payers include State Children's Health Insurance Programs (SCHIP), Medicare (including Part D prescription drug benefit) and private insurance.</p> <p>Agency must ensure that Ryan White is the Payer of last resort and must have policies and procedures addressing strategies to enroll all eligible uninsured clients into Medicare, Medicaid, private health insurance and other programs. Agency policy must also address coordination of benefits, billing and collection. Clients eligible for Department of Veterans Affairs (VA) benefits are duly eligible for Ryan White services and therefore exempted from the payer of last resort requirement.</p> <ul style="list-style-type: none"> <li>• Agency must verify 3rd party payment coverage for eligible services at every visit or monthly (whichever is less frequent).</li> </ul>	<ul style="list-style-type: none"> <li>• Client record contains documentation of re-certification of client residence, income, and rescreening for third party payers at least every twelve (12) months.</li> <li>• Review of Policies and Procedures indicates compliance.</li> <li>• Information in client's files that includes proof of screening for insurance coverage (i.e., hard/scanned copy of results).</li> <li>• Source Citation: HAB Monitoring Standards; Part I: Universal Standards; Section B: Eligibility Determination/Screening #1 and #2</li> <li>• Source Citation: HIV/AIDS Bureau (HAB) Policy Clarification Notice #13- 02</li> </ul>
-----	---	---



4.9	<p><u>Charges for Services</u></p> <p>Agency must institute Policies and Procedures for cost sharing including enrollment fees, premiums, deductibles, co-payments, co-insurance, sliding fee discount, etc. and an annual cap on these charges. Agency should not charge any of the above fees regardless of terminology to any Ryan White eligible patient whose gross income level (GIL) is <math>\leq 100\%</math> of the Federal Poverty Level (FPL) as documented in the CPCDMS for any services provided. Clients whose gross income is between 101-300% may be charged annual aggregate fees in accordance with the legislative mandate outlined below:</p> <ul style="list-style-type: none"> <li>• 101%-200% of FPL---5% or less of GIL</li> <li>• 201%-300% of FPL---7% or less of GIL</li> <li>• &gt;300% of FPL -----10% or less of GIL</li> </ul> <p>Additionally, agency must implement the following:</p> <ul style="list-style-type: none"> <li>• Six (6) month evaluation of clients to establish individual fees and cap (i.e., the six (6) month CPCDMS registration or registration update.)</li> <li>• Tracking of charges</li> <li>• A process for alerting the billing system when the cap is reached so client will not be charged for the rest of the calendar year.</li> <li>• Documentation of fees</li> </ul>	<ul style="list-style-type: none"> <li>• Review of Policies and Procedures indicates compliance.</li> <li>• Review of system for tracking patient charges and payments indicate compliance.</li> <li>• Review of charges and payments in client records indicate compliance with annual cap.</li> <li>• Sliding fee application forms on client record is consistent with Federal guidelines.</li> </ul>
4.9b	<p><u>Provision of services regardless of an individual's ability to pay for the service.</u> Subgrantee billing and collection policies and procedures do not:</p> <ul style="list-style-type: none"> <li>• Deny services for non-payment.</li> <li>• Deny payment for inability to produce income documentation.</li> <li>• Require full payment prior to service.</li> <li>• Include any other procedure that denies services for non-payment.</li> </ul>	

4.10	<p><u>Information on Program and Eligibility/Sliding Fee Schedule</u></p> <p>Agency must provide broad-based dissemination of information regarding the availability of services. All clients accessing services must be provided with a clear description of their sliding fee charges in a simple understandable format at intake and annually at registration update. Agency should maintain a file documenting promotion activity including copies of HIV program materials and information on eligibility requirements.</p> <p>Agency must proactively inform/educate clients when changes occur in the program design or process, client eligibility rules, fee schedule, facility layout or access to program or agency.</p>	<ul style="list-style-type: none"> <li>• Agency has a written substantiated annual plan to targeted populations.</li> <li>• Zip code data show provider is reaching clients throughout service area (as applicable to specific service category).</li> <li>• Agency file containing informational materials about agency services and eligibility requirements including the following: Brochures Newsletters Posters Community bulletins any other types of promotional materials</li> <li>• Signed receipt for client education/ information regarding eligibility and sliding fees on client record.</li> </ul> <p>Source Citation: HAB Monitoring Standards; Part I: Universal Standards; Section A: Access to Care #5</p>
------	---	--

4.11	<p><u>Linkage Into Core Services</u>  Agency staff will provide out-of-care clients with individualized information and referral to connect them into ambulatory outpatient medical care and other core medical services.</p>	<ul style="list-style-type: none"> <li>• Documentation of client referral is present in client record.</li> <li>• Review of agency's policies &amp; procedures' manual</li> </ul>
4.12	<p><u>Wait Lists</u>  It is the expectation that clients will not be put on a Wait List, nor will services be postponed or denied. Agency must notify the administrative agency when funds for service are either low or exhausted for appropriate measures to be taken to ensure adequate funding is available. Should a wait list become required, the agency must, at a minimum, develop a policy that addresses how they will handle situations where service(s) cannot be immediately provided and a process by which client information will be obtained and maintained to ensure that all clients that requested service(s) are contacted after service provision resumes. A wait list is defined as a roster developed and maintained by providers of patients awaiting a particular service when a demand for a service exceeds available appointments used on a first come next serviced method.</p> <p>The Agency will notify RWGA of the following information when a wait list must be created:  An explanation for the cessation of service; and a plan for resumption of service. The Agency's plan must address:</p> <ul style="list-style-type: none"> <li>• Action steps to be taken Agency to resolve the service shortfall; and</li> <li>• Projected date that services will resume.</li> </ul> <p>The Agency will report to RWGA in writing on a monthly basis while a client wait list is required with the following information:</p> <ul style="list-style-type: none"> <li>• Number of clients on the wait list.</li> <li>• Progress toward completing the plan for resumption of service.</li> <li>• A revised plan for resumption of service, if necessary.</li> </ul>	<ul style="list-style-type: none"> <li>• Review of Agency's Policies and Procedures Manual indicates compliance.</li> <li>• Documentation that agency notified their Administrative Agency when funds for services were either low or exhausted.</li> </ul>

4.13	<p><u>Intake</u></p> <p>The agency conducts an intake to collect required data including, but not limited to, eligibility, appropriate consents and client identifiers for entry into CPCDMS. Intake process is flexible and responsive, accommodating disabilities and health conditions. In addition to office visits, client is provided alternatives such as conducting business by mail, online registration via the internet, or providing home visits, when necessary.</p> <p>Agency has established procedures for communicating with people with hearing impairments.</p>	<ul style="list-style-type: none"> <li>• Documentation in client record.</li> <li>• Review of Agency's Policies and Procedures Manual indicates compliance.</li> </ul>
<b>5.0</b>	<b>Quality Management</b>	
5.1	<p><u>Continuous Quality Improvement (CQI)</u></p> <p>Agency demonstrates capacity for an organized CQI program and has a CQI Committee in place to review procedures and to initiate Performance Improvement activities.</p> <p>The Agency shall maintain an up-to-date Quality Management (QM) Manual. The QM Manual will contain at a minimum:</p> <ul style="list-style-type: none"> <li>• The Agency's QM Plan</li> <li>• Meeting agendas and/or notes (if applicable)</li> <li>• Project specific CQI Plans</li> <li>• Root Cause Analysis &amp; Improvement Plans</li> <li>• Data collection methods and analysis</li> <li>• Work products</li> <li>• QM program evaluation</li> <li>• Materials necessary for QM activities</li> </ul>	<ul style="list-style-type: none"> <li>• Review of Agency's Policies and Procedures Manual indicates compliance.</li> <li>• Up-to-date QM Manual</li> <li>• Source Citation: HAB Universal Standards; Section F: #2</li> </ul>

5.2	<u>Data Collection and Analysis</u> Agency demonstrates capacity to collect and analyze client level data including client satisfaction surveys and findings are incorporated into service delivery. Supervisors shall conduct and document ongoing record reviews as part of quality improvement activity.	<ul style="list-style-type: none"> <li>• Review of Agency's Policies and Procedures Manual indicates compliance.</li> <li>• Up to date QM Manual</li> <li>• Supervisors log on record reviews signed and dated.</li> <li>• Source Citation: HAB Monitoring Standards; Part I: Universal Standards; Section A: Access to Care #2</li> </ul>
<b>6.0</b>	<b>Point Of Entry Agreements</b>	
6.1	<u>Points of Entry (Core Services Only)</u> Agency accepts referrals from sources considered to be points of entry into the continuum of care, in accordance with HIV Services policy approved by HRSA for the Houston EMA.	<ul style="list-style-type: none"> <li>• Review of Agency's Policies and Procedures Manual indicates compliance.</li> <li>• Documentation of formal agreements with appropriate Points of Entry.</li> <li>• Documentation of referrals and their follow-up.</li> </ul>

<b>7.0</b>	<b>Emergency Management</b>	
7.1	<p><u>Emergency Preparedness</u></p> <p>Agency leadership including medical staff must develop an Emergency Preparedness Plan modeled after the Joint Commission's regulations and/or Centers for Medicare and Medicaid guidelines for Emergency Management. The plan should, at a minimum utilize "all hazard approach" (hurricanes, floods, earthquakes, tornadoes, wide-spread fires, infectious disease outbreak and other public health threats, terrorist attacks, civil disturbances and collapse of buildings and bridges) to ensure a level of preparedness sufficient to support a range of emergencies. Agencies shall conduct an annual Hazard Vulnerability Analysis (HVA) to identify potential hazards, threats, and adverse events and assess their impact on care, treatment, and services they must sustain during an emergency. The agency shall communicate hazards identified with its community emergency response agencies and together shall identify the capability of its community in meeting their needs. The HVA shall be reviewed annually.</p>	<ul style="list-style-type: none"> <li>• Emergency Preparedness Plan</li> <li>• Review of Agency's Policies and Procedures Manual indicates compliance.</li> </ul>

7.2	<p><u>Emergency Management Training</u></p> <p>In accordance with the Department of Human Services recommendations, all <u>applicable</u> agency staff (such as, executive level, direct client services, supervisory staff) must complete the following National Incident Management System (NIMS) courses developed by the Department of Homeland Security:</p> <p><u>-IS-100.C: Introduction to the Incident Command System, ICS 100</u>  <u>-IS-200.C: ICS for Single Resources and Initial Action Incidents</u>  <u>-IS-700.B: National Incident Management System, An Introduction</u>  <u>-IS-800.D: National Response Framework, An Introduction</u></p> <p>The above courses may be accessed at: <a href="http://training.fema.gov/nims/">training.fema.gov/nims/</a>  Agencies providing support services only may complete alternate courses listed for the above areas.  All <u>applicable</u> new employees are required to complete the courses within 90 days of hire.</p>	<ul style="list-style-type: none"> <li>• Agency criteria used to determine appropriate staff for training requirement.</li> <li>• Documentation of all training including certificate of completion in personnel file.</li> </ul>
7.3	<p><u>Emergency Preparedness Plan</u></p> <p>The emergency preparedness plan shall address the six critical areas for emergency management including:</p> <ul style="list-style-type: none"> <li>• Communication pathways (for both clients and staff)</li> <li>• Essential resources and assets</li> <li>• patients' safety and security</li> <li>• staff responsibilities</li> <li>• Supply of key utilities such as portable water and electricity.</li> </ul> <p>Patient clinical and support activities during emergency situations.  <a href="http://www.jointcommission.org/">(http://www.jointcommission.org/)</a></p>	Emergency Preparedness Plan

7.4	<u>Emergency Management Drills</u> Agency shall implement emergency management drills twice a year either in response to actual emergency or in a planned exercise. Completed exercise should be evaluated by a multidisciplinary team including administration, clinical and support staff. The emergency plan should be modified based on the evaluation results and retested.	<ul style="list-style-type: none"> <li>• Emergency Management Plan</li> <li>• Review of Agency's Policies and Procedures Manual indicates compliance.</li> </ul>
<b>8.0</b>	<b>Building Safety</b>	
8.1	<u>Required Permits</u> All agencies will maintain Occupancy and Fire Marshal's permits for the facilities.	<ul style="list-style-type: none"> <li>• Current required permits on file.</li> </ul>



## SERVICE SPECIFIC STANDARDS OF CARE

### Emergency Financial Assistance Program (OTHER)

Emergency Financial Assistance (EFA) is to provide one-time or short-term payments to assist the RWHAP client with an emergent need for paying for essential housing, utilities, food (including groceries, and food vouchers), and transportation. Emergency Financial Assistance can occur as a direct payment to an agency or through a voucher program.

1.0	<b>Services are offered in such a way as to overcome barriers to access and utilization. Service is easily accessible to persons with HIV.</b>	
1.1	<u>EFA funds may be used on the following essential items or services:</u> <ul style="list-style-type: none"><li>• Housing for up to 14 days (limited to PLWH who are displaced from home due to acute housing needs).</li><li>• Utilities (may include household utilities including gas, electricity, propane, water, and all required fees).</li><li>• Telephone</li><li>• Food (groceries or food vouchers)</li></ul> Other RWHAP allowable costs needed to improve health outcomes.	<ul style="list-style-type: none"><li>• Review of agency's Policies &amp; Procedures Manual indicates compliance.</li><li>• Review of billing history indicates compliance.</li><li>• Documentation in the client chart.</li></ul>

1.2	<p><u>Client Eligibility</u></p> <p>Applicants must demonstrate an urgent need resulting in their inability to pay their applicable bills without financial assistance for essential items or services necessary to improve health outcomes. Demonstrated need is made by the following:</p> <ul style="list-style-type: none"> <li>• A significant increase in bills</li> <li>• A recent decrease in income</li> <li>• High unexpected expenses on essential items</li> <li>• The cost of their shelter is more than 30% of the household income.</li> <li>• The cost of their utility consumption is more than 10% of the household income.</li> <li>• They are unable to obtain credit necessary to provide for basic needs and shelter.</li> <li>• A failure to provide emergency financial assistance will result in danger to the physical health of client or dependent children. Other emergency needs as deemed appropriate by the agency.</li> <li>• The invoice/bill which is to be paid with emergency financial assistance funds must be in the client's name. An exception may be made only in instances where it is documented that, although the service (e.g., utility) is in another person's name, it directly benefits the client.</li> </ul>	<ul style="list-style-type: none"> <li>• Documentation of client assessment</li> <li>• Copy of invoice/bill paid.</li> <li>• Copy of check for payment.</li> </ul>
1.3	<p><u>Client Confidentiality</u></p> <p>Payment for assistance made to service providers will protect client confidentiality through use of checks and envelopes that de-identify agency as an HIV/AIDS provider to protect client confidentiality.</p>	<ul style="list-style-type: none"> <li>• Agency financial records indicate compliance.</li> <li>• Documentation in the client chart.</li> </ul>

1.4	<u>Assessment</u> <ul style="list-style-type: none"> <li>• An assessment must demonstrate an urgent need resulting in their inability to pay their applicable bills without financial assistance for essential items or services necessary to improve health outcomes.</li> <li>• Client will be assessed for ongoing status and outcome of the emergency assistance. Referrals for services, as applicable, will be documented in the client file.</li> <li>• Emergent need must be documented each time funds are used.</li> </ul>	<ul style="list-style-type: none"> <li>• Documentation in the client chart.</li> </ul>
1.5	<u>Documentation</u> <ul style="list-style-type: none"> <li>• Plans are developed jointly with the client and must include an approach to mitigate the need in the future.</li> <li>• Client's chart contains documented plan for EFA that indicates emergent need, other resources pursued, and outcome of EFA provided.</li> </ul>	<ul style="list-style-type: none"> <li>• Documentation in the client chart.</li> </ul>
1.6	<u>Timeliness of Service Provision</u> All completed requests for assistance shall be approved or denied within three (3) business days following the completed request.	<ul style="list-style-type: none"> <li>• Documentation in the client chart.</li> </ul>
<b>2.0</b>	<b>Agency requirements</b>	
2.1	<u>Budget Requirements or Restrictions</u> <ul style="list-style-type: none"> <li>• Direct cash payments to clients are not permitted.</li> <li>• RWHP funds will be the payer of last resort, and for limited amounts, uses, and periods of time. Continuous provision of an allowable service to a client must not be funded through EFA.</li> <li>• At least <b>75%</b> of the total amount of the budget must be solely allocated to the actual cost of disbursements.</li> </ul>	<ul style="list-style-type: none"> <li>• Documentation includes copies of checks paid and vouchers purchased.</li> <li>• Review of agency's Policies &amp; Procedures Manual indicates compliance.</li> <li>• Documentation that at least 75% of the total amount of the budget must be solely allocated to the actual cost of disbursements.</li> </ul>

2.1 cont.	<ul style="list-style-type: none"> <li>The agency must set priorities, delineate, and monitor what part of the overall allocation for emergency assistance is obligated for each subcategory. Careful monitoring of expenditures within a subcategory of “emergency assistance” is necessary to assure that planned amounts for specific services are being implemented, and to determine when reallocations may be necessary.</li> </ul>	
2.2	Agency providing emergency financial assistance shall have procedures in place to ensure that funds are distributed fairly and consistently.	<ul style="list-style-type: none"> <li>Agency written procedure.</li> </ul>
2.3	Agency must be dually awarded as HOWPA sub-recipient and work closely with other service providers to minimize duplication of services and ensure that assistance is given only when no reasonable alternatives are available. Agency must document procedures.	<ul style="list-style-type: none"> <li>Agency written procedure.</li> </ul>

## Legal Assistance - Expungement of Criminal Record

Ryan White allowable legal assistance in expungement of criminal record by an Attorney licensed to practice in Texas in accordance with 55.02, Texas Code of Criminal Procedure. <https://statutes.capitol.texas.gov/Docs/CR/htm/CR.55.htm>. Services include an assessment to determine the client's eligibility for expungement of criminal record.

<b>1.0</b>	<b>Services are part of the coordinated continuum of HIV/AIDS services.</b>	
1.1	<u>Clients Referral and Tracking</u> Agency receives referrals from a broad range of HIV/AIDS service providers and makes appropriate referrals out when necessary.	<ul style="list-style-type: none"><li>• Documentation of referrals received</li></ul>
<b>2.0</b>	<b>Legal services adhere to professional standards and regulations.</b>	
2.1	<u>Licensure</u> Attorneys are licensed to practice law in the state of Texas and have a minimum educational level of a doctorate in Jurisprudence.	<ul style="list-style-type: none"><li>• Staff records indicate compliance</li></ul>
2.2	<u>Non-Licensed Staff</u> Non-licensed staff members are supervised by attorneys.	<ul style="list-style-type: none"><li>• Review of agency's Policies &amp; Procedures Manual indicates compliance</li></ul>
<b>3.0</b>	<b><u>Service providers are knowledgeable, accepting and respectful of the needs of people living with HIV/AIDS.</u></b>	

3.1	<p><u>Ongoing Staff Training</u>  Staff has access to appropriate training and resources needed to deliver services. Staff members are trained and knowledgeable and remain current in legal issues in accordance with the rules of the State Bar of Texas. Staff shall maintain knowledge of legal issues that may impact the legal assistance needs of PLWHA.  Agency paid legal staff and contractors must complete two (2) hours of HIV-specific training annually.  New agency paid legal staff and contractors must complete two (2) hours of HIV-specific training within 90 days of start date.  Volunteer legal staffs are encouraged to complete HIV-specific legal training.</p>	<ul style="list-style-type: none"> <li>• Staff has attended and has continued access to training activities.</li> <li>• Staff has access to manuals and regulations.</li> <li>• Documentation of training on current applicable laws through the State Bar</li> <li>• Staff have access to updated HIV/AIDS information.</li> <li>• Agency maintains system for dissemination of HIV/AIDS information relevant to the legal assistance needs of PLWHA to paid staff and volunteers.</li> <li>• Staff interviews indicate compliance.</li> </ul>
4.0	<p><b><u>Client is kept informed and participates in decisions about his/her case.</u></b></p>	
4.1	<p><u>Service Agreement</u>  Clients are kept informed and work together with staff to determine the objective of the representation and to achieve expungement of criminal record.</p>	<ul style="list-style-type: none"> <li>• Copy of service agreement between client and agency is in client record.</li> </ul>
4.2	<p><u>Case Closure</u>  Agency will develop case closure criteria and procedures. Cases may be closed when the client's legal record is expunged, or when the client:      is determined to be ineligible for criminal expungement      has had no direct program contact for over six months      is deceased      no longer needs the service      discontinues the service      improperly utilizes the service      has not complied with the client services agreement  Agency will attempt to notify clients about case closure.</p>	<ul style="list-style-type: none"> <li>• Case closure criteria and procedures on file at provider agency.</li> <li>• Client chart will include attempts at notification and reason for case closure.</li> </ul>

## Transitional Housing - Temporary Assisted Living

Housing provides transitional, short-term, or emergency housing assistance to enable a client or family to gain or maintain outpatient/ambulatory health services and treatment, including temporary assistance necessary to prevent homelessness and to gain or maintain access to medical care. Activities within the Housing category must also include the development of an individualized housing plan, updated annually, to guide the client's linkage to permanent housing. Housing may provide some type of core medical (e.g., mental health services) or support services (e.g., residential substance use disorder services).

Housing activities also include housing referral services, including assessment, search, placement, and housing advocacy services on behalf of the eligible client, as well as fees associated with these activities.

1.0	Service Specific Requirements	
1.1	<p>Services to be provided should be designed to support ongoing HIV care, increased functioning, and the return to self-sufficiency for PLWH through the provision of treatment and activities of daily living. Services must include:</p> <ul style="list-style-type: none"><li>• Room and daily nutritious meals and snacks,</li><li>• Skilled Nursing to include medication administration, medication supervision, medication ordering, filling pill box, wound dressing changes, ongoing monitoring of client's physical condition and communication with attending physician(s) and personal care team</li><li>• Other Therapeutic Services including physical and occupational therapies.</li></ul>	<ul style="list-style-type: none"><li>• Review of agency's policies &amp; procedures</li><li>• Review of staff records</li></ul>

1.2	<ul style="list-style-type: none"> <li>• Medication Educators must be State Licensed Medical Doctor (MD), Nurse Practitioner (NP), Physician Assistant (PA), Nurse (RN, LVN), licensed Social Worker, or Pharmacist. Prior approval must be obtained prior to utilizing any other health care professional not listed above to provide medication education.</li> <li>• All clients must receive comprehensive documented education regarding their most current prescribed medication regimen. Medication education must include the following topics, which should be discussed and then documented in the patient record: <ul style="list-style-type: none"> <li>○ the names, actions and purposes of all medications in the patient's regimen; the dosage schedule;</li> <li>○ food requirements, if any;</li> <li>○ side effects;</li> <li>○ drug interactions;</li> <li>○ and adherence.</li> <li>○ Patients must be informed of the following: <ul style="list-style-type: none"> <li>○ how to pick up medications;</li> <li>○ how to get refills;</li> <li>○ and what to do and who to call when having problems taking medications as prescribed.</li> </ul> </li> <li>○ Medication education must also include patient's return demonstration of the most current prescribed medication regimen.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Review of agency's policies &amp; procedures</li> <li>• Review of staff records</li> </ul>
-----	---	---



<b>2.0</b>	<b>Staff Requirements</b>	
2.1	Staff must have all required federal, state and local licensure, certifications, permits and must comply with local, state, and federal regulations. The contractor is responsible for ensuring that services are provided by State licensed MDs, NPs, PAs, RNs, LVNs, social workers, and pharmacists.	<ul style="list-style-type: none"> <li>• Staff records indicate compliance</li> </ul>
2.2	The program must utilize an RN, LVN, PA, NP, pharmacist or MD licensed by the State of Texas, who has at least two (2) years paid experience in the preceding five (5) years in HIV care, to provide the medication and adherence educational services. Licensed social workers who have at least two (2) years paid experience in the preceding five (5) years in HIV care may also provide adherence education and counseling.	<ul style="list-style-type: none"> <li>• Staff records indicate compliance</li> </ul>
<b>3.0</b>	<b>Facility Requirements</b>	
3.1	Facility must have all required federal, state and local licenses, certifications and permits and must comply with local, state, and federal regulations.	<ul style="list-style-type: none"> <li>• Records indicate compliance</li> </ul>
<b>4.0</b>	<b>Client Eligibility and Referral</b>	
4.1	<p>Eligibility:</p> <ul style="list-style-type: none"> <li>• Client must receive referral for service from an MD, NP, or PA.</li> <li>• Client must have a qualifying inpatient hospital stay of at least three (3) days in a row defined as the day of admission, but not counting the day of discharge.</li> <li>• Client must enter the facility within 30 days of discharge from a hospital.</li> </ul>	<ul style="list-style-type: none"> <li>• Review of agency's policies &amp; procedures</li> <li>• Review of client's record</li> </ul>
4.2	Services must be provided in accordance with doctor's referral. As part of the intake process, doctor's orders must be obtained to guide service provision to client.	<ul style="list-style-type: none"> <li>• Review of agency's policies &amp; procedures</li> <li>• Review of client's record</li> </ul>

<b>5.0</b>	<b>Initial Assessment and Care Plan</b>	
5.1	<p>A preliminary assessment will be conducted that includes services needed, perceived barriers to accessing services and/or medical care.</p> <p>Client will be contacted within one (1) business day of the referral, and services should be initiated at the time specified by the primary medical care provider, or within thirty (30) days, whichever is earlier.</p>	<ul style="list-style-type: none"> <li>• Documentation of needs assessment completed in the client's primary service record</li> <li>• Documented evidence of a comprehensive evaluation completed in the client's primary service record.</li> </ul>
5.2	<p><u>Comprehensive Assessment</u> A comprehensive assessment, including nursing, nutritional, therapeutic, and educational is completed for each client within seven (7) days of intake. A measure of the client's acuity will be incorporated into the assessment tool to track increased functioning.</p> <p>A comprehensive evaluation of the PLWH's health, psychosocial status, functional status, and home environment should be completed to include:</p> <ul style="list-style-type: none"> <li>• Assessment of PLWH's access to primary care</li> <li>• adherence to therapies, disease progression, symptom management and prevention</li> <li>• need for skilled nursing or rehabilitation services.</li> </ul> <p>Information to determine client's ability to perform activities of daily living and the level of attendant care assistance the client needs to maintain living independently.</p>	<ul style="list-style-type: none"> <li>• Review of PLWH's primary service record indicates compliance.</li> <li>• Acuity levels documented as part of assessment.</li> </ul>
5.3	<p><u>Plan of Care</u> A written plan of care is completed for each client within seven (7) days of intake. Development of plan of care incorporates a multidisciplinary team approach.</p>	

5.4	<p><u>Implementation of Care Plan</u> In coordination with the medical care coordination team, professional staff will:</p> <ul style="list-style-type: none"> <li>• Provide nursing and rehabilitation therapy care under the supervision and orders of the client's referring provider.</li> <li>• Monitor the progress of the care plan by reviewing it regularly with the client and revising it as necessary based on any changes in the client's situation.</li> <li>• Monitor changes in client's physical health and level of functionality.</li> <li>• Work closely with client's other health care providers and other members of the care team in order to effectively communicate and address client service-related needs, challenges and barriers.</li> <li>• Participate in the development of individualized care plan with members of the care team.</li> <li>• Participate in regularly scheduled case conferences that involve the multidisciplinary team and other service providers as appropriate.</li> <li>• Provide attendant care services which include taking vital signs if medically indicated</li> <li>• Assist with client's self-administration of medication.</li> <li>• Promptly report any problems or questions regarding the client's adherence to medication.</li> <li>• Report any changes in the client's condition and needs.</li> <li>• Current assessment and needs of the client, including activities of daily living needs (personal hygiene care, basic assistance with cleaning, and cooking activities)</li> <li>• Need for home and community-based health services.</li> <li>• Types, quantity and length of time services are to be provided.</li> </ul>	<ul style="list-style-type: none"> <li>• Documentation in the client's primary service record indicates services provided were consistent with the care plan.</li> <li>• Client record contains documented evidence of a care plan completed based on the primary medical care provider's order as indicated in the client's primary service record.</li> <li>• Documented evidence of care plans reviewed and/or updated as necessary in the client's primary service record.</li> </ul>
-----	--	---

5.5	<u>Provision of Services/ Progress Notes</u> Provides assurance that the services are provided in accordance with allowable modalities and locations under the definition of housing – temporary assisted living services. <ul style="list-style-type: none"> <li>Progress notes will be kept in the client's primary service record and must be written the day services are rendered.</li> <li>Progress notes will then be entered into the client record within (5) working days.</li> <li>The agency will maintain ongoing communication with the multidisciplinary medical care team in compliance with Texas Medicaid and Medicare Guidelines.</li> <li>Care Team will document in the client's primary service record progress notes throughout the course of the treatment, including evidence that the PLWH is not in need of acute care.</li> </ul>	<ul style="list-style-type: none"> <li>Documented evidence of completed progress notes in the client's primary service record</li> <li>Documentation of on-going communication with primary medical care provider and care coordination team as indicated in the client's primary service record</li> </ul>
<b>6.0</b>	<b>Billing Requirements</b>	
6.1	Agency must be able to bill Medicare, Medicaid, private insurance and/or other third-party payers.	<ul style="list-style-type: none"> <li>Client record shows evidence of third-party payor search</li> <li>Billing records indicate compliance</li> </ul>
	<u>Restrictions</u> <ul style="list-style-type: none"> <li>Housing activities cannot be in the form of direct cash payments to clients.</li> <li>Funds may not be used for nutritional services, durable medical equipment and medical supplies or case management services.</li> </ul>	<ul style="list-style-type: none"> <li>Billing records and General Ledger indicate compliance</li> </ul>
<b>7.0</b>	<b>Discharge</b>	
7.1	Services will end when one or more of the following takes place: <ul style="list-style-type: none"> <li>Referral period ends or thirty (days) pass without additional referral and approved waiver.</li> <li>Client acuity indicates self-sufficiency and care plan goals completed.</li> <li>Client expresses desire to discontinue/transfer services.</li> </ul>	<ul style="list-style-type: none"> <li>Documentation of a discharge/transfer plan developed with client, as applicable, as indicated in the client's primary service record.</li> <li>Copy of discharge letter in client record</li> </ul>

	<ul style="list-style-type: none"> <li>• Client has been referred on to a higher level of care (such as assisted living or skilled nursing facility).</li> <li>• Client is unable or unwilling to adhere to Care Plan.</li> <li>• Client is unable or unwilling to adhere to agency policies.</li> <li>• PLWH relocates out of the service delivery area.</li> <li>• When applicable, an employee of the agency has experienced a real or perceived threat to his/her safety during a visit to a PLWH's home, in the company of an escort or not. The agency may discontinue services or refuse the PLWH for as long as the threat is ongoing. Any assaults, verbal or physical, must be reported to the monitoring entity within one (1) business day and followed by a written report. A copy of the police report is sufficient, if applicable.</li> </ul>	
7.2	All services discontinued before completion of the client's Care Plan must be accompanied by a referral to an appropriate service provider agency.	<ul style="list-style-type: none"> <li>• Documentation of a discharge/transfer plan developed with client, as applicable, as indicated in the client's primary service record.</li> <li>• Copy of discharge letter in client record</li> </ul>

## Transportation Services

The 2006 Care Act classifies Medical Transportation as a support service that provides conveyance services “directly or through voucher to a client so that he or she may access health care services”. The Ryan White Part A transportation services include transportation to public and private outpatient medical care and physician services, Substance Use and mental health services, pharmacies and other services where eligible clients receive Ryan White-defined Core Services and/or medical and health-related care services, including clinical trials, essential to their well-being. All drivers utilized by the program must have a valid Texas Driver’s license and must complete a “Safe Driving” course. The contractor must ensure that each vehicle has automobile liability insurance as required by the State and all vehicles have current Texas State Inspection.

1.0	<b>Transportation services are offered to eligible clients to ensure individuals most in need have access to services.</b>	
1.1	<u>Client Eligibility</u> In order to be eligible for services, individuals must meet the following: <ul style="list-style-type: none"><li>• HIV+</li><li>• Residence in the Houston EMA/HSDA</li><li>• Part A Urban Transportation limited to Harris County</li><li>• Part A Rural/Part B Transportation are limited to Houston EMA/HSDA, as applicable.</li><li>• Income no greater than 500% of the Federal Poverty level</li><li>• Proof of identification</li><li>• Documentation of ineligibility for Third Party Reimbursement</li></ul>	<ul style="list-style-type: none"><li>• Documentation of HIV+ status, identification, residence and income in the client record.</li></ul>

1.2	<p><u>Voucher Guidelines (Distribution Sites)</u></p> <ul style="list-style-type: none"> <li>• <u>Bus Card Voucher (Renewal)</u>: Eligible clients who reside in the METRO service area will be issued an initial METRO bus card voucher from any Ryan White subrecipient and annually thereafter, within 15 days of bus pass expiration.</li> <li>• <u>Bus Card Voucher (Value-Based)</u>: Otherwise, eligible clients who are not eligible for a renewal bus card voucher may be issued a value-based bus card voucher per RWGA business rules. <ul style="list-style-type: none"> <li>➤ For an existing bus card client to renew their bus card (i.e., obtain another bus card voucher for all voucher types) there must be documentation that the client is engaged in ongoing primary medical care for treatment of HIV, or</li> <li>➤ Documentation that the bus voucher is needed to ensure an out-of-care client is re-engaged in primary medical care.</li> </ul> </li> <li>• <u>Gas Card</u>: Eligible clients in the rural area will receive gas cards from their Ryan White Part A/B rural case management provider or their rural primary care provider, if the client is not case managed, per RWGA business rules.</li> <li>• <u>Taxi Voucher</u>: <i>for emergencies, to access emergency shelter vouchers and to attend Social Security disability hearings only.</i></li> </ul>	<ul style="list-style-type: none"> <li>• Client record indicates guidelines were followed; if not, an explanation is documented.</li> <li>• Documentation of the type of voucher(s) issued.</li> <li>• <b>Issuance of bus voucher must be entered into CPCDMS within 12 hours.</b></li> <li>• Emergency necessitating taxi voucher is documented.</li> <li>• Ongoing current (within the last 12 months) medical care is documented in the CPCDMS OR A current (within the last 12 months) copy of client's Viral Load and/or CD4 lab work (preferred) or proof client is on ART (HIV medications) for clients in medical care with Ryan White or non-Ryan White funded providers in client record OR</li> <li>• Engagement/re-engagement in medical care is documented in client's case management assessment and service plan.</li> </ul>
-----	---	---

1.3	<p><u>Eligibility for Van-Based Transportation (Urban Transportation Only)</u> Written certification from the client's principal medical provider (e.g., medical care coordinator) is required to access van-based transportation and must be renewed every 180 days.</p> <p>All clients may receive a maximum of 4 non-certified round trips per year (includes taxi vouchers).</p>	<ul style="list-style-type: none"> <li>• Client record indicates compliance.</li> </ul>
2.0	<p><b>ACCESSIBILITY</b> <b>Transportation services are offered in such a way as to overcome barriers to access and utilization.</b></p>	
2.1	<p><u>Notification of Service Availability</u> Prospective and current clients are informed of service availability, prioritization, and eligibility requirements.</p>	<ul style="list-style-type: none"> <li>• Program information is clearly publicized.</li> <li>• Availability of services, prioritization policy and eligibility</li> </ul>
2.2	<p><u>Access</u> Clients must be able to initiate and coordinate their own services with the transportation providers in accordance with transportation system guidelines. This does not mean an advocate (e.g., social worker) for the client cannot assist the client in accessing transportation services. Agency must obtain a signed statement from clients regarding agreement on proper conduct of client in the vehicle. This statement should include the consequences of violating the agreement.</p>	<ul style="list-style-type: none"> <li>• Agency's policies and procedures for transportation services describe how the client can access the service.</li> <li>• Review of agency's complaint and grievances log.</li> <li>• Signed agreement in client's records.</li> </ul>
2.3	<p><u>Handicap Accessibility</u> Transportation services are handicap accessible. Agency/Driver may refuse service to client with open sores/wounds or real exposure risk. Agency must have a policy in place regarding training for drivers on the proper boarding/unloading assistance of passengers with wheelchairs and other durable health devices.</p>	<ul style="list-style-type: none"> <li>• Agency compliance with the Americans with Disabilities Act (ADA)</li> <li>• Agency documentation of reason for refusal of service.</li> <li>• Documentation of training in personnel records.</li> </ul>



2.4	<p><u>EMA Accessibility</u></p> <p>Services are available throughout the Houston EMA as contractually defined in the RFP.</p>	<ul style="list-style-type: none"> <li>• Review of agency's Transportation Log and Monthly Activity Reports for compliance.</li> </ul>
2.5	<p><u>Service Availability</u></p> <p>The Contractor must ensure that general transportation service hours are from 7:00 AM to 10:00 PM on weekdays (non-holidays), and coverage must be available for medical and health-related appointments on Saturdays.</p>	<ul style="list-style-type: none"> <li>• Review of Transportation Logs.</li> <li>• Transportation services shall be available on Saturdays, by pre-scheduled appointment for core services.</li> <li>• Review of agency policy and procedure.</li> </ul>
2.6	<p><u>Service Capacity</u></p> <p>Agency will notify RWGA and other Ryan White providers when transportation resources are close to being maximized*. Agency will maintain documentation of clients who were refused services.</p> <p>* Maximized means the agency will not be able to provide service to client within the next 72 hours.</p>	<ul style="list-style-type: none"> <li>• RWGA will be contacted by phone/fax no later than twenty-four (24) working hours after services are maximized.</li> <li>• Agency will document all clients who were denied transportation or a voucher.</li> </ul>
2.6	<p><u>Service Capacity</u></p> <p>Agency will notify RWGA and other Ryan White providers when transportation resources are close to being maximized*. Agency will maintain documentation of clients who were refused services.</p> <p>* Maximized means the agency will not be able to provide service to client within the next 72 hours.</p>	<ul style="list-style-type: none"> <li>• RWGA will be contacted by phone/fax no later than twenty-four (24) working hours after services are maximized.</li> <li>• Agency will document all clients who were denied transportation or a voucher.</li> </ul>

<b>3.0</b>	<b>Timeliness and Delays: Transportation services are provided in a timely manner</b>	
3.1	<p><u>Timeliness</u></p> <p>There is minimal waiting time for vehicles and vans; appointments are kept.</p> <ul style="list-style-type: none"> <li>• Waiting times longer than 2 hours will also be documented in the client record.</li> <li>• If a cumulative incident of clients kept waiting for more than 2 hours reaches 75 clients in the contract year, this must be reported in writing within one business day to the administrative agent.</li> </ul> <p>Review of agency's complaint and grievance logs Client interviews and client satisfaction survey.</p>	<ul style="list-style-type: none"> <li>• Waiting times longer than 60 minutes will be documented in Delay Incident Log.</li> <li>• Review of Delay incident log.</li> <li>• Review of client's record.</li> </ul>
3.2	<p><u>Immediate Service Problems</u></p> <p>Clients are made aware of problems immediately (e.g., vehicle breakdown) and notification documented.</p>	<ul style="list-style-type: none"> <li>• Review of Delay Incident Log, Transportation Refusal Log and client record indicates compliance.</li> <li>• Review of agency's complaint and grievance logs.</li> <li>• Client interviews and client satisfaction survey.</li> </ul>
3.3	<p><u>Future Service Delays</u></p> <p>Clients and Ryan White providers are notified of future service delays, changes in appointment or schedules as they occur.</p>	<ul style="list-style-type: none"> <li>• Review of Delay Incident Log, Transportation Refusal Log and client record indicates compliance.</li> <li>• Review of agency's complaint and grievance logs.</li> <li>• Client interviews and client satisfaction survey.</li> <li>• Documentation exists in the client record.</li> </ul>

3.4	<p><u>Confirmation of Appointments</u></p> <p>Agency must allow clients to confirm appointments at least 48 hours in advance</p>	<ul style="list-style-type: none"> <li>• Review of agency's transportation policies and procedures indicates compliance.</li> <li>• Review of agency's complaint and grievance logs.</li> <li>• Client interviews and client satisfaction survey.</li> </ul>
3.5	<p><u>"No Shows"</u></p> <p>"No Shows" are documented in Transportation Log and client record. Passengers who do not cancel scheduled rides for two (2) consecutive times or who "no show" for two (2) consecutive times or three times within the contract year <i>may be</i> removed from the van/vehicle roster for 30 days. If client is removed from the roster, he or she must be referred to other transportation services. One additional no show and the client can be suspended from service for one (1) year.</p>	<ul style="list-style-type: none"> <li>• Review of agency's transportation policies and procedures indicates compliance.</li> <li>• Documentation on Transportation Log.</li> </ul> <p>Documentation in client record.</p>
3.6	<p><u>System Abuse</u></p> <p>If an agency has verified that a client has falsified the existence of an appointment in order to access transportation, the client can be removed from the agency roster.</p> <p>If a client cancels van/vehicle transportation appointments in excess of three (3) times per month, the client may be removed from the van/vehicle roster for 30 days.</p> <p>Agency must have published rules regarding the consequences to the client in situations of system abuse.</p>	<ul style="list-style-type: none"> <li>• Documentation in the client record of verification that an appointment did not exist.</li> <li>• Documentation in the client record of client cancellation of van/vehicle appointments.</li> <li>• Availability of agency's published rules</li> </ul> <p>Written documentation in the client record of specific instances of system abuse.</p>

3.7	<p><u>Documentation of Service Utilization</u> Transportation</p> <p>Provider must ensure:</p> <ul style="list-style-type: none"> <li>• Follow-up verification between transportation provider and destination service program confirming use of eligible service(s) <u>or</u></li> <li>• Client provides proof of service documenting use of eligible services at destination agency on the date of transportation <u>or</u></li> <li>• Scheduling of transportation services by receiving agency's case manager or transportation coordinator</li> <li>• In order to mitigate Agency exposure to clients who may fail to follow through with obtaining the required proof of service, Agency is allowed to provide one (1) one-way trip per client per year without proof of service documentation.</li> </ul> <p>The content of the proof of service will include:</p> <ul style="list-style-type: none"> <li>• Agency's letter head</li> <li>• Date/Time</li> <li>• CPCDMS client code</li> <li>• Name and signature of Agency's staff who attended to client</li> </ul> <p>Agency's stamp</p>	<ul style="list-style-type: none"> <li>• Documentation of confirmation from destination agency in agency/client record.</li> <li>• Client's original receipt from destination agency in agency/client record.</li> <li>• Documentation in Case Manager's progress notes.</li> </ul> <p>Documentation in agency/client record of the one (1) allowable one-way trip per year without proof of service documentation.</p>
-----	--	---

<b>4.0</b>	<b>Safety/Vehicle Maintenance: Transportation services are safe</b>	
4.1	<p><u>Vehicle Maintenance and Insurance</u></p> <p>Vehicles are in good repair and equipped for adverse weather conditions. All vehicles will be equipped with both a fire extinguisher and first aid and CPR kits.</p> <p>A file will be maintained on each vehicle and shall include but not be limited to- description of vehicle including year, make, model, mileage, as well as general condition and integrity and service records.</p> <p>Inspections of vehicle should be routine and documented not less than quarterly. Seat belts/restraint systems must be operational. When in place, child car seats must be operational and installed according to specifications. All lights and turn signals must be operational, brakes must be in good working order, tires must be in good condition and air conditioning/heating system must be fully operational. Driver must have radio or cell phone capability.</p>	<ul style="list-style-type: none"> <li>• Inspection of First Aid/CPR kits indicates compliance.</li> <li>• Review of vehicle file</li> <li>• Current vehicle State Inspection sticker.</li> <li>• Fire extinguisher inspection date must be current.</li> </ul> <p>Proof of current automobile liability and personal injury insurance in the amount of at least \$300,000.00.</p>
4.2	<p><u>Emergency Procedures</u></p> <p>Transportation emergency procedures are in place (e.g., breakdown of agency vehicle). Written procedures are developed and implemented to handle emergencies. Each driver will be instructed in how to handle emergencies before commencing service and will be in-serviced annually.</p>	<p>A copy of each in-service and sign-in roster with names both printed and signed and maintained in the driver's personnel file.</p>
4.3	<p><u>Transportation of Children</u></p> <p>Children must be transported safely. When transporting children, the agency will adhere to the Texas Transportation code 545.412 child Passenger Safety Seat Systems. Information regarding this code can be obtained at <a href="http://www.statutes.legis.state.tx.us/docs/tn/htm/tn.545.htm">http://www.statutes.legis.state.tx.us/docs/tn/htm/tn.545.htm</a>. Necessity of a car seat should be documented on the Transportation Log by staff when appointment is scheduled. Children 15 years old or younger must be accompanied by an adult caregiver in order to be transported.</p>	<ul style="list-style-type: none"> <li>• Review of Transportation Log indicates compliance.</li> <li>• Review of client records indicates compliance.</li> </ul> <p>Review of agency policies and procedures.</p>

4.2	<u>Emergency Procedures</u> Transportation emergency procedures are in place (e.g., breakdown of agency vehicle). Written procedures are developed and implemented to handle emergencies. Each driver will be instructed in how to handle emergencies before commencing service and will be in-serviced annually.	<ul style="list-style-type: none"> <li>• A copy of each in-service and sign-in roster with names both printed and signed and maintained in the driver's personnel file.</li> </ul>
4.3	<u>Transportation of Children</u> Children must be transported safely. When transporting children, the agency will adhere to the Texas Transportation code 545.412 child Passenger Safety Seat Systems. Information regarding this code can be obtained at <a href="http://www.statutes.legis.state.tx.us/docs/tn/htm/tn.545.htm">http://www.statutes.legis.state.tx.us/docs/tn/htm/tn.545.htm</a> . Necessity of a car seat should be documented on the Transportation Log by staff when appointment is scheduled. Children 15 years old or younger must be accompanied by an adult caregiver in order to be transported.	<ul style="list-style-type: none"> <li>• Review of Transportation Log indicates compliance.</li> <li>• Review of client records indicates compliance.</li> <li>• Review of agency policies and procedures.</li> </ul>
4.4	<u>Staff Requirements</u> <ul style="list-style-type: none"> <li>• Picture identification of each driver must be posted in the vehicle utilized to transport clients.</li> <li>• Criminal background checks must be performed on all direct service transportation personnel prior to transporting clients.</li> <li>• Drivers must have annual proof of a safe driving record, including history of tickets, DWI/DUI, or other traffic violations.</li> <li>• Conviction on more than three (3) moving violations within the past year will disqualify the driver.</li> </ul> Conviction of one (1) DWI/DUI within the past three (3) years will disqualify the driver.	<ul style="list-style-type: none"> <li>• Documentation in vehicle.</li> </ul> Documentation in personnel file.
<b>5.0</b>	<b>Records Administration: Transportation services are documented consistently and appropriately</b>	
5.1	<u>Transportation Consent</u> Prior to receiving transportation services, clients must read and sign the Transportation Consent.	Review of client records indicates compliance.

5.2	<u>Van/Vehicle Transportation</u> Agency must document daily transportation services on the Transportation Log.	<ul style="list-style-type: none"> <li>Review of agency files indicates compliance.</li> </ul> Log must contain driver's name, client's name or identification number, date, destinations, time of arrival, and type of appointment.
5.3	<u>Mileage Documentation</u> Agency must document the mileage between Trip Origin and Trip Destination (e.g., where client is transported to access eligible service) per a standard Internet-based mapping program (e.g., Yahoo Maps, Map Quest, Google Maps) for all clients receiving Van-based transportation services.	Map is printed out and filed in client chart