

Houston Area HIV Services Ryan White Planning Council
 Quality Improvement Committee
 2:00 p.m., Tuesday, November 13, 2018
 Meeting Location: 2223 W. Loop South, Room 416; Houston, Texas 77027

Agenda

* Indicates that the report will be provided at the meeting

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- I. Call to Order Denis Kelly and
Gloria Sierra, Co-Chairs
- A. Moment of Reflection
- B. Adoption of Agenda
- C. Approval of Minutes
- II. Public Comment
- (NOTE: If you wish to speak during the Public Comment portion of the meeting, please sign up on the clipboard at the front of the room. No one is required to give his or her name or HIV status. All meetings are audio taped by the Office of Support for use in creating the meeting minutes. The audiotape and the minutes are public record. If you state your name or HIV status it will be on public record. If you would like your health status known, but do not wish to state your name, you can simply say: "I am a person living with HIV", before stating your opinion. If you represent an organization, please state that you are representing an agency and give the name of the organization. If you work for an organization, but are representing your self, please state that you are attending as an individual and not as an agency representative. Individuals can also submit written comments to a member of the staff who would be happy to read the comments on behalf of the individual at this point in the meeting. Committee members are asked to remember that this is a time to hear from the community. It is not a time for dialogue. Committee members and staff are asked to refrain from asking questions of the person giving public comment.)
- III. Reports from Ryan White Administrative Agents
- A. Ryan White Part A Carin Martin
1. FY18 Procurement Part A/MAI, dated 10/25/18
- B. Ryan White Part B and State Services* Patrick Martin
1. FY18/19 Procurement Part B, dated 11/05/18
2. FY18/19 Procurement DSHS SS, dated 11/05/18
3. FY17/18 Procurement DSHS SS, dated 11/05/18
4. FY17/18 DSHS State Services Service Utilization, dated 09/14/18
5. FY18 Health Insurance Assist. Service Utilization, dated 11/01/18
6. FY18 Health Insurance Assist. Service Utilization, dated 10/08/18
- IV. Standards of Care and Performance Measures
- A. FY19/20 Standards of Care & Performance Measures, Part A/MAI Carin Martin
- B. FY19/20 Standards of Care, Part B/State Services Patrick Martin
- V. Old Business
- A. Quarterly Committee Report
- B. Appreciations Tori Williams
- VI. Announcements
- VII. Adjourn

Houston Area HIV Services Ryan White Planning Council

Quality Improvement Committee

2:00 p.m., Tuesday, September 18, 2018

Meeting location: 2223 W. Loop South, Room 532; Houston, Texas 77027

Minutes

MEMBERS PRESENT

Denis Kelly, Co-Chair
Gloria Sierra, Co-Chair
Rosalind Belcher
David Benson
Ronnie Galley
Carol Suazo
Kevin Aloysius
Savi Bailey
Eddie Givens
Shamra Hodge
Stephen Nazareus
Pete Rodriguez
Tracy Sandles
Crystal Starr
David Watson

MEMBERS ABSENT

Connie Barnes
Daphne L. Jones
Tom Lindstrom
John Poole
Venita Ray
Viviana Santibanez
Billy Ray Grant, Jr
Samantha Robinson, excused

OTHERS PRESENT

Ann Robison, Montrose Center
Skeet Boyle, RWPC
Patrick Martin, TRG
Carin Martin, RWGA
Heather Keizman, RWGA
Tori Williams, Ofc of Support
Amber Harbolt, Ofc of Support
Diane Beck, Ofc of Support

Call to Order: Denis Kelly, Co-Chair, called the meeting to order at 2:08 p.m. and asked for a moment of reflection.

Adoption of the Agenda: ***Motion #1:** it was moved and seconded (Benson, Starr) to adopt the agenda with one change: add a second public comment period for the Non-Medical Case Management targeting Substance Use Disorders service definition. **Motion carried.***

Approval of the Minutes: ***Motion #2:** it was moved and seconded (Givens, Suazo) to approve the August 14, 2018 meeting minutes. **Motion carried.** Abstentions: Galley, Aloysius, Hodge, Starr, Watson.*

Public Comment: Ann Robison reviewed the comments she had previously submitted. See attached. She added that these are not different case managers just different funding source. While they are not licensed, they are very highly trained and do a lot more work in the field than other case managers. Clients should choose their own path to recovery. Support needs to be there and case managers can help them to determine what is best for their situation. Sometimes that is harm reduction.

Reports from the Administrative Agents

Ryan White Part A: C. Martin presented the following reports, see attached:

- FY 2018 Part A/MAI Procurement, dated 09/18/18

- FY 2018 Part A/MAI Service Utilization, dated 09/18/18

Ryan White Part B and State Services: P. Martin presented the following reports, see attached:

- FY 18/19 Part B Procurement, dated 09/10/18
- FY 17/18 DSHS State Services Procurement, dated 09/10/18
- FY 17/18 DSHS State Services-Rebate Procurement, dated 09/10/18
- FY 17/18 Health Insurance Assistance Service Utilization, dated 09/10/18

Non-Medical Case Management targeting Substance Use Disorders: P. Martin presented the attached PowerPoint and draft of the service definition. **Motion #3:** *it was moved and seconded (Rodriguez, Benson) to make the following changes under Staff Requirements: delete the A from PLWHA and change 'paid work experience' to 'one year of experience with HIV and/or substance use disorders'.*

Motion carried. Abstentions: Aloysius, Bailey.

Public Comment: Ann Robison thanked P. Martin for his work on the new service definition. She said there were 350 clients served in the last 12 months with four case managers. The current contract is reimbursement not fee for service so funding is also used for bus tokens, emergency food and clothing, etc. They also have access to Part A funded bus passes. It is important for the treatment license to be connected with a program for a short cut to get clients into treatment as soon as they are ready. She would prefer a bachelor degree but if they don't have paid experience then they should have lived experience so they understand what the client is going through and they would know of resources. HIPAA is not very relevant for substance use disorders or mental health - the regulations are much more strict due to the stigma, the process to release records to another provider is very stringent.

Motion #4: *it was moved and seconded (Starr, Nazarenus) to accept the service definition with the suggested changes.* **Motion carried.** Abstentions: Aloysius, Bailey.

Suggested changes to Committee Reports for FY 2019: Williams instructed the committee to review the reports received today and to let her know if there is anything that would make them more useful.

Announcements: None.

Adjourn: The meeting was adjourned at 3:27 p.m.

Submitted by:

Approved by:

Tori Williams, Director

Date

Committee Chair

Date

Scribe: D. Beck

JA = Just arrived at meeting
 LR = Left room temporarily
 LM = Left the meeting
 C = Chaired the meeting

2018 Quality Assurance Meeting Voting Record for Meeting Date 09/18/18

MEMBERS:	#1 Agenda				#2 Meeting Minutes			
	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN
Gloria Sierra, Co-Chair				C				C
Denis Kelly, Co-Chair		X				X		
Rosalind Belcher		X				X		
Connie Barnes	X							
David Benson		X				X		
Ronnie Galley	X							
Daphne L. Jones	X							
Tom Lindstrom	X							
John Poole	X							
Venita Ray	X							
Viviana Santibanez ja 2:22 pm	X				X			
Carol Suazo		X				X		
Kevin Aloysius	X							
Savi Bailey		X						X
Eddie Givens		X				X		
Billy Ray Grant, Jr.	X							
Shamra Hodge		X						
Stephen Nazarenus		X						X
Samantha Robinson		X				X		
Pete Rodriguez		X						X
Tracy Sandles		X				X		
Crystal Starr	X							
David Watson	X							

MEMBERS:	#1 Agenda				#2 Meeting Minutes				#3 Changes to Non- Medical CM targeting SUD Service Definition				#4 Approve Non- Medical CM targeting SUD Service Definition			
	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN
Denis Kelly, Co-Chair				C				C				C				C
Gloria Sierra, Co-Chair ja 2:15 pm																
Rosalind Belcher ja 2:15 pm	X				X						X			X		
Connie Barnes	X				X				X				X			
David Benson		X				X				X				X		
Ronnie Galley		X					X			X				X		
Daphne L. Jones	X				X				X				X			
Tom Lindstrom	X				X				X				X			
John Poole	X				X				X				X			
Venita Ray	X				X				X				X			
Viviana Santibanez	X				X				X				X			
Carol Suazo		X				X				X				X		
Kevin Aloysius		X					X			X				X		
Savi Bailey		X				X				X				X		
Eddie Givens		X				X				X				X		
Billy Ray Grant, Jr.	X				X				X				X			
Shamra Hodge		X					X			X				X		
Stephen Nazarenus		X				X				X				X		
Samantha Robinson	X				X				X				X			
Pete Rodriguez		X				X				X				X		
Tracy Sandles		X				X				X				X		
Crystal Starr		X					X			X				X		
David Watson		X					X			X				X		

Priority	Service Category	Original Allocation <i>RWPC Approved Level Funding Scenario</i>	Award Reconciliation (b)	July Adjustments (carryover)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent of Grant Award	Amount Procured (a)	Procurement Balance	Original Date Procured	Expended YTD	Percent YTD	Percent Expected YTD
1	Outpatient/Ambulatory Primary Care	9,634,415	391,824	0	0	0	10,026,239	46.85%	10,026,239	0		4,968,766	50%	58%
1.a	Primary Care - Public Clinic (a)	3,520,995	70,069	0	0	0	3,591,064	16.78%	3,591,064	0	3/1/2018	\$1,080,285	30%	50%
1.b	Primary Care - CBO Targeted to AA (a) (e) (f)	940,447	80,923	0	0	0	1,021,370	4.77%	1,021,370	0	3/1/2018	\$802,804	79%	58%
1.c	Primary Care - CBO Targeted to Hispanic (a) (e)	786,424	80,923	0	0	0	867,347	4.05%	867,347	0	3/1/2018	\$590,571	68%	58%
1.d	Primary Care - CBO Targeted to White/MSM (a) (e)	1,003,821	100,899	0	0	0	1,104,720	5.16%	1,104,720	0	3/1/2018	\$418,617	38%	58%
1.e	Primary Care - CBO Targeted to Rural (a) (e)	1,127,327	22,434	0	0	0	1,149,761	5.37%	1,149,761	0	3/1/2018	\$617,177	54%	58%
1.f	Primary Care - Women at Public Clinic (a)	1,837,964	36,576	0	0	0	1,874,540	8.76%	1,874,540	0	3/1/2018	\$1,246,797	67%	50%
1.g	Primary Care - Pediatric (a.1)	15,437	0	0	0	0	15,437	0.07%	15,437	0	3/1/2018	\$6,000	39%	58%
1.h	Vision	402,000	0	0	0	0	402,000	1.88%	402,000	0	3/1/2018	\$206,515	51%	58%
2	Medical Case Management	2,535,802	0	0	0	0	2,535,802	11.85%	2,535,802	0		1,069,431	42%	58%
2.a	Clinical Case Management	488,656	0	0	0	0	488,656	2.28%	488,656	0	3/1/2018	\$227,718	47%	58%
2.b	Med CM - Public Clinic (a)	482,722	0	0	0	0	482,722	2.26%	482,722	0	3/1/2018	\$71,551	15%	50%
2.c	Med CM - Targeted to AA (a) (e)	321,070	0	0	0	0	321,070	1.50%	321,070	0	3/1/2018	\$220,881	69%	58%
2.d	Med CM - Targeted to H/L (a) (e)	321,072	0	0	0	0	321,072	1.50%	321,072	0	3/1/2018	\$115,601	36%	58%
2.e	Med CM - Targeted to W/MSM (a) (e)	107,247	0	0	0	0	107,247	0.50%	107,247	0	3/1/2018	\$52,453	49%	58%
2.f	Med CM - Targeted to Rural (a)	348,760	0	0	0	0	348,760	1.63%	348,760	0	3/1/2018	\$159,907	46%	58%
2.g	Med CM - Women at Public Clinic (a)	180,311	0	0	0	0	180,311	0.84%	180,311	0	3/1/2018	\$90,876	50%	50%
2.h	Med CM - Targeted to Pedi (a.1)	160,051	0	0	0	0	160,051	0.75%	160,051	0	3/1/2018	\$67,822	42%	58%
2.i	Med CM - Targeted to Veterans	80,025	0	0	0	0	80,025	0.37%	80,025	0	3/1/2018	\$48,992	61%	58%
2.j	Med CM - Targeted to Youth	45,888	0	0	0	0	45,888	0.21%	45,888	0	3/1/2018	\$13,629	30%	50%
3	Local Pharmacy Assistance Program (a) (e)	1,934,796	256,674	0	0	0	2,191,470	10.24%	2,191,470	0		\$1,094,120	50%	58%
4	Oral Health	166,404	0	0	0	0	166,404	0.78%	166,404	0		97,300	58%	58%
4.a	Oral Health - Untargeted (c)	0	0	0	0	0	0	0.00%	0	0	N/A	\$0	0%	0%
4.b	Oral Health - Targeted to Rural	166,404	0	0	0	0	166,404	0.78%	166,404	0	3/1/2018	\$97,300	58%	58%
5	Mental Health Services (c)	0	0	0	0	0	0	0.00%	0	0		\$0	0%	0%
6	Health Insurance (c)	1,244,551	28,519	0	0	0	1,273,070	5.95%	1,273,070	0		\$742,931	58%	58%
7	Home and Community-Based Services (c)	0	0	0	0	0	0	0.00%	0	0		\$0	0%	0%
8	Substance Abuse Services - Outpatient	45,677	0	0	0	0	45,677	0.21%	45,677	0		\$19,506	43%	58%
9	Early Intervention Services (c)	0	0	0	0	0	0	0.00%	0	0		\$0	0%	0%
10	Medical Nutritional Therapy (supplements)	341,395	0	0	0	0	341,395	1.60%	341,395	0		\$190,679	56%	58%
11	Hospice Services	0	0	0	0	0	0	0.00%	0	0		\$0	0%	0%
12	Outreach Services	420,000	39,927	0	0	0	459,927	2.15%	459,927	0		\$129,255	28%	58%
13	Non-Medical Case Management	1,231,002	0	0	0	0	1,231,002	5.75%	1,231,002	0		678,082	55%	58%
13.a	Service Linkage targeted to Youth	110,793	0	0	0	0	110,793	0.52%	110,793	0	3/1/2018	\$46,365	42%	58%
13.b	Service Linkage targeted to Newly-Diagnosed/Not-in-Care	100,000	0	0	0	0	100,000	0.47%	100,000	0	3/1/2018	\$48,254	48%	58%
13.c	Service Linkage at Public Clinic (a)	427,000	0	0	0	0	427,000	2.00%	427,000	0	3/1/2018	\$186,010	44%	50%
13.d	Service Linkage embedded in CBO Pcare (a) (e)	593,209	0	0	0	0	593,209	2.77%	593,209	0	3/1/2018	\$397,453	67%	58%
14	Medical Transportation	482,087	25,824	0	0	0	507,911	2.37%	507,911	0		193,678	38%	58%
14.a	Medical Transportation services targeted to Urban	252,680	0	0	0	0	252,680	1.18%	252,680	0	3/1/2018	\$149,698	59%	58%
14.b	Medical Transportation services targeted to Rural	97,185	0	0	0	0	97,185	0.45%	97,185	0	3/1/2018	\$43,980	45%	58%
14.c	Transportation vouchers (bus passes & gas cards)	132,222	25,824	0	0	0	158,046	0.74%	158,046	0	3/1/2018	\$0	0%	0%
15	Linguistic Services (c)	0	0	0	0	0	0	0.00%	0	0		\$0	0%	0%
16	Emergency Financial Assistance	450,000	0	0	0	0	450,000	2.10%	450,000	0		\$83,731	19%	58%
17	Referral for Health Care and Support Services (c)	0	0	0	0	0	0	0.00%	0	0		\$0	0%	0%
BES27514	Total Service Dollars	18,486,129	742,768	0	0	0	19,228,897	87.71%	19,228,897	0		9,054,492	47%	58%
BES27517	Grant Administration	1,675,047	0	0	0	0	1,675,047	7.83%	1,675,047	0		0	0%	58%
PC	HCPHES/RWGA Section	1,146,388	0	0	0	0	1,146,388	5.36%	1,146,388	0		\$0	0%	58%
	RWPC Support*	528,659	0	0	0	0	528,659	2.47%	528,659	0		0	0%	58%

Part A Reflects "Increase" Funding Scenario
MAI Reflects "Increase" Funding Scenario

FY 2018 Ryan White Part A and MAI
Procurement Report

Priority	Service Category	Original Allocation <i>RWPC Approved Level Funding Scenario</i>	Award Reconciliation (b)	July Adjustments (carryover)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent of Grant Award	Amount Procured (a)	Procurement Balance	Original Date Procured	Expended YTD	Percent YTD	Percent Expected YTD
BEO 27510	Quality Management	495,000	0	0	0	0	495,000	2.31%	495,000	0	N/A	\$0	0%	58%
		20,656,176	742,768	0	0	0	21,398,944	97.85%	21,398,944	0		9,054,492	42%	58%
Part A Grant Award:		21,398,944	Carry Over:	0		Total Part A:	21,398,944	0	0					
							Unallocated	Unobligated						

		Original Allocation	Award Reconciliation (b)	July Adjustments (carryover)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent	Total Expended on Services	Percent				
	Core (must not be less than 75% of total service dollars)	15,903,040	677,017	0	0	0	16,580,057	86.40%	16,580,057	86.40%				
	Non-Core (may not exceed 25% of total service dollars)	2,583,089	25,824	0	0	0	2,608,913	13.60%	2,608,913	13.60%				
	Total Service Dollars (does not include Admin and QM)	18,486,129	702,841	0	0	0	19,188,970		19,188,970					
	Total Admin (must be ≤ 10% of total Part A + MAI)	1,675,047	0	0	0	0	1,675,047	7.83%						
	Total QM (must be ≤ 5% of total Part A + MAI)	495,000	0	0	0	0	495,000	2.31%						

MAI Procurement Report

Priority	Service Category	Original Allocation <i>RWPC Approved Level Funding Scenario</i>	Award Reconciliation (b)	July Adjustments (carryover)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent of Grant Award	Amount Procured (a)	Procurement Balance	Date of Procurement	Expended YTD	Percent YTD	Percent Expected YTD
1	Outpatient/Ambulatory Primary Care	1,797,785	49,060	0	0	0	1,846,845	85.23%	1,846,845	0		1,088,175	59%	50%
1.b (MAI)	Primary Care - CBO Targeted to African American	910,163	24,530		0	0	934,693	43.13%	934,693	0	3/1/2017	\$640,475	69%	50%
1.c (MAI)	Primary Care - CBO Targeted to Hispanic	887,622	24,530		0	0	912,152	42.09%	912,152	0	3/1/2017	\$447,700	49%	50%
2	Medical Case Management	320,100	0	0	0	0	320,100	14.77%	320,100	0		\$79,862	25%	50%
2.c (MAI)	MCM - Targeted to African American	160,050					160,050	7.39%	160,050	0		\$57,729	36%	50%
2.d (MAI)	MCM - Targeted to Hispanic	160,050					160,050	7.39%	160,050	0		\$22,133	14%	50%
	Total MAI Service Funds	2,117,885	49,060	0	0	0	2,166,945	100.00%	1,846,845	320,100		1,088,175	59%	50%
	Grant Administration	0	0	0	0	0	0	0.00%	0	0		0	0%	0%
	Quality Management	0	0	0	0	0	0	0.00%	0	0		0	0%	0%
	Total MAI Non-service Funds	0	0	0	0	0	0	0.00%	0	0		0	0%	0%
BEO 27510	Total MAI Funds	2,117,885	49,060	0	0	0	2,166,945	100.00%	1,846,845	320,100		1,088,175	59%	50%
MAI Grant Award		2,166,944	Carry Over:	0		Total MAI:	2,166,944							
Combined Part A and MAI Original Allocation Total		22,774,061												

Footnotes:

All	When reviewing bundled categories expenditures must be evaluated both by individual service category and by combined categories. One category may exceed 100% of available funding so long as other category offsets this overage.
(a)	Single local service definition is four (4) HRSA service categories (Pcare, LPAP, MCM, Non Med CM). Expenditures must be evaluated both by individual service category and by combined service categories.
(a.1)	Single local service definition is three (3) HRSA service categories (does not include LPAP). Expenditures must be evaluated both by individual service category and by combined service categories.
(b)	Adjustments to reflect actual award based on Increase or Decrease funding scenario.
(c)	Funded under Part B and/or SS
(d)	Not used at this time
(e)	10% rule reallocations

The Houston Regional HIV/AIDS Resource Group, Inc.
FY 1819 Ryan White Part B
Procurement Report
April 1, 2018 - March 31, 2019



Reflects spending through Septembert 2018

Spending Target: 50%

Revised

11/5/2018

Priority	Service Category	Original Allocation per RWPC	% of Grant Award	Amendment*	Contractual Amount	% of Grant Award	Date of Original Procurement	Expended YTD	Percent YTD
4	Oral Health Care	\$2,085,565	62%	\$0	\$2,085,565	62%	4/1/2018	\$904,430	43%
5	Health Insurance Premiums and Cost Sharing (1)	\$726,885	22%	\$0	\$726,885	22%	4/1/2018	\$0	0%
8	Home and Community Based Health Services (2)	\$202,315	6%	\$0	\$202,315	6%	4/1/2018	\$58,720	29%
	Unallocated (Approved by RWPC - TRG will amend contract)	\$325,806	10%	\$0	\$325,806	10%	4/1/2018	\$0	0%
Total Houston HSDA		3,340,571	100%	\$0	\$3,340,571	100%		963,150	29%

Note: Spending variances of 10% will be addressed:

- 1 HIP - Funded by Part A, B and State Services. Provider focused on State Services which closed in August will resume RWB billing. Provider has delayed billing submission.

The Houston Regional HIV/AIDS Resource Group, Inc.
FY 1819 DSHS State Services
Procurement Report
September 1, 2018- August 31, 2019



Chart reflects spending through September 2018

Spending Target: 8%

Revised 11/5/2018

Priority	Service Category	Original Allocation per RWPC	% of Grant Award	Amendment	Contractual Amount	% of Grant Award	Date of Original Procurement	Expended YTD	Percent YTD
5	Health Insurance Premiums and Cost Sharing (1)	\$979,694	95%		\$979,694	95%	1/0/1900	\$0	0%
6	Mental Health Services	\$300,000	29%	\$0	\$300,000	29%	9/1/2018	\$16,140	5%
7	EIS - Incarcerated	\$166,211	16%	\$0	\$166,211	16%	9/1/2018	\$11,720	7%
11	Hospice	\$359,832	35%		\$359,832	35%	9/1/2018	\$23,980	7%
15	Linguistic Services	\$68,000	7%		\$68,000	7%	9/1/2018	\$4,100	6%
	Unallocated (RWPC Approved - TRG will amend contract)	\$142,285	14%		\$142,285	14%	9/1/2018	\$0	0%
Total Houston HSDA		1,036,328	100%	\$0	\$1,036,328	100%		55,940	5%

First month of expenditures. Submissions/services/data entry are slow during first few months of contract.

¹ HIP - Funded by Part A, B and State Services. Provider focused on State Services which closed in August will resume RWB billing. Provider has delayed billing submission.

The Houston Regional HIV/AIDS Resource Group, Inc.
FY 1718 DSHS State Services
Procurement Report
September 1, 2017- August 31, 2018



Chart reflects spending through August 2018

Spending Target: 100%

Revised 11/5/2018

Priority	Service Category	Original Allocation per RWPC	% of Grant Award	Amendment	Contractual Amount	% of Grant Award	Date of Original Procurement	Expended YTD	Percent YTD
6	Mental Health Services (1)	\$300,000	16%	-\$71,060	\$228,940	13%	9/1/2017	\$157,112	69%
7	Health Insurance Premiums and Cost Sharing (2)	\$937,694	50%		\$937,694	52%	9/1/2017	\$962,817	103%
9	Hospice (3)	\$414,832	22%		\$414,832	23%	9/1/2017	\$326,040	79%
11	EIS - Incarcerated (4)	\$166,211	9%	\$0	\$166,211	9%	9/1/2017	\$166,211	100%
16	Linguistic Services (5)	\$48,000	3%		\$48,000	3%	9/1/2017	\$38,650	81%
Total Houston HSDA		1,866,737	100%	-\$71,060	\$1,795,677	100%		1,650,830	92%

2017 - 2018 DSHS State Services Service Utilization Report
9/1/2017 thru 8/31/2018 Houston HSDA (4816)
4th Quarter

Revised 9/19/2018

Funded Service	UDC		Gender				Race				Age Group							
	Goal	YTD	Male	Female	FTM	MTF	AA	White	Hisp	Other	0-12	13-19	20-24	25-34	35-44	45-49	50-64	65+
Health Insurance Premiums & Cost Sharing Assistance	1,600	1,094	82.27%	17.64%	0.00%	0.09%	39.21%	30.99%	27.79%	2.01%	0.00%	0.09%	1.55%	14.81%	18.10%	15.45%	43.14%	6.86%
Hospice	40	40	75.00%	22.50%	0.00%	2.50%	55.00%	22.50%	22.50%	0.00%	0.00%	0.00%	7.50%	22.50%	12.50%	50.00%	7.50%	
Linguistic/Interpreter Services	70	49	59.18%	38.78%	0.00%	2.04%	48.98%	6.12%	6.12%	38.78%	0.00%	0.00%	4.10%	10.20%	26.53%	36.73%	22.44%	0.00%
Mental Health Services	325	175	94.86%	3.43%	0.00%	1.71%	30.29%	52.00%	17.14%	0.57%	0.00%	0.00%	0.57%	16.57%	16.57%	16.00%	43.43%	6.86%
Group:		35																
Individual:		163																
Unduplicated Clients Served By State Services Funds:	NA	1,556	77.83%	20.59%	0.00%	1.59%	43.37%	27.90%	18.39%	10.34%	0.00%	0.02%	1.56%	12.27%	20.93%	20.17%	39.75%	5.31%

NOTE: Missing data in ARIES for August 2017 due to pending CPCDMS Upload

Report Date: 9/14/2017

Houston Ryan White Health Insurance Assistance Service Utilization Report



Period Reported:

09/01/2018-09/30/18

Revised: 11/1/2018

Request by Type	Assisted			NOT Assisted		
	Number of Requests (UOS)		Number of Clients (UDC)	Number of Requests (UOS)	Dollar Amount of Requests	Number of Clients (UDC)
Medical Co-Payment	131	\$9,820.79	105			0
Medical Deductible	17	\$5,033.38	14			0
Medical Premium	799	\$331,026.28	486			0
Pharmacy Co-Payment	423	\$48,067.78	341			0
APTC Tax Liability	0	\$0.00	0			0
Out of Network Out of Pocket	0	\$0.00	0			0
ACA Premium Subsidy Repayment	3	\$245.00	3	NA	NA	NA
Totals:	1373	\$393,703.23	949	0	\$0.00	

Comments: This report represents services provided under all grants.

Houston Ryan White Health Insurance Assistance Service Utilization Report



Period Reported:

09/01/2017-08/31/18

Revised: 10/8/2018

Request by Type	Assisted			NOT Assisted		
	Number of Requests (UOS)		Number of Clients (UDC)	Number of Requests (UOS)	Dollar Amount of Requests	Number of Clients (UDC)
Medical Co-Payment	1713	\$163,854.21	616			0
Medical Deductible	216	\$73,827.27	146			0
Medical Premium	6741	\$2,666,498.73	897			0
Pharmacy Co-Payment	5551	\$761,961.15	1421			0
APTC Tax Liability	0	\$0.00	0			0
Out of Network Out of Pocket	0	\$0.00	0			0
ACA Premium Subsidy Repayment	7	\$2,930.12	14	NA	NA	NA
Totals:	14228	\$3,663,211.24	3094	0	\$0.00	

Comments: This report represents services provided under all grants.

**2019-2020 Houston EMA: RWGA Part A
Standards of Care for HIV Services
Ryan White Grant Administration Section
SUMMARY OF CHANGES**

*= Initiated based on feedback received from RWPC

ISSUE	LOCATION	CURRENT	PROPOSED
Correct training hours	General Standards 1.2 Page 4	Initial training includes sixteen (16) hours...	Initial training includes eight (8) hours...
Expand description of cultural competency under Staff Requirements	General Standards 1.4 Page 4	All staff tenured 0-5 years with their current employer must receive four (4) hours of cultural competency and one (1) hour of HIV/Mental Health co-morbidity sensitivity training annually.	All staff tenured 0-5 years with their current employer must receive four (4) hours of cultural competency to include information on working with people of all races, ethnicities, nationalities, gender identities, and sexual orientations and one (1) hour of HIV/Mental Health co-morbidity sensitivity training annually.
* Expand description of cultural competency under Accessibility	General Standards 4.1 Page 10	Agency demonstrates a commitment to provision of services that are culturally sensitive and language competent for Limited English Proficient (LEP) individuals	Agency demonstrates a commitment to provision of services that are culturally sensitive and language competent for Limited English Proficient (LEP) individuals and

			<p>people of all gender identities and sexual orientations.</p> <p>Add Measure: Agency has facilities available for consumers of all gender identities, including gender inclusive restrooms.</p>
Specify which staff should receive Emergency Management training	General Standards 7.2 Page 16	In accordance with the Department of Human Services recommendations, all applicable agency staff must complete the following National Incident Management System (NIMS) courses...	In accordance with the Department of Human Services recommendations, all applicable agency staff (such as, executive level, direct client services, supervisory staff) must complete the following National Incident Management System (NIMS) courses... Add Performance Measure: Agency criteria used to determine appropriate staff training requirement.
*PROPOSED: Warm Handoff Procedure	NEW: Case Management 1.6	N/A	Warm Handoff Procedure: Agency must have policies and procedures in place that ensures a warm handoff for clients transitioning between providers. A warm handoff is applicable for provider transitions within the same

			<p>organization, i.e. medical case manager to primary care provider, and transitions between agencies. Warm handoff policy should be consistent with AHRQ Warm Handoff guidelines.</p> <p>Measure: Agency has a warm handoff policy to specify procedures for transitioning care</p>
Client Transfers: RWGA does not need to retain a copy	Case Management 2.5 Page 20	...the client's record be forwarded to the receiving care manager within five (5) working days and a Request for Transfer form be completed for the client and submitted to RWGA by the receiving agency.	...the client's record be forwarded to the receiving care manager within five (5) working days and a Request for Transfer form be completed for the client and kept on file with the receiving agency.
Medicare Part D training requirement is outdated	Health Insurance Assistance 1.1 Page 38	Eight (8) hours annually of continuing education in HIV related or other specific topics including a minimum of two (2) hours training in Medicare Part D is required as needed.	Eight (8) hours annually of continuing education in HIV related or other specific topics including a minimum of two (2) hours training in Affordable Care Act is required as needed.
*PROPOSED: Warm Handoff Procedure	NEW: Outreach Services 1.5 Page 48		Warm Handoff Procedure Agency must have policies and procedures in place that ensures a warm handoff for client's

transitioning between providers. A warm handoff is applicable for provider transitions within the same organization, i.e. medical case manager to primary care provider, and transitions between agencies. Warm handoff policy should be consistent with AHRQ Warm Handoff guidelines.

Performance Measure:
Agency has a warm handoff policy to specify procedures for transitioning care

<p>*NEW: Client Accommodation for Same Day Provider Cancellations</p>	<p>Primary Medical Care 3.6</p>	<p>N/A</p>	<p>Client Accommodation for Same Day Provider Cancellations Agency must have a policy in place that outlines a timeline for client notification of provider cancellations, and a protocol for how patients will be accommodated when they do not receive notification in advance of arriving to the clinic.</p>
			<p>Performance Measure:</p>

			Review of Agency's Policies and Procedures Manual indicates compliance.
*NEW: Client Prescription Refill Policy	Primary Medical Care 3.7	N/A	Client Prescription Refill Policy Agency must have a policy in place that details short term prescription refill availability in when office visit is not feasible prior to patient depletion of medication. Performance Measure: Review of Agency's Policies and Procedures Manual indicates compliance.
Removal of destigmatizing/exclusive language throughout	General Standards 1.2 Page 4 Primary Medical Care 1.11 Page 54 Primary Medical Care 1.17 Page 57	Initial training includes 8 hours HIV or AIDS basics... Preconception of Women Living with HIV of Child Bearing Age Documented Non-Compliance with Prescribed Medication Regimen The agency must have in place a written policy and procedure regarding client non-compliance with a prescribed medication regimen. The policy and procedure should	Initial training includes 8 hours HIV basics... Preconception Care for Women Living with HIV of Child Bearing Age Documented Non Adherence with Prescribed Medication Regimen The agency must have in place a written policy and procedure regarding client non-adherence with a prescribed medication regimen. The policy and procedure should

	address the agency's process for intervening when there is documented non-compliance with a client's prescribed medication regimen.	address the agency's process for intervening when there is documented non-adherence with a client's prescribed medication regimen.
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***PROPOSED: Ensure follow-up contact with newly diagnosed consumers in their first year of diagnosis. Recommended New Standard: NMCM staff will make a documented attempt to contact newly diagnosed RW consumers at least once every 3 months during their first year of diagnosis to assist the consumer with becoming established in care.**

This recommendation has been incorporated as a Quality Improvement Activity for Case Management Supervisors and will continue to be monitored for identifiable best practices that may be considered for incorporation into future Standards of Care.



Harris County
Public Health
Building a Healthy Community

**2018-2019 HOUSTON ELIGIBLE METROPOLITAN AREA: RYAN WHITE CARE
ACT PART A
STANDARDS OF CARE FOR HIV SERVICES
RYAN WHITE GRANT ADMINISTRATION SECTION
HARRIS COUNTY PUBLIC HEALTH (HCPH)**

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Introduction

According to the Joint Commission (2008)¹, 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 SOCs 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 SOCs apply to Part A funded HRSA defined core and support services including the following services in FY 2018-2019:

- *Primary Medical Care*
- *Vision Care*
- *Medical Case Management*
- *Clinical Case Management*
- *Local AIDS Pharmaceutical Assistance Program (LPAP)*
- *Oral Health*
- ***Health Insurance Assistance***
- *Hospice Care*
- *Mental Health Services*
- *Substance Abuse services*
- *Home & Community Based Services (Facility-Based)*
- *Early Intervention Services*
- *Medical Nutrition Supplement*
- *Outreach*
- *Non-Medical Case Management (Service Linkage)*
- *Transportation*
- *Linguistic Services*
- *Emergency Financial Assistance*
- *Referral for Healthcare & Support Services*

Part A funded services

Combination of Parts A, B, and/or 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

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

applicable changes. Workgroup participants include physicians, nurses, case managers and executive staff from subcontractor agencies as well as consumers.

Organization of the SOCs

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 SOCs “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.

GENERAL STANDARDS

	Standard	Measure
1.0	Staff Requirements	
1.1	<p><u>Staff Screening (Pre-Employment)</u> Staff providing services to clients shall be screened for appropriateness by provider agency as follows:</p> <ul style="list-style-type: none"> • Personal/Professional references • Personal interview • Written application <p>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.</p>	<ul style="list-style-type: none"> • Review of Agency’s Policies and Procedures Manual indicates compliance • Review of personnel and/or volunteer files indicates compliance
1.2	<p><u>Initial Training: Staff/Volunteers</u> Initial training includes sixteen (16) hours HIV or AIDS basics, safety issues (fire & emergency preparedness, hazard communication, infection control, universal precautions), confidentiality issues, role of staff/volunteers, agency-specific information (e.g. Drug Free Workplace policy) and customer service training must be completed within 60 days of hire. https://tx.train.org/DesktopShell.aspx</p>	<ul style="list-style-type: none"> • Documentation of all training in personnel file. • Specific training requirements are specified in Agency Policy and Procedure • Materials for staff training and continuing education are on file • Staff interviews indicate compliance
1.3	<p><u>Staff Performance Evaluation</u> Agency will perform annual staff performance evaluation.</p>	<ul style="list-style-type: none"> • Completed annual performance evaluation kept in employee’s file • Signed and dated by employee and supervisor (includes electronic signature)
1.4	<p><u>Cultural and HIV Mental Health Co-morbidity Competence Training/Staff and Volunteers</u> All staff tenured 0 – 5 year with their current employer must receive four (4) hours of cultural competency training 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>	<ul style="list-style-type: none"> • Documentation of training is maintained by the agency in the personnel file

	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.	
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 & intake staff annually.</p> <p>All new employees must complete within ninety (90) days of hire.</p>	<ul style="list-style-type: none"> • Documentation of training in employee's record
2.0	Services utilize effective management practices such as cost effectiveness, human resources and quality improvement.	
2.1	<p><u>Service Evaluation</u></p> <p>Agency has a process in place for the evaluation of client services.</p>	<ul style="list-style-type: none"> • Review of Agency's Policies and Procedures Manual indicates compliance • Staff interviews indicate compliance.
2.2	<p><u>Subcontractor Monitoring</u></p> <p>Agency that utilizes a subcontractor in delivery of service, must have established policies and procedures on subcontractor monitoring that include:</p> <ul style="list-style-type: none"> • Fiscal monitoring • Program • Quality of care • Compliance with guidelines and standards <p>Reviewed Annually</p>	<ul style="list-style-type: none"> • Documentation of subcontractor monitoring • Review of Agency's Policies and Procedures Manual indicates compliance
2.3	<p><u>Staff Guidelines</u></p> <p>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; reviewed annually</p>	<ul style="list-style-type: none"> • Personnel file contains a signed statement acknowledging that staff guidelines were reviewed and that the employee understands agency policies and procedures
2.4	<p><u>Work Conditions</u></p> <p>Staff/volunteers have the necessary tools, supplies, equipment and space to accomplish their work.</p>	<ul style="list-style-type: none"> • Inspection of tools and/or equipment indicates that these are in good working order and in sufficient supply

		<ul style="list-style-type: none"> • 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"> • Review of personnel files indicates compliance • Review of Agency's Policies and Procedures Manual indicates compliance
2.6	<u>Professional Behavior</u> Staff must comply with written standards of professional behavior.	<ul style="list-style-type: none"> • Staff guidelines include standards of professional behavior • Review of Agency's Policies and Procedures Manual indicates compliance • Review of personnel files indicates compliance • Review of agency's complaint and grievance files
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"> • Review of Agency's Policies and Procedures Manual indicates compliance • Documentation of regular staff meetings • Staff interviews indicate compliance
2.8	<u>Accountability</u> There is a system in place to document staff work time.	<ul style="list-style-type: none"> • Staff time sheets or other documentation indicate compliance
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"> • Published documentation of agency operating hours • Staff time sheets or other documentation indicate compliance
3.0	<u>Clients Rights and Responsibilities</u>	
3.1	<u>Clients Rights and Responsibilities</u>	<ul style="list-style-type: none"> • Documentation in client's record

	<p>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:</p> <ul style="list-style-type: none"> • Informed consent • Confidentiality • Grievance procedures • Duty to warn or report certain behaviors • Scope of service • Criteria for end of services 	
3.2	<p><u>Confidentiality</u></p> <p>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.</p> <p>There is a written policy statement regarding client confidentiality form signed by each employee and included in the personnel file.</p>	<ul style="list-style-type: none"> • Review of Agency's Policies and Procedures Manual indicates compliance • Clients interview indicates compliance • Agency's structural layout and information management indicates compliance • Signed confidentiality statement in each employee's personnel file
3.3	<p><u>Consents</u></p> <p>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 or not HIV status is revealed.</p>	<ul style="list-style-type: none"> • Agency Policy and Procedure and signed and dated consent forms in client record
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"> • Name of the person or entity permitted to make the disclosure • Name of the client • The purpose of the disclosure 	<ul style="list-style-type: none"> • Current Release of Information form with all the required elements signed by client or authorized person in client's record

	<ul style="list-style-type: none"> • The types of information to be disclosed • Entities to disclose to • Date on which the consent is signed • The expiration date of client authorization (or expiration event) no longer than two years • Signature of the client/or parent, guardian or person authorized to sign in lieu of the client. • Description of the <i>Release of Information</i>, its components, and ways the client can nullify it <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>	
3.5	<p><u>Grievance Procedure</u> 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"> • to whom complaints can be made • steps necessary to complain • form of grievance, if any • time lines and steps taken by the agency to resolve the grievance • documentation by the agency of the process, including a standardized grievance/complaint form available in a language and format understandable to the client • all complaints or grievances initiated by clients are documented on the Agency's standardized form • resolution of each grievance/complaint is documented on the Standardized form and shared with client • confidentiality of grievance • addresses and phone numbers of licensing authorities and funding sources 	<ul style="list-style-type: none"> • Signed receipt of agency Grievance Procedure, filed in client chart • Review of Agency's Policies and Procedures Manual indicates compliance • Review of Agency's Grievance file indicates compliance, • Source Citation: HAB Monitoring Standards; Part I: Universal Standards; Section A: Access to Care #2
3.6	<p><u>Conditions Under Which Discharge/Closure May Occur</u> A client may be discharged from Ryan White funded services for the following reasons.</p> <ul style="list-style-type: none"> • Death of the client 	<ul style="list-style-type: none"> • Documentation in client record and in the Centralized Patient Care Data Management System

	<ul style="list-style-type: none"> • At the client’s or legal guardian request • Changes in client’s need which indicates services from another agency • Fraudulent claims or documentation about HIV diagnosis by the client • Client actions put the agency, case manager or other clients at risk. <p>Documented supervisory review is required when a client is terminated or suspended from services due to behavioral issues.</p> <ul style="list-style-type: none"> • 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). • Client service plan is completed and no additional needs are identified. <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"> • A copy of written notice and a certified mail receipt for involuntary termination
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"> • Date and reason for discharge/closure • Summary of all services received by the client and the client’s response to services • Referrals made and/or • Instructions given to the individual at discharge (when applicable) 	<ul style="list-style-type: none"> • Documentation in client record and in the Centralized Patient Care Data Management System
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</p>	<ul style="list-style-type: none"> • Documentation of clients’ evaluation of services is maintained • Documentation of CAB and public meeting minutes • Documentation of existence and appropriateness of a suggestion box or other client input mechanism

	<p>file of materials documenting Consumer Advisory Board (CAB) membership and meeting materials (applicable only if agency has a CAB).</p> <ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • Documentation of content, use, and confidentiality of a client satisfaction survey or focus groups conducted annually • Source Citation: HAB Monitoring Standards; Part I: Universal Standards; Section A: Access to Care #1
3.9	<p><u>Patient Safety (Core Services Only)</u> Agency shall establish mechanisms to implement National Patient Safety Goals (NPSG) modeled after the current Joint Commission accreditation <i>for Ambulatory Care</i> (www.jointcommission.org) to ensure patients' safety. The NPSG to be addressed include the following as applicable:</p> <ul style="list-style-type: none"> • "Improve the accuracy of patient identification • Improve the safety of using medications • Reduce the risk of healthcare-associated infections • Accurately and completely reconcile medications across the continuum of care • Universal Protocol for preventing Wrong Site, Wrong Procedure and Wrong Person Surgery" (www.jointcommission.org) 	<ul style="list-style-type: none"> • Review of Agency's Policies and Procedures Manual indicates compliance
3.10	<p><u>Client Records</u> Provider shall maintain all client records.</p>	<ul style="list-style-type: none"> • Review of agency's policy and procedure for records administration indicates compliance
4.0	<u>Accessibility</u>	
4.1	<p><u>Cultural Competence</u> Agency demonstrates a commitment to provision of services that are culturally sensitive and language competent for Limited English Proficient (LEP) individuals.</p>	<ul style="list-style-type: none"> • Agency has procedures for obtaining translation services • Client satisfaction survey indicates compliance • Policies and procedures demonstrate commitment to the community and culture of the clients

		<ul style="list-style-type: none"> • Availability of interpretive services, bilingual staff, and staff trained in cultural competence • Agency has vital documents including, but not limited to applications, consents, complaint forms, and notices of rights translated in client record
4.2	<p><u>Client Education</u> Agency demonstrates capacity for client education and provision of information on community resources</p>	<ul style="list-style-type: none"> • Availability of the blue book and other educational materials • Documentation of educational needs assessment and client education in clients' records
4.3	<p><u>Special Service Needs</u> Agency demonstrates a commitment to assisting individuals with special needs</p>	<ul style="list-style-type: none"> • Agency compliance with the Americans with Disabilities Act (ADA). • Review of Policies and Procedures indicates compliance • Environmental Review shows a facility that is handicapped accessible
4.4	<p><u>Provision of Services for low-Income Individuals</u> 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"> • Facility is accessible by public transportation • Review of Agency's Policies and Procedures Manual indicates compliance • Source Citation: HAB Monitoring Standards; Part I: Universal Standards; Section A: Access to Care #4
4.5	<p><u>Proof of HIV Diagnosis</u> Documentation of the client's HIV status is obtained at or prior to the initiation of services or registration services. 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"> • Documentation in client record as per RWGA site visit guidelines or TRG Policy SG-03 • Source Citation: HAB Monitoring Standards; Part I: Universal Standards; Section A: Access to Care #3

4.6	<p><u>Provision of Services Regardless of Current or Past Health Condition</u> 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"> • Review of Policies and Procedures indicates compliance • A file containing information on clients who have been refused services and the reasons for refusal • Source Citation: HAB Program Standards; Section D: #1
4.7	<p><u>Client Eligibility</u> In order to be eligible for services, individuals must meet the following:</p> <ul style="list-style-type: none"> • HIV+ • Residence in the Houston EMA/ HSDA (With prior approval, clients can be served if they reside outside of the Houston EMA/HSDA.) • Income no greater than 300% of the Federal Poverty level (unless otherwise indicated) • Proof of identification • Ineligibility for third party reimbursement 	<ul style="list-style-type: none"> • Documentation of HIV+ status, residence, identification and income in the client record • Documentation of ineligibility for third party reimbursement • Documentation of screening for Third Party Payers in accordance with RWGA site visit guidelines • Source Citation: HAB Monitoring Standards; Part I: Universal Standards; Section B:Eligibility Determination/Screening #1
4.8	<p><u>Re-certification of Client Eligibility</u> Agency conducts six (6) month re-certification of eligibility for all clients. 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. At one of the two required re-certifications during a year, agency may accept client self-attestation for verifying that an individual’s income, residency, and insurance status complies with the RWGA eligibility requirements. 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. 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.</p>	<ul style="list-style-type: none"> • Client record contains documentation of re-certification of client residence, income and rescreening for third party payers at least every six (6) months • Review of Policies and Procedures indicates compliance • Information in client’s files that includes proof of screening for insurance coverage (i.e. hard/scanned copy of results) • Source Citation: HAB Monitoring Standards; Part I: Universal Standards; Section B:Eligibility Determination/Screening #1 and #2

	<p>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"> Agency must verify 3rd party payment coverage for eligible services at every visit or monthly (whichever is less frequent) 	<ul style="list-style-type: none"> Source Citation: HIV/AIDS Bureau (HAB) Policy Clarification Notice #13-02
4.9	<p><u>Charges for Services</u> 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 $\leq 100\%$ 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"> 101%-200% of FPL---5% or less of GIL 201%-300% of FPL---7% or less of GIL >300% of FPL -----10% or less of GIL <p>Additionally, agency must implement the following:</p> <ul style="list-style-type: none"> Six (6) month evaluation of clients to establish individual fees and cap (i.e. the six (6) month CPCDMS registration or registration update.) Tracking of charges 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. <u>Documentation of fees</u> 	<ul style="list-style-type: none"> Review of Policies and Procedures indicates compliance Review of system for tracking patient charges and payments indicate compliance Review of charges and payments in client records indicate compliance with annual cap Sliding fee application forms on client record is consistent with Federal guidelines
4.10	<p><u>Information on Program and Eligibility/Sliding Fee Schedule</u> 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 activities including copies of HIV program materials and information on eligibility requirements. 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"> Agency has a written substantiated annual plan to targeted populations Zip code data show provider is reaching clients throughout service area (as applicable to specific service category). Agency file containing informational materials about agency services and eligibility requirements including the following:

		<p>Brochures Newsletters Posters Community bulletins any other types of promotional materials</p> <ul style="list-style-type: none"> • Signed receipt for client education/ information regarding eligibility and sliding fees on client record • Source Citation: HAB Monitoring Standards; Part I: Universal Standards; Section A: Access to Care #5
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"> • Documentation of client referral is present in client record • Review of agency's policies & procedures' manual indicates compliance
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 due to funding. 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"> • Action steps to be taken Agency to resolve the service shortfall; and 	<ul style="list-style-type: none"> • Review of Agency's Policies and Procedures Manual indicates compliance • Documentation that agency notified their Administrative Agency when funds for services were either low or exhausted

	<ul style="list-style-type: none"> Projected date that services will resume. <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"> Number of clients on the wait list. Progress toward completing the plan for resumption of service. A revised plan for resumption of service, if necessary. 	
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"> Documentation in client record Review of Agency's Policies and Procedures Manual indicates compliance
5.0	Quality Management	
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"> The Agency's QM Plan Meeting agendas and/or notes (if applicable) Project specific CQI Plans Root Cause Analysis & Improvement Plans Data collection methods and analysis Work products QM program evaluation Materials necessary for QM activities 	<ul style="list-style-type: none"> Review of Agency's Policies and Procedures Manual indicates compliance Up to date QM Manual Source Citation: HAB Universal Standards; Section F: #2
5.2	<p><u>Data Collection and Analysis</u></p>	<ul style="list-style-type: none"> Review of Agency's Policies and Procedures Manual indicates compliance

	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"> • Up to date QM Manual • Supervisors log on record reviews signed and dated • Source Citation: HAB Monitoring Standards; Part I: Universal Standards; Section A: Access to Care #2
6.0	Point Of Entry Agreements	
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"> • Review of Agency’s Policies and Procedures Manual indicates compliance • Documentation of formal agreements with appropriate Points of Entry • Documentation of referrals and their follow-up
7.0	Emergency Management	
7.1	<u>Emergency Preparedness</u> 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.	<ul style="list-style-type: none"> • Emergency Preparedness Plan • Review of Agency’s Policies and Procedures Manual indicates compliance
7.2	<u>Emergency Management Training</u> In accordance with the Department of Human Services recommendations, all applicable agency staff must complete the following National Incident	<ul style="list-style-type: none"> • Documentation of all training including certificate of completion in personnel file

	<p>Management System (NIMS) courses developed by the Department of Homeland Security:</p> <ul style="list-style-type: none"> • IS -100.HC – Introduction to the Incident command system for healthcare/hospitals • IS-200.HC- Applying ICS to Healthcare organization • IS-700.A-National Incident Management System (NIMS) Introduction • IS-800.B National Response Framework (management) <p>The above courses may be accessed at: www.training.fema.gov .</p> <p>Agencies providing support services only may complete alternate courses listed for the above areas</p> <p>All applicable new employees are required to complete the courses within 90 days of hire.</p>	
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"> • Communication pathways • Essential resources and assets • patients’ safety and security • staff responsibilities • Supply of key utilities such as portable water and electricity • Patient clinical and support activities during emergency situations. (www.jointcommission.org) 	<ul style="list-style-type: none"> • Emergency Preparedness Plan
7.4	<p><u>Emergency Management Drills</u></p> <p>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.</p>	<ul style="list-style-type: none"> • Emergency Management Plan • Review of Agency’s Policies and Procedures Manual indicates compliance
8.0	Building Safety	
8.1	<p><u>Required Permits</u></p> <p>All agencies will maintain Occupancy and Fire Marshal’s permits for the facilities.</p>	<ul style="list-style-type: none"> • Current required permits on file

SERVICE SPECIFIC STANDARDS OF CARE

Case Management (All Case Management Categories)

Case management services in HIV care facilitate client access to health care services, assist clients to navigate through the wide array of health care programs and ensure coordination of services to meet the unique needs of People Living with HIV (PLWH). It also involves client assessment to determine client’s needs and the development of individualized service plans in collaboration with the client to mitigate clients’ needs. Ryan White Grant Administration funds three case management models i.e. one psychosocial and two clinical/medical models depending on the type of ambulatory service within which the case management service is located. The scope of these three case management models namely, Non-Medical, Clinical and Medical case management services are based on Ryan White HIV/AIDS Treatment Modernization Act of 2006 (HRSA)² definition for non-medical and medical case management services. Other resources utilized include the current *National Association of Social Workers (NASW) Standards for Social Work Case Management*³. Specific requirements for each of the models are described under each case management service category.

1.0	Staff Training	
1.1	<p><u>Required Meetings</u> <u>Case Managers and Service Linkage Workers</u> Case managers and Service Linkage Workers will attend on an annual basis a minimum of four (4) of the five (5) bi-monthly networking meetings facilitated by RWGA. Case Managers and Service Linkage Workers will attend the “Joint Prevention and Care Coordination Meeting” held annually and facilitated by the RWGA and the City of Houston STD/HIV Bureau.</p> <p>Medical Case Management (MCM), Clinical Case Management (CCM) and Service Linkage Worker Supervisors will attend on an annual basis a minimum of five (5) of the six (6) bi-monthly Supervisor meetings facilitated by RWGA (in the event a MCM or CCM supervises SLW staff the MCM or CCM must attend the Supervisor meetings and may, as an option, attend the networking meetings)</p>	<ul style="list-style-type: none"> • Agency will maintain verification of attendance (RWGA will also maintain sign-in logs)

² US Department of Health and Human Services, Health Resources and Services Administration HIV or AIDS Bureau (2009). Ryan White HIV or AIDS Treatment Modernization Act of 2006: Definitions for eligible services

³ National Association of Social Workers (1992). NASW standards for social work case management. Retrieved 02/9/2009 from www.socialworkers.org/practice/standards/sw_case_mgmt.asp

1.2	<p><u>Required Training for New Employees</u></p> <p>Within the first ninety (90) days of employment in the case management system, case managers will successfully complete HIV Case Management 101 2013 Update, through the State of Texas TRAIN website (https://tx.train.org) with a minimum of 70% accuracy. RWGA expects HIV Case Management 101 2013 Update, course completion to take no longer than 16 hours. Within the first six (6) months of employment, case managers will complete at least four (4) hours review of Community resources, and at least four (4) hours cultural competency training offered by RWGA.</p> <p>For cultural competency training only, Agency may request a waiver for agency based training alternative that meets or exceeds the RWGA requirements for the first year training for case management staff.</p>	<ul style="list-style-type: none"> • Certificates of completion for applicable trainings in the case manager’s file • Sign-in sheets for agency based trainings maintained by Agency • RWGA Waiver is approved prior to Agency utilizing agency-based training curriculum
1.3	<p><u>Certified Application Counselor (CAC) Training & Certification</u></p> <p>Within the first ninety (90) days of employment in the case management system, case managers will successfully complete CAC training. Applicable case management staff must maintain CAC certification by their Certificated Application Counselor Designated Organization employer annually. RWGA expects CAC training completion to take no longer than 6 hours.</p>	<ul style="list-style-type: none"> • Certificates of completion in case manager’s file
1.4	<p><u>Case Management Supervisor Peer-led Training</u></p> <p>Supervisory Training: On an annual basis, Part A/B-funded clinical supervisors of Medical, Clinical and Community (SLW) Case Managers must fully participate in the four (4) Case Management Supervisor Peer-Led three-hour training curriculum conducted by RWGA.</p>	<ul style="list-style-type: none"> • Review of attendance sign-in sheet indicates compliance
1.5	<p><u>Child Abuse Screening, Documenting and Reporting Training</u></p> <p>Case Managers are trained in the agency’s policy and procedure for determining, documenting and reporting instances of abuse, sexual or nonsexual, in accordance with the DSHS Child Abuse Screening, Documenting and Reporting Policy prior to patient interaction.</p>	<ul style="list-style-type: none"> • Documentation of staff training
2.0	Timeliness of Services	

2.1	<p><u>Initial Case Management Contact</u></p> <p>Contact with client and/or referring agent is attempted within one working day of receiving a case assignment. If the case manager is unable to make contact within one (1) working day, this is documented and explained in the client record. Case manager should also notify their supervisor. All subsequent attempts are documented.</p>	<ul style="list-style-type: none"> • Documentation in client record
2.2	<p><u>Progress Notes</u></p> <p>All case management activities, including but not limited to all contacts and attempted contacts with or on behalf of clients are documented in the client record within 72 hours of their occurrence.</p>	<ul style="list-style-type: none"> • Legible, signed and dated documentation in client record. • Documentation of time expended with or on behalf of patient in progress notes
2.3	<p><u>Client Referral and Tracking</u></p> <p>Agency will have policies and procedures in place for referral and follow-up for clients with medical conditions, nutritional, psychological/social and financial problems. The agency will maintain a current list of agencies that provide primary medical care, prescription medications, assistance with insurance payments, dental care, transportation, nutritional counseling and supplements, support for basic needs (rent, food, financial assistance, etc.) and other supportive services (e.g. legal assistance, partner elicitation services and Client Risk Counseling Services (CRCS).</p> <p>The Case Manager will:</p> <ul style="list-style-type: none"> • Initiate referrals within two (2) weeks of the plan being completed and agreed upon by the Client and the Case Manager • Work with the Client to determine barriers to referrals and facilitate access to referrals • Utilize a tracking mechanism to monitor completion of all case management referrals 	<ul style="list-style-type: none"> • Review of Agency's Policies and Procedures Manual indicates compliance • Documentation of follow-up tracking activities in clients records • A current list of agencies that provide services including availability of the Blue Book
2.4	<p><u>Client Notification of Service Provider Turnover</u></p> <p>Client must be provided notice of assigned service provider's cessation of employment within 30 days of the employee's departure.</p>	<ul style="list-style-type: none"> • Documentation in client record
2.5	<p><u>Client Transfers between Agencies: Open or Closed less than One Year</u></p>	<ul style="list-style-type: none"> • Documentation in client record

	The case manager should facilitate the transfer of clients between providers. All clients are transferred in accordance with Case Management Policy and Procedure, which requires that a “consent for transfer and release/exchange of information” form be completed and signed by the client, the client’s record be forwarded to the receiving care manager within five (5) working days and a Request for Transfer form be completed for the client and submitted to RWGA by the receiving agency.	
2.6	<p><u>Caseload</u></p> <p>Case load determination should be based on client characteristics, acuity level and the intensity of case management activities.</p>	<ul style="list-style-type: none"> • Review of the agency’s policies and procedures for Staffing ratios

Clinical Case Management Services

The Ryan White HIV/AIDS Treatment Modernization Act of 2006 defines medical case management as “a range of client-centered services that link clients with health care, psychosocial, and other services” including coordination and follow-up of medical treatment and “adherence counseling to ensure readiness for and adherence to HIV complex treatments”. The definition outlines the functions of the medical case manager as including assessments and reassessments, individualized comprehensive service planning, service plan implementation and periodic evaluation, client advocacy and services utilization review. The Ryan White Grant Administration categorizes medical case management services co-located in a Mental Health treatment/counseling and/or Substance Abuse treatment services as Clinical Case Management (CCM) services. CCM services may be targeted to underserved populations such as Hispanics, African Americans, MSM, etc.

1.0	Staff Requirements	
1.1	<p><u>Minimum Qualifications</u> All clinical case managers must have a current and in good standing State of Texas license (LBSW, LMSW, LCSW, LPC, LPC-I, LMFT, LMFT-A).</p>	<ul style="list-style-type: none"> • A file will be maintained on each clinical case manager • Supportive documentation of credentials and job description is maintained by the agency in each clinical case manager file. Documentation should include transcripts and/or diplomas and proof of licensure
1.2	<p><u>Scope of Services</u> The clinical case management services will include at a minimum, comprehensive assessment including mental health and substance abuse/use; development, implementation and evaluation of care plans; follow-up; advocacy; direction of clients through the entire spectrum of health and support services and peer support. Other functions include facilitation and coordination of services from one service provider to another including mental health, substance abuse and primary medical care providers.</p>	<ul style="list-style-type: none"> • Review of client records indicates compliance • Agency Policy and Procedures indicates compliance
1.3	<p><u>Ongoing Education/Training for Clinical Case Managers</u> After the first year of employment in the case management system each clinical case manager will obtain the minimum number of hours of</p>	<ul style="list-style-type: none"> • Certificates of completion are maintained by the agency • Current License on case manager’s file

	continuing education to maintain his or her licensure and four (4) hours of training in current Community Resources conducted by RWGA	
2.0	Timeliness of Services/Documentation	
2.1	<p><u>Client Eligibility</u></p> <p>In addition to the general eligibility criteria, individuals must meet one or more of the following criteria in order to be eligible for clinical case management services:</p> <ul style="list-style-type: none"> ● Individual living with HIV in mental health treatment/counseling and/or substance abuse treatment services or whose history or behavior may indicate the individual may need mental health and/or substance abuse treatment/counseling now or in the future. ● Clinical criteria for admission into clinical case management must include one of the following: <ul style="list-style-type: none"> ➢ Client is actively symptomatic with a DSM (most current, American Psychiatric Association approved) diagnosis, especially including substance-related disorders (abuse/dependence), mood disorders (Bipolar depression), depressive disorders, anxiety disorders, and other psychotic disorders; or DSM (most current, American Psychiatric Association approved) diagnosis personality disorders. ➢ Client has a mental health condition or substance abuse pattern that interferes with his/her ability to adhere to medical/medication regimen and needs motivated to access mental health or substance abuse treatment services. ➢ Client is in mental health counseling or chemical dependency treatment. 	<ul style="list-style-type: none"> ● Documentation of HIV+ status, mental health and substance abuse status, residence, identification, and income in the client record
2.2	<p><u>Discharge/Closure from Clinical Case Management Services</u></p> <p>In addition to the general requirements, a client may be discharged from clinical case management services for the following reasons.</p> <ul style="list-style-type: none"> ● Client has achieved a sustainable level of stability and independence. 	<ul style="list-style-type: none"> ● Documentation in client record.

	<ul style="list-style-type: none"> ➤ Substance Abuse – Client has successfully completed an outpatient substance abuse treatment program. ➤ Mental Health – Client has successfully accessed and is engaged in mental health treatment and/or has completed mental health treatment plan objectives. 	
2.3	<p><u>Coordination with Primary Medical Care and Medical Case Management Provider</u></p> <p>Agency will have policies and procedures in place to ensure effective clinical coordination with Ryan White Part A/B-funded Medical Case Management programs.</p> <p>Clinical Case Management services provided to clients accessing primary medical care from a Ryan White Part A/B-funded primary medical care provider other than Agency will require Agency and Primary Medical Care/Medical Case Management provider to conduct regular multi-disciplinary case conferences to ensure effective coordination of clinical and psychosocial interventions.</p> <p>Case conferences must at a minimum include the clinical case manager; mental health/counselor and/or medical case manager and occur at least every three (3) months for the duration of Clinical Case Management services.</p> <p>Client refusal to provide consent for the clinical case manager to participate in multi-disciplinary case conferences with their Primary Medical Care provider must be documented in the client record.</p>	<ul style="list-style-type: none"> • Review of Agency’s Policies and Procedures Manual indicates compliance • Case conferences are documented in the client record
2.4	<p><u>Assessment</u></p> <p>Assessment begins at intake.</p> <p>The case manager will provide client, and if appropriate, his/her support system information regarding the range of services offered by the case management program during intake/assessment.</p> <p>The comprehensive client assessment will include an evaluation of the client’s medical and psychosocial needs, strengths, resources (including financial and medical coverage status), limitations, beliefs, concerns and projected barriers to service. Other areas of assessment include demographic information, health history, sexual history, mental history/status, substance abuse history, medication adherence and risk</p>	<ul style="list-style-type: none"> • Documentation in client record on the comprehensive client assessment form, signed and dated, or agency’s equivalent form. Updates to the information included in the assessment will be recorded in the comprehensive client assessment. • A completed DSHS checklist for screening of suspected sexual child abuse and reporting is evident in case management records, when appropriate

	behavior practices, adult and child abuse (if applicable). A RWGA-approved comprehensive client assessment form must be completed within two weeks after initial contact. Clinical Case Management will use a RWGA-approved assessment tool. This tool may include Agency specific enhancements tailored to Agency's Mental Health and/or Substance Abuse treatment program(s).	
2.5	<p><u>Reassessment</u></p> <p>Clients will be reassessed at six (6) month intervals following the initial assessment or more often if clinically indicated including when unanticipated events or major changes occur in the client's life (e.g. needing referral for services from other providers, increased risk behaviors, recent hospitalization, suspected child abuse, significant changes in income and/or loss of psychosocial support system). A RWGA approved reassessment form as applicable must be utilized.</p>	<ul style="list-style-type: none"> • Documentation in client record on the comprehensive client reassessment form or agency's equivalent form signed and dated
2.6	<p><u>Service Plan</u></p> <p>Service planning begins at admission to clinical case management services and is based upon assessment. The clinical case manager shall develop the service plan in collaboration with the client and if appropriate, other members of the support system. An RWGA-approved service plan form will be completed no later than ten (10) working days following the comprehensive client assessment. A temporary care plan may be executed upon intake based upon immediate needs or concerns). The service plan will seek timely resolution to crises, short-term and long-term needs, and may document crisis intervention and/or short term needs met before full service plan is completed.</p> <p>Service plans reflect the needs and choices of the client based on their health and related needs (including support services) and are consistent with the progress notes. A new service plan is completed at each six (6) month reassessment or each reassessment. The case manager and client will update the care plan upon achievement of goals and when other issues or goals are identified and reassessed. Service plan must reflect an ongoing discussion of primary care, mental health treatment and/or substance abuse treatment, treatment and medication adherence and other client education per client need.</p>	<ul style="list-style-type: none"> • Documentation in client record on the clinical case management service plan or agency's equivalent form • Service plan signed by client and the case manager

3.0	Supervision and Caseload	
3.1	<p><u>Clinical Supervision and Caseload Coverage</u> The clinical case manager must receive supervision in accordance with their licensure requirements. Agency policies and procedures should account for clinical supervision and coverage of caseload in the absence of the clinical case manager or when the position is vacant.</p>	<ul style="list-style-type: none"> • Review of the agency’s Policies and Procedures for clinical supervision, and documentation of supervisor qualifications in personnel files. • Documentation on file of date of supervision, type of supervision (e.g., group, one on one), and the content of the supervision

Non-Medical Case Management Services (Service Linkage Worker)

Non-medical case management services (Service Linkage Worker (SLW)) is co-located in ambulatory/outpatient medical care centers. HRSA defines Non-Medical case management services as the “provision of advice and assistance in obtaining medical, social, community, legal, financial, and other needed services” and does not include coordination and follow-up of medical treatment. The Ryan White Part A/B SLW provides services to clients who do not require intensive case management services and these include the provision of information, referrals and assistance with linkage to medical, mental health, substance abuse and psychosocial services as needed; advocating on behalf of clients to decrease service gaps and remove barriers to services helping clients to develop and utilize independent living skills and strategies.

1.0	Staff Requirements	
1.1	<p><u>Minimum Qualifications</u> Service Linkage Worker – unlicensed community case manager Service linkage workers must have a bachelor’s degree from an accredited college or university with a major in social or behavioral sciences. Documented paid work experience in providing client services to PLWH may be substituted for the bachelor’s degree requirement on a 1:1 basis (1 year of documented paid experience may be substituted for 1 year of college). Service linkage workers must have a minimum of 1 year paid work experience with PLWH. Bilingual (English/Spanish) targeted service linkage workers must have written and verbal fluency in English and Spanish. Agency will provide Service Linkage Worker a written job description upon hiring.</p>	<ul style="list-style-type: none"> • A file will be maintained on service linkage worker. Supportive documentation of credentials and job description are maintained by the agency and in each service linkage worker’s file. Documentation may include, but is not limited to, transcripts, diplomas, certifications and/or licensure.
2.0	Timeliness of Services/Documentation	
2.1	<p><u>Client Eligibility – Service Linkage targeted to Not-in-Care and Newly Diagnosed (COH Only)</u> In addition to general eligibility criteria individuals must meet the following in order to be eligible for non-medical case management services:</p> <ul style="list-style-type: none"> • Clients not receiving outpatient HIV primary medical care services within the previous 180 days as documented by the CPCDMS, or 	<ul style="list-style-type: none"> • Documentation of HIV+ status, residence, identification and income in the client record • Documentation of “not in care” status through the CPCDMS

	<ul style="list-style-type: none"> • Newly diagnosed (within the last six (6) months) and not currently receiving outpatient HIV primary medical care services as documented by the CPCDMS, or • Newly diagnosed (within the last six (6) months) and not currently receiving case management services as documented by the CPCDMS 	
2.2	<p><u>Service Linkage Worker Assessment</u></p> <p>Assessment begins at intake. The service linkage worker will provide client and, if appropriate, his/her personal support system information regarding the range of services offered by the case management program during intake/assessment.</p> <p>The service linkage worker will complete RWGA -approved brief assessment tool within five (5) working days, on all clients to identify those who need comprehensive assessment. Clients with mental health, substance abuse and/or housings issues should receive comprehensive assessment. Clients needing comprehensive assessment should be referred to a licensed case manager. <u>Low-need, non-primary care clients who have only an intermittent need for information about services may receive brief SLW services without being placed on open status.</u></p>	<ul style="list-style-type: none"> • Documentation in client record on the brief assessment form, signed and dated • A completed DSHS checklist for screening of suspected sexual child abuse and reporting is evident in case management records, when appropriate
2.3	<p><u>Service Linkage Worker Reassessment</u></p> <p>Clients on <u>open status</u> will be reassessed at six (6) month intervals following the initial assessment. A RWGA/ TRG-approved reassessment form as applicable must be utilized.</p>	<ul style="list-style-type: none"> • Documentation in RWGA approved client reassessment form or agency’s equivalent form, signed and dated
2.4	<p><u>Transfer of Not-in-Care and Newly Diagnosed Clients (COH Only)</u></p> <p>Service linkage workers targeting their services to Not-in-Care and newly diagnosed clients will work with clients for a maximum of 90 days. Clients must be transferred to a Ryan White-funded primary medical care, clinical case management or medical case management program, or a private (non-Ryan White funded) physician within 90 days of the initiation of services.</p>	<ul style="list-style-type: none"> • Documentation in client record and in the CPCDMS

	Those clients who chose to access primary medical care from a non-Ryan White funded source may receive ongoing service linkage services from provider or from a Ryan White-funded Clinic or Medical Case Management provider.	
2.5	<p><u>Primary Care Newly Diagnosed and Lost to Care Clients</u></p> <p>Agency must have a written policy and procedures in place that address the role of Service Linkage Workers in the linking and re-engaging of clients into primary medical care. The policy and procedures must include at minimum:</p> <ul style="list-style-type: none"> • Methods of routine communication with testing sites regarding newly diagnosis and referred individuals • Description of service linkage worker job duties conducted in the field • Process for re-engaging agency patients lost to care (no primary care visit in 6 months) 	<ul style="list-style-type: none"> • Review of Agency’s Policies and Procedures Manual indicates compliance.
3.0	Supervision and Caseload	
3.1	<p><u>Service Linkage Worker Supervision</u></p> <p>A minimum of four (4) hours of supervision per month must be provided to each service linkage worker by a master’s level health professional.) At least one (1) hour of supervision must be individual supervision.</p> <p>Supervision includes, but is not limited to, one-to-one consultation regarding issues that arise in the case management relationship, case staffing meetings, group supervision, and discussion of gaps in services or barriers to services, intervention strategies, case assignments, case reviews and caseload assessments.</p>	<ul style="list-style-type: none"> • Documentation in supervision notes, which must include: <ul style="list-style-type: none"> ➤ date ➤ name(s) of case manager(s) present ➤ topic(s) covered and/or client(s) reviewed ➤ plan(s) of action ➤ supervisor’s signature • Supervision notes are never maintained in the client record
3.2	<p><u>Caseload Coverage – Service Linkage Workers</u></p> <p>Supervisor ensures that there is coverage of the caseload in the absence of the service linkage worker or when the position is vacant. Service Linkage Workers may assist clients who are routinely seen by other CM team members in the absence of the client’s “assigned” case manager.</p>	<ul style="list-style-type: none"> • Documentation of all client encounters in client record and in the Centralized Patient Care Data Management System

3.3	<p><u>Case Reviews – Service Linkage Workers.</u></p> <p>Supervisor reviews a random sample equal to 10% of unduplicated clients served by each service linkage worker at least once every ninety (90) days, and concurrently ensures that all required record components are present, timely, legible, and that services provided are appropriate.</p>	<ul style="list-style-type: none"> • Documentation of case reviews in client record, signed and dated by supervisor and/or quality assurance personnel and SLW
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Medical Case Management

Similarly to nonmedical case management services, medical case management (MCM) services are co-located in ambulatory/outpatient medical care centers (see clinical case management for HRSA definition of medical case management services). The Houston RWPA/B medical case management visit includes assessment, education and consultation by a licensed social worker within a system of information, referral, case management, and/or social services and includes social services/case coordination”. In addition to general eligibility criteria for case management services, providers are required to screen clients for complex medical and psychosocial issues that will require medical case management services (see MCM SOC 2.1).

1.0	Staff/Training	
1.1	<p><u>Qualifications/Training</u> Minimum Qualifications - The program must utilize a Social Worker licensed by the State of Texas to provide Medical Case Management Services. A file will be maintained on each medical case manager. Supportive documentation of medical case manager credentials is maintained by the agency and in each medical case manager’s file. Documentation may include, but is not limited to, transcripts, diplomas, certifications, and/or licensure.</p>	<ul style="list-style-type: none"> • Documentation of credentials and job description in medical case manager’s file
1.2	<p><u>Scope of Services</u> The medical case management services will include at a minimum, screening of primary medical care patients to determine each patient’s level of need for medical case management; comprehensive assessment, development, implementation and evaluation of medical case management service plan; follow-up; direction of clients through the entire spectrum of health and support services; facilitation and coordination of services from one service provider to another. Others include referral to clinical case management if indicated, client education regarding wellness, medication and health care compliance and peer support.</p>	<ul style="list-style-type: none"> • Review of clients’ records indicates compliance
1.3	<p><u>Ongoing Education/Training for Medical Case Managers</u> After the first year of employment in the case management system each medical case manager will obtain the minimum number of hours of continuing education to maintain his or her licensure.</p>	<ul style="list-style-type: none"> • Attendance sign-in sheets and/or certificates of completion are maintained by the agency

2.0	<p>Timeliness of Service/Documentation</p> <p>Medical case management for persons with HIV should reflect competence and experience in the assessment of client medical need and the development and monitoring of medical service delivery plans.</p>	
2.1	<p><u>Screening Criteria for Medical Case Management</u></p> <p>In addition to the general eligibility criteria, agencies are advised to use screening criteria before enrolling a client in medical case management. Examples of such criteria include the following:</p> <ol style="list-style-type: none"> i. Newly diagnosed ii. New to ART iii. CD4<200 iv. VL>100,000 or fluctuating viral loads v. Excessive missed appointments vi. Excessive missed dosages of medications vii. Mental illness that presents a barrier to the patient’s ability to access, comply or adhere to medical treatment viii. Substance abuse that presents a barrier to the patient’s ability to access, comply or adhere to medical treatment ix. Housing issues x. Opportunistic infections xi. Unmanaged chronic health problems/injury/Pain xii. Lack of viral suppression xiii. Positive screening for intimate partner violence xiv. Clinician’s referral <p>Clients with one or more of these criteria would indicate need for medical case management services. Clients enrolling in medical case management services should be placed on “open” status in the CPCDMS.</p> <p>The following criteria are an indication a client may be an appropriate referral for Clinical Case Management services.</p> <ul style="list-style-type: none"> • Client is actively symptomatic with an axis I DSM (most current, American Psychiatric Association approved) diagnosis especially including substance-related disorders (abuse/dependence), mood disorders (major depression, Bipolar depression), anxiety disorders, and other 	<ul style="list-style-type: none"> • Review of agency’s screening criteria for medical case management

	<p>psychotic disorders; or axis II DSM (most current, American Psychiatric Association approved) diagnosis personality disorders;</p> <ul style="list-style-type: none"> • Client has a mental health condition or substance abuse pattern that interferes with his/her ability to adhere to medical/medication regimen and needs motivated to access mental health or substance abuse treatment services; • Client is in mental health counseling or chemical dependency treatment. 	
2.2	<p><u>Assessment</u> Assessment begins at intake.</p> <p>The case manager will provide client, and if appropriate, his/her support system information regarding the range of services offered by the case management program during intake/assessment.</p> <p><u>Medical case managers will provide a comprehensive assessment at intake and at least annually thereafter.</u></p> <p>The comprehensive client assessment will include an evaluation of the client's medical and psychosocial needs, strengths, resources (including financial and medical coverage status), limitations, beliefs, concerns and projected barriers to service. Other areas of assessment include demographic information, health history, sexual history, mental history/status, substance abuse history, medication adherence and risk behavior practices, adult and child abuse (if applicable). A RWGA-approved comprehensive client assessment form must be completed within two weeks after initial contact. Medical Case Management will use an RWGA-approved assessment tool. This tool may include Agency specific enhancements tailored to Agency's program needs.</p>	<ul style="list-style-type: none"> • Documentation in client record on the comprehensive client assessment forms, signed and dated, or agency's equivalent forms. Updates to the information included in the assessment will be recorded in the comprehensive client assessment. • A completed DSHS checklist for screening of suspected sexual child abuse and reporting is evident in case management records, when appropriate.
2.3	<p><u>Reassessment</u></p> <p>Clients will be reassessed at six (6) month intervals following the initial assessment or more often if clinically indicated including when unanticipated events or major changes occur in the client's life (e.g. needing referral for services from other providers, increased</p>	<ul style="list-style-type: none"> • Documentation in client record on the comprehensive client reassessment form or agency's equivalent form signed and dated

	risk behaviors, recent hospitalization, suspected child abuse, significant changes in income and/or loss of psychosocial support system). A RWGA or TRG -approved reassessment form as applicable must be utilized.	<ul style="list-style-type: none"> • Documentation of initial and updated service plans in the URS (applies to TDSHS – funded case managers only)
2.4	<p><u>Service Plan</u></p> <p>Service planning begins at admission to medical case management services and is based upon assessment. The medical case manager shall develop the service plan in collaboration with the client and if appropriate, other members of the support system. An RWGA-approved service plan form will be completed no later than ten (10) working days following the comprehensive client assessment. A temporary care plan may be executed upon intake based upon immediate needs or concerns). The service plan will seek timely resolution to crises, short-term and long-term needs, and may document crisis intervention and/or short term needs met before full service plan is completed.</p> <p>Service plans reflect the needs and choices of the client based on their health and related needs (including support services) and are consistent with the progress notes. A new service plan is completed at each six (6) month reassessment or each reassessment. The case manager and client will update the care plan upon achievement of goals and when other issues or goals are identified and reassessed. Service plan must reflect an ongoing discussion of primary care, mental health treatment and/or substance abuse treatment, treatment and medication adherence and other client education per client need.</p>	<ul style="list-style-type: none"> • Documentation in client’s record on the medical case management service plan or agency’s equivalent form • Service Plan signed by the client and the case manager
2.5	<p><u>Brief Interventions</u></p> <p>Clients who are not appropriate for medical case management services may still receive brief interventions. In lieu of completing the comprehensive client re-assessment, the medical case manager should complete the brief re-assessment and service plan and document in the progress notes. Any referrals made should be documented, including their outcomes in the progress notes.</p>	<ul style="list-style-type: none"> • Documentation in the progress notes reflects a brief re-assessment and plan (referral) • Documentation in client record on the brief re-assessment form • Documentation of referrals and their outcomes in the progress notes • Documentation of brief interventions in the progress notes.

3.0	Supervision and Caseload	
3.1	<p><u>Clinical Supervision and Caseload Coverage</u></p> <p>The medical case manager must receive supervision in accordance with their licensure requirements. Agency policies and procedures should account for clinical supervision and coverage of caseload in the absence of the medical case manager or when the position is vacant.</p>	<ul style="list-style-type: none"> • Review of the agency’s Policies and Procedures for clinical supervision, and documentation of supervisor qualifications in personnel files. • Documentation on file of date of supervision, type of supervision (e.g., group, one on one), and the content of the supervision

Emergency Financial Assistance Program

Emergency Financial Assistance (EFA) is co-located in ambulatory medical care centers to provide short term (up to 14 days of medication) access to HIV pharmaceutical services to clients who have not yet completed eligibility determination for medications through Pharmaceutical Assistance Programs, State ADAP, State SPAP or other sources. EFA provides short-term (up to 14 days of medication) payments to assist clients with an emergent need for HIV medication. HRSA requirements for EFA include a client enrollment process, uniform benefits for all enrolled clients, a record system for dispensed medications and a drug distribution system.

1.0	Services are offered in such a way as to overcome barriers to access and utilization. Service is easily accessible to persons with HIV.	
1.1	<p><u>Client Eligibility</u></p> <p>In addition to the general eligibility criteria individuals must meet the following in order to be eligible for EFA services:</p> <ul style="list-style-type: none"> • Income no greater than 500% of the Federal poverty level for HIV medications 	<ul style="list-style-type: none"> • Documentation of income in the client record.
1.2	<p><u>Timeliness of Service Provision</u></p> <ul style="list-style-type: none"> • Agency will process prescription for approval within two (2) business days • Pharmacy will fill prescription within one (1) business day of approval 	<ul style="list-style-type: none"> • Documentation in the client record and review of pharmacy summary sheets • Review of agency's Policies & Procedures Manual indicates compliance
1.3	<p><u>Medication Formulary</u></p> <p>RW funded prescriptions for program eligible clients shall be based on current HIV medications on the RWGA LPAP medication formulary. Ryan White funds may not be used for non-prescription medications or drugs not on the approved formulary. Providers wishing to prescribe other medications not on the formulary must obtain a waiver from the RWGA prior to doing so. Any EFA service greater than 14 days of medication must also have prior waiver approval from RWGA. Agency policies and procedures must ensure that MDs and physician extenders comply with the current clinical/Public Health Services guidelines for ART and treatment of opportunistic infections.</p>	<ul style="list-style-type: none"> • Review of agency's Policies & Procedures Manual indicates compliance • Review of billing history indicates compliance • Documentation in client's record
2.0	Staff HIV knowledge is based on documented training.	

2.1	<p><u>Orientation</u> Initial orientation includes twelve (12) hours of HIV basics, confidentiality issues, role of new staff and agency-specific information within sixty (60) days of contract start date or hires date.</p>	<ul style="list-style-type: none"> • Review of training curriculum indicates compliance • Documentation of all training in personnel file • Specific training requirements are specified in the staff guidelines
2.2	<p><u>Ongoing Training</u> Sixteen (16) hours every two years of continuing education in PLWH related or medication/pharmacy – related topics is required for pharmacist and pharmacy tech staff.</p>	<ul style="list-style-type: none"> • Materials for staff training and continuing education are on file • Staff interviews indicate compliance
2.3	<p><u>Pharmacy Staff Experience</u> A minimum of one year documented PLWH work experience is preferred.</p>	<ul style="list-style-type: none"> • Documentation of work experience in personnel file
2.4	<p><u>Pharmacy Staff Supervision</u> Staff will receive at least two (2) hours of supervision per month to include client care, job performance and skill development.</p>	<ul style="list-style-type: none"> • Review of personnel files indicates compliance • Review of agency’s Policies & Procedures Manual indicates compliance • Review of documentation which includes, date of supervision, contents of discussion, duration of supervision and signatures of supervisor and all staff present

Health Insurance Assistance

The Health Insurance Premium and Cost Sharing Assistance service category is intended to help PLWH continue medical care without gaps in health insurance coverage or discretion of treatment. A program of financial assistance for the payment of health insurance premiums and co-pays, co-insurance and deductibles to enable eligible individuals with HIV to utilize their existing third party or public assistance (e.g. Medicare) medical insurance. Agency may provide help with client co-payments, co-insurance, deductibles, and Medicare Part D premiums.

Co-Payment: A cost-sharing requirement that requires the insured to pay a specific dollar amount for each unit of service. Co-Insurance: A cost-sharing requirement that requires the insured to pay a percentage of costs for covered services/prescription. Deductible: A cost-sharing requirement that requires the insured pay a certain amount for health care or prescription, before the prescription drug plan or other insurance begins to pay. Premium: The amount paid by the insured to an insurance company to obtain or maintain and insurance policy.

1.0	Staff/Training	
1.1	<u>Ongoing Training</u> Eight (8) hours annually of continuing education in HIV related or other specific topics including a minimum of two (2) hours training in Medicare Part D is required as needed.	<ul style="list-style-type: none"> • Materials for staff training and continuing education are on file • Staff interviews indicate compliance
1.2	<u>Staff Experience</u> A minimum of one year documented HIV work experience is preferred.	<ul style="list-style-type: none"> • Documentation of work experience in personnel file
2.0	Client Eligibility	
2.1	<u>Comprehensive Intake/Assessment</u> Agency performs a comprehensive financial intake/application to determine client eligibility for this program as needed to insure that these funds are used as a last resort in order for the client to utilize his/her existing insurance or be eligible to purchase a qualified health plan through the Marketplace. Assessment should include review of individual's premium and cost sharing subsidies through the health insurance marketplace.	<ul style="list-style-type: none"> • Review of agency's Policies & Procedures Manual indicates compliance. • Review of client intake/assessment for service indicates compliance
2.2	<u>Advance Premium Tax Credit Reconciliation</u> Agency will ensure all clients receiving assistance for Marketplace QHP premiums:	<ul style="list-style-type: none"> • Review of client record

	<ul style="list-style-type: none"> • Designate Premium Tax Credit to be taken in advance during Marketplace Insurance enrollment • Update income information at Healthcare.gov every 6 months, at minimum, with one update required during annual Marketplace open enrollment or Marketplace renewal periods • Submit prior year tax information no later than May 31st. Tax information must include: <ul style="list-style-type: none"> ○ Federal Marketplace Form 1095-A ○ IRS Form 8962 ○ IRS Form 1040 (excludes 1040EZ) • Reconciliation of APTC credits or liabilities 	
3.0	Client Access.	
3.1	<u>Clients Referral and Tracking</u> Agency receives referrals from a broad range of HIV service providers and makes appropriate referrals out when necessary.	<ul style="list-style-type: none"> • Documentation of referrals received • Documentation of referrals out • Staff reports indicate compliance
3.2	<u>Prioritization of Service</u> Agency implements a system to utilize the RW Planning Council-approved prioritization of cost sharing assistance when limited funds warrant it. Agency use the Planning Council-approved consumer out-of-pocket methodology. Priority Ranking of Cost Sharing Assistance (in descending order): <ol style="list-style-type: none"> 1. HIV medication co-pays and deductibles (medications on the Texas ADAP formulary) 2. Non-HIV medication co-pays and deductibles (all other allowable HIV-related medications) 3. Doctor visit co-pays/deductibles (physician visit and/or lab copayments) Medicare Part D (Rx) premiums	<ul style="list-style-type: none"> • Review of agency’s Policies & Procedures Manual indicates compliance. • Review of agency’s monthly reimbursement indicates compliance
3.3	<u>Decreasing Barriers to Service</u> Agency establishes formal written agreements with all Houston HSDA Ryan White-funded (Part A, B, C, D) primary care, mental health and substance use provider agencies to enable clients of these agencies to enroll in Health Insurance assistance at his/her primary care, mental	<ul style="list-style-type: none"> • Review of agency’s Policies & Procedures Manual indicates compliance. • Review of client intake/assessment for service indicates compliance

	health or substance use provider site. (i.e. No need for client to physically present to Health Insurance provider.)	
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Local Pharmacy Assistance Program

The Local Pharmacy Assistance Programs (LPAP) are co-located in ambulatory medical care centers and provide HIV and HIV-related pharmaceutical services to clients who are not eligible for medications through private insurance, Medicaid/Medicare, State ADAP, State SPAP or other sources. HRSA requirements for LPAP include a client enrollment process, uniform benefits for all enrolled clients, a record system for dispensed medications and a drug distribution system.

1.0	Services are offered in such a way as to overcome barriers to access and utilization. Service is easily accessible to persons with HIV.	
1.1	<p><u>Client Eligibility</u></p> <p>In addition to the general eligibility criteria individuals must meet the following in order to be eligible for LPAP services:</p> <ul style="list-style-type: none"> • Income no greater than 500% of the Federal poverty level for HIV medications and no greater than 300% of the Federal poverty level for HIV-related medications 	<ul style="list-style-type: none"> • Documentation of income in the client record.
1.2	<p><u>Timeliness of Service Provision</u></p> <ul style="list-style-type: none"> • Agency will process prescription for approval within two (2) business days • Pharmacy will fill prescription within one (1) business day of approval 	<ul style="list-style-type: none"> • Documentation in the client record and review of pharmacy summary sheets • Review of agency's Policies & Procedures Manual indicates compliance
1.3	<p><u>LPAP Medication Formulary</u></p> <p>RW funded prescriptions for program eligible clients shall be based on the current RWGA LPAP medication formulary. Ryan White funds may not be used for non-prescription medications or drugs not on the approved formulary. Providers wishing to prescribe other medications not on the formulary must obtain a waiver from the RWGA prior to doing so. Agency policies and procedures must ensure that MDs and physician extenders comply with the current clinical/HHS guidelines for ART and treatment of opportunistic infections.</p>	<ul style="list-style-type: none"> • Review of agency's Policies & Procedures Manual indicates compliance • Review of billing history indicates compliance • Documentation in client's record

2.0	Staff HIV knowledge is based on documented training.	
2.1	<u>Orientation</u> Initial orientation includes twelve (12) hours of HIV basics, confidentiality issues, role of new staff and agency-specific information within sixty (60) days of contract start date or hires date.	<ul style="list-style-type: none"> • Review of training curriculum indicates compliance • Documentation of all training in personnel file • Specific training requirements are specified in the staff guidelines
2.2	<u>Ongoing Training</u> Sixteen (16) hours every two years of continuing education in PLWH related or medication/pharmacy – related topics is required for pharmacist and pharmacy tech staff.	<ul style="list-style-type: none"> • Materials for staff training and continuing education are on file • Staff interviews indicate compliance
2.3	<u>Pharmacy Staff Experience</u> A minimum of one year documented PLWH work experience is preferred.	<ul style="list-style-type: none"> • Documentation of work experience in personnel file
2.4	<u>Pharmacy Staff Supervision</u> Staff will receive at least two (2) hours of supervision per month to include client care, job performance and skill development.	<ul style="list-style-type: none"> • Review of personnel files indicates compliance • Review of agency’s Policies & Procedures Manual indicates compliance • Review of documentation which includes, date of supervision, contents of discussion, duration of supervision and signatures of supervisor and all staff present

Medical Nutritional Therapy/Supplements

HRSA defines core Medical Nutrition Therapy as the provision of food, nutritional services and nutritional supplements provided outside of a primary care visit by a licensed registered dietician based on physician's recommendation and a nutritional plan developed by a licensed registered dietician. The Houston EMA Part A/B Medical Nutrition Therapy includes nutritional counseling, provision nutritional supplements (of up to 90 day supply) for eligible people living with HIV in the Houston EMA. Clients must have a written referral or prescription from a physician or physician extender and a written nutritional plan prepared by a licensed, registered dietician

1.0	Services are individualized and tailored to client needs.	
1.1	<u>Education/Counseling – Clients Receiving New Supplements</u> All clients receiving a supplement for the first time will receive appropriate education/counseling. This must include written information regarding supplement benefits, side effects and recommended dosage in client's primary language.	<ul style="list-style-type: none"> • Client record indicates compliance
1.2	<u>Education/Counseling – Follow-Up</u> Clients receive education/counseling regarding supplement(s) again at: <ul style="list-style-type: none"> • follow-up • when there is a change in supplements • at the discretion of the registered dietician if clinically indicated 	<ul style="list-style-type: none"> • Client record indicates compliance
2.0	Services adhere to professional standards and regulations.	
2.1	<u>Nutritional Supplement Formulary</u> RW funded nutritional supplement disbursement for program eligible clients shall be based on the current RWGA nutritional supplement formulary. Ryan White funds may not be used for nutritional supplements not on the approved formulary. Providers wishing to prescribe/order other supplements not on the formulary must obtain a waiver from the RWGA prior to doing so. Agency policies and procedures must ensure that MDs and physician extenders comply with the current clinical/Department of Health	<ul style="list-style-type: none"> • Review of agency's Policies & Procedures Manual indicates compliance • Review of billing history indicates compliance • Documentation in client's record

	and Human Services guidelines for ART and treatment of opportunistic infections.	
2.2	<p><u>Inventory</u></p> <p>Supplement inventory is updated and rotated as appropriate on a first-in, first-out basis, and shelf-life standards and applicable laws are observed.</p>	<ul style="list-style-type: none"> • Review of agency's Policies & Procedures Manual indicates compliance • Staff interviews
2.3	<p><u>Licensure</u></p> <p>Providers/vendors maintain proper licensure. A physician or physician extender (PE) with prescribing privileges at a Part A/B/C and/or MAI-funded agency or qualified primary care provider must write an order for Part A-funded nutritional supplements. A licensed registered dietician must provide an individualized nutritional plan including education/counseling based on a nutritional assessment</p>	<ul style="list-style-type: none"> • Documentation of current licensure • Nutritional plan in client's record
2.4	<p><u>Protocols</u></p> <p>Nutrition therapy services will use evidence-based guides, protocols, best practices, and research in the field of HIV including the <i>American Dietetic Association's HIV-related protocols in Medical Nutrition Therapy Across the Continuum of Care</i>.</p>	<ul style="list-style-type: none"> • Chart Review shows compliance • Review of agency's Policies & Procedures Manual indicates compliance

Oral Health

Oral Health Care as “diagnostic, preventive, and therapeutic services provided by the general dental practitioners, dental specialist, dental hygienist and auxiliaries and other trained primary care providers”. The Ryan White Part A/B oral health care services include standard preventive procedures, diagnosis and treatment of HIV-related oral pathology, restorative dental services, oral surgery, root canal therapy and oral medication (including pain control) for PLWH 15 years old or older based on a comprehensive individual treatment plan. Additionally, the category includes prosthodontics services (Part B) to people living with HIV including but not limited to examinations and diagnosis of need for dentures, crowns, bridgework and implants, diagnostic measurements, laboratory services, tooth extraction, relines and denture repairs.

1.0	Staff HIV knowledge is based on documented training.	
1.1	<u>Continuing Education</u> <ul style="list-style-type: none"> Sixteen (16) hours of training in HIV and clinically-related issues is required every 2 years for licensed staff. (does not include any training requirements outlined in General Standards) One (1) hour of training in HIV is required annually for all other staff. (does not include any training requirements outlined in General Standards) 	<ul style="list-style-type: none"> Materials for staff training and continuing education are on file Documentation of continuing education in personnel file
1.2	<u>Experience – HIV</u> A minimum of one (1) year documented work experience with PLWH is preferred for licensed staff.	<ul style="list-style-type: none"> Documentation of work experience in personnel file
1.3	<u>Staff Supervision</u> Supervision of clinical staff shall be provided by a practitioner with at least two years experience in dental health assessment and treatment of persons living with HIV. All licensed personnel shall receive supervision consistent with the State of Texas license requirements.	<ul style="list-style-type: none"> Review of personnel files indicates compliance Review of agency’s Policies & Procedures Manual indicates compliance
2.0	Patient Care	
2.1	<u>HIV Primary Care Provider Contact Information</u> Agency obtains and documents HIV primary care provider contact information for each client.	<ul style="list-style-type: none"> Documentation of HIV primary care provider contact information in the client record. At minimum, agency should collect the clinic and/or physician’s name and telephone number

2.2	<u>Consultation for Treatment</u> Agency consults with client's medical care providers when indicated.	<ul style="list-style-type: none"> • Documentation of communication in the client record
2.3	<u>Health History Information</u> Agency collects and documents health history information for each client prior to providing care. This information should include, but not be limited to, the following: <ul style="list-style-type: none"> • A baseline (current within the last 12 months) CBC laboratory test results for all new clients, and an annual update thereafter, and when clinically indicated • Current (within the last 6 months) Viral Load and CD4 laboratory test results, when clinically indicated • Client's chief complaint, where applicable • Medication names • Sexually transmitted diseases • HIV-associated illnesses • Allergies and drug sensitivities • Alcohol use • Recreational drug use • Tobacco use • Neurological diseases • Hepatitis • Usual oral hygiene • Date of last dental examination • Involuntary weight loss or weight gain • Review of systems 	<ul style="list-style-type: none"> • Documentation of health history information in the client record. Reasons for missing health history information are documented
2.4	<u>Client Health History Update</u> An update to the health history should be made, at minimum, every six (6) months or at client's next general dentistry visit whichever is greater.	<ul style="list-style-type: none"> • Documentation of health history update in the client record
2.5	<u>Comprehensive Periodontal Examination (Part B Only)</u> Agency has a written policy and procedure regarding when a comprehensive periodontal examination should occur. Comprehensive periodontal examination should be done in	<ul style="list-style-type: none"> • Review of agency's Policies & Procedures Manual indicates compliance • Review of client records indicate compliance

	accordance with professional standards and current US Public Health Service guidelines	
2.6	<p><u>Treatment Plan</u></p> <ul style="list-style-type: none"> • A comprehensive, multidisciplinary Oral Health treatment plan will be developed in conjunction with the patient. • Patient's primary reason for dental visit should be addressed in treatment plan • Patient strengths and limitations will be considered in development of treatment plan • Treatment priority should be given to pain management, infection, traumatic injury or other emergency conditions • Treatment plan will be updated as deemed necessary 	<ul style="list-style-type: none"> • Treatment plan dated and signed by both the provider and patient in patient file • Updated treatment plan dated and signed by both the provider and patient in patient file
2.7	<p><u>Annual Hard/Soft Tissue Examination</u></p> <p>The following elements are part of each client's annual hard/soft tissue examination and are documented in the client record:</p> <ul style="list-style-type: none"> • Charting of caries; • X-rays; • Periodontal screening; • Written diagnoses, where applicable; • Treatment plan. <p>Determination of clients needing annual examination should be based on the dentist's judgment and criteria outlined in the agency's policy and procedure, however the time interval for all clients may not exceed two (2) years.</p>	<ul style="list-style-type: none"> • Documentation in the client record • Review of agency's Policies & Procedures Manual indicates compliance
2.8	<p><u>Oral Hygiene Instructions</u></p> <p>Oral hygiene instructions (OHI) should be provided annually to each client. The content of the instructions is documented.</p>	<ul style="list-style-type: none"> • Documentation in the client record

Outreach Services

Outreach workers focus on locating clients who are on the cusp of falling out of care, for reengagement back into care. The Ryan White Part A Outreach Worker (OW) provides field-based services to clients based on criteria identified by each agency. These services include the provision of information, referrals and assistance with linkage to medical, mental health, substance abuse and psychosocial services as needed and advocating on behalf of clients to decrease service gaps and remove barriers to services.

1.0	Staff Training	
1.1	<u>Minimum/Qualifications</u> Minimum Qualifications – High School Diploma or GED. Six months of working with or volunteering with PLWH.	<ul style="list-style-type: none"> • Documentation of credentials and job description in outreach worker’s file • Documentation includes, but is not limited to high school diploma, GED and experience
1.2	<u>Scope of Services</u> The OW will generate EMR reports to determine eligibility for services. Monthly, during OW-RWGA meetings OW will provide client status updates on engagement activities. Outreach workers are expected to document client’s immediate needs and barriers to service in order to relink and reengage them back in to care. Upon successfully re-engaging clients back in to care, outreach workers will provide a warm handoff to a service linkage worker or medical case manager for additional assistance of the client’s needs as necessary.	<ul style="list-style-type: none"> • Review of reporting records indicates compliance • Monthly review of spreadsheet engagement activities • Documentation of assessment will be maintained in the client file
1.3	<u>Ongoing Education/Training for Outreach Workers</u> The Outreach Workers are required to attend a minimum of eleven (11) of the (12) Outreach Worker meetings within the grant year, and one of the Joint Prevention and Care Collaborative Workshops presented by RGWA & COH.	<ul style="list-style-type: none"> • Documentation of attendance will be maintain by the agency. RWGA will also maintain sign-in logs • Review of reporting records indicates compliance
1.4	<u>Documentation and Reporting</u> Outreach Workers are trained in the agency’s policy and procedure for determining, documenting and reporting instances of abuse, sexual or nonsexual, in accordance with DSHS Child Abuse Screening, Documenting and Reporting Policy prior to interaction.	<ul style="list-style-type: none"> • Documentation of staff training in employee record
2.0	Timeliness of Service/Documentation	
2.1	Progress Notes All Outreach Worker activities, including but not limited to all contacts and attempted contacts with or on behalf of clients are documented in the client record within 72 hours of the occurrence.	<ul style="list-style-type: none"> • Documentation of client’s needs and progress notes will be maintained in client’s files

		<ul style="list-style-type: none"> • Legible signed and dated in documentation in the client record
2.2	<p><u>Eligibility Criteria for Outreach</u> Eligibility for outreach will vary and is specific to each agency. Criteria can include but is not limited to clients:</p> <ul style="list-style-type: none"> • Who have missed 2 or more HIV-related medical appointments in the last 6 months, have one appointment scheduled in the next 3 weeks; • Missed 3 appointments in last 6 months and have one scheduled in next 3 weeks; • Clients who have not been seen in 4 months by their primary care provider; and/or • Three missed appointments in past 12 months (do not have to be consecutive). 	<ul style="list-style-type: none"> • Documentation of eligibility criteria will be maintained in client's files • Legible signed and dated in documentation in the client record
3.0	Supervision	
3.1	<p><u>Outreach Worker Supervision</u> Four (4) hours of supervision per month must be provided to each outreach worker. At least one (1) hour of supervision must be individual supervision. The remaining three (3) hours may be individual or group. Supervision includes, but is not limited to, one-to-one consultation regarding issues that arise in the outreach worker relationship, case staffing meetings, group supervision, and discussion of gaps in services or barriers to services, intervention strategies, case assignments, case reviews and caseload assessments</p>	<ul style="list-style-type: none"> • Documentation in supervision notes, which must include: <ul style="list-style-type: none"> ➢ Date & duration of time ➢ name(s) of outreach worker(s) present ➢ topic(s) covered and/or client(s) reviewed ➢ plan(s) of action ➢ supervisor's signature <p>Supervision notes are never maintained in the client record</p>
3.2	<p><u>Case Reviews – Outreach Worker</u> Supervisor reviews a random sample equal to 10% of unduplicated clients served by each Outreach Worker at least once every ninety (90) days, and concurrently ensures that all required record components are present, timely, legible and that services provided appropriately.</p>	Documentation of case reviews in client record, signed and dated supervisor and/or quality assurance personnel and Outreach Worker.

Primary Medical Care

The 2006 CARE Act defines Primary Medical Services as the “provision of professional diagnostic and therapeutic services rendered by a physician, physician’s assistant, clinical nurse specialist, nurse specialist, nurse practitioner or other health care professional who is certified in their jurisdiction to prescribe Antiretroviral (ARV) therapy in an outpatient setting..... Services include diagnostic testing, early intervention and risk assessment, preventive care and screening, practitioner examination, medical history taking, diagnosis and treatment of common physical and mental conditions, prescribing and managing medication therapy, education and counseling on health issues, well-baby care, continuing care and management of chronic conditions and referral to and provisions of specialty care”.

The RW Part A primary care visit consist of a client examination by a qualified Medical Doctor, Nurse Practitioner, Clinical Nurse Specialist and/or Physician Assistant and includes all ancillary services such as eligibility screening, patient medication/treatment education, adherence education, counseling and support; medication access/linkage; and as clinically indicated, OB/GYN specialty procedures, nutritional counseling, routine laboratory and radiology. All primary care services must be provided in accordance with the current U.S. Department of Health and Human Services guidelines (HHS).

1.0	Medical Care for persons with HIV should reflect competence and experience in both primary care and therapeutics known to be effective in the treatment of HIV infection and is consistent with the most current published HHS treatment guidelines	
1.1	<u>Minimum Qualifications</u> Medical care for persons living with HIV shall be provided by MD, NP, CNS or PA licensed in the State of Texas and has at least two years paid experience in HIV care including fellowship.	<ul style="list-style-type: none"> • Credentials on file
1.2	<u>Licensing, Knowledge, Skills and Experience</u> <ul style="list-style-type: none"> • All staff maintain current organizational licensure (and/or applicable certification) and professional licensure • The agency must keep professional licensure of all staff providing clinical services including physicians, nurses, social workers, etc. • Supervising/attending physicians of the practice show continuous professional development through the following HRSA recommendations for HIV-qualified physicians (www.hivma.org): • Clinical management of at least 25 people living with HIV patients within the last year 	<ul style="list-style-type: none"> • Documentation in personnel record

	<ul style="list-style-type: none"> • Maintain a minimum of 30 hours of HIV-specific CME (including a minimum of 10 hours related to antiretroviral therapy) every two years in accordance with State licensure renewal dates. Agencies using contractors must ensure that this requirement is met and must provide evidence at the annual program monitoring site visits. • Psychiatrists only: after the first biennium, psychiatrists must maintain a minimum of 10 hours of HIV-specific CME every two years in accordance with State licensure renewal dates • Physician extenders must obtain this experience within six months of hire • All staff receive professional supervision • Staff show training and/or experience with the medical care of adults living with HIV 	
1.3	<p><u>Peer Review</u> Agency/Provider will conduct peer review for all levels of licensed/credentialed providers (i.e. MD, NP, PA).</p>	<ul style="list-style-type: none"> • Provider will document peer review has occurred annually
1.4	<p>Standing Delegation Orders (SDO) Standing delegation orders provide direction to RNs, LVNs and, when applicable, Medical Assistants in supporting management of patients seen by a physician. Standing Delegation Orders must adhere to Texas Administrative Code, Title 22, Part 9; Chapter 193; Rule §193.1 and must be congruent with the requirements specified by the Board of Nursing (BON) and Texas State Board of Medical Examiners (TSBME).</p>	<ul style="list-style-type: none"> • Standing Delegation Orders for a specific population shall be approved by the Medical Director for the agency or provider. • Standing Delegation Orders will be reviewed, updated as needed and signed by the physician annually. • Use of standing delegation orders will be documented in patient's primary record system.
1.5	<p><u>Primary Care Guidelines</u> Primary medical care must be provided in accordance with the most current published U.S. HHS treatment guidelines (http://www.aidsinfo.nih.gov/guidelines/) and other nationally recognized evidence-based guidelines. Immunizations should be</p>	<ul style="list-style-type: none"> • Documentation in client's record • Exceptions noted in client's record

	given according to the most current Advisory Committee on Immunization Practices (ACIP) guidelines.	
1.6	<p><u>Medical Evaluation/Assessment</u></p> <p>All people living with HIV receiving medical care shall have an initial comprehensive medical evaluation/assessment and physical examination. The comprehensive assessment/evaluation will be completed by the MD, NP, CNS or PA in accordance with professional and established HIV practice guidelines (www.hivma.org) within 3 weeks of initial contact with the client. A comprehensive reassessment shall be completed on an annual basis or when clinically indicated. The initial assessment and reassessment shall include at a minimum, general medical history, a comprehensive HIV related history and a comprehensive physical examination. Comprehensive HIV related history shall include:</p> <ul style="list-style-type: none"> • Psychosocial history • HIV treatment history and staging • Most recent CD4 counts and VL test results • Resistance testing and co receptor tropism assays as clinically indicated • Medication adherence history • History of HIV related illness and infections • History of Tuberculosis • History of Hepatitis and vaccines • Psychiatric history • Transfusion/blood products history • Past medical care • Sexual history • Substance abuse history • Review of Systems 	<ul style="list-style-type: none"> • Completed assessment in client's record
1.7	<p><u>Medical Records</u></p> <p>Medical Records should clearly document the following components, separate from progress notes:</p>	<ul style="list-style-type: none"> • Documentation in client's record

	<ul style="list-style-type: none"> • A central “Problems List” which clearly prioritizes problems for primary care management, including mental health and substance use/abuse disorders (if applicable) • A vaccination record, including dates administered • The status of routine screening procedures (i.e., pap smears, mammograms, colonoscopies) 	
1.8	<p><u>Plan of Care</u></p> <p>A plan of care shall be developed for each identified problem and should address diagnostic, therapeutic and educational issues in accordance with the current U.S. HHS treatment guidelines.</p>	<ul style="list-style-type: none"> • Plan of Care documented in client’s record
1.9	<p><u>Follow- Up Visits</u></p> <p>All patients shall have follow –up visits every three to six months or as clinically indicated for treatment monitoring and also to detect any changes in the client’s HIV status. At each clinic visit the provider will at a minimum:</p> <ul style="list-style-type: none"> • Measure vital signs including height and weight • Perform physical examination and update client history • Measure CBC, CD4 and VL levels every 3-6 months or in accordance with current treatment guidelines, • Evaluate need for ART • Resistance Testing if clinical indicated • Evaluate need for prophylaxis of opportunistic infections • Document current therapies on all clients receiving treatment or assess and reinforce adherence with the treatment plan • Update problem list • Refer client for ophthalmic examination by an ophthalmologist every six months when CD4 count falls below 50CU/MM • Refer Client for dental evaluation or care every 12 months • Incorporate HIV prevention strategies into medical care for of persons living with HIV • Screen for risk behaviors and provide education on risk reduction, including pre-exposure prophylaxis (PrEP) and 	<ul style="list-style-type: none"> • Content of Follow-up documented in client’s record • Documentation of specialist referral including dental in client’s records

	<p>non-occupational post-exposure prophylaxis (nPEP) for negative partners, and Undetectable = Untransmittable</p> <ul style="list-style-type: none"> • Assess client comprehension of treatment plan and provide education/referral as indicated • Refer for other clinical and social services where indicated 	
1.10	<p><u>Yearly Surveillance Monitoring and Vaccinations</u></p> <ul style="list-style-type: none"> • All women living with HIV—should have regular pap tests <ul style="list-style-type: none"> ➢ An initial negative pap test should be followed with another pap test in 6-12 months and if negative, annually thereafter. ➢ If 3 consecutive pap tests are normal, follow-up pap tests should be done every 3 years ➢ Women 30 years old and older may have pap test and HPV co-testing, and if normal, repeated every 3 years ➢ A pap test showing abnormal results should be managed per guidelines • Screening for anal cancer, if indicated • Resistance Testing if clinical indicated • Chem. panel with LFT and renal function test • Influenza vaccination • Annual Mental Health Screening with standardized tool • TST or IGRA (this should be done in accordance with current U.S Public Health Service guidelines (US Public Health Service, Infectious Diseases Society of America. <i>Guidelines for preventing opportunistic infections among people living with HIV</i>) (Available at aidsinfo.nih.gov/Guidelines/) • Annual STD testing including syphilis, gonorrhea and Chlamydia for those at risk, or more frequently as clinically indicated 	<ul style="list-style-type: none"> • Documentation in client’s record
1.11	<p><u>Preconception of Women of Child Living with HIV Women of Child Bearing Age</u></p>	<ul style="list-style-type: none"> • Documentation of preconception counseling and care at initial visit and annual updates in Client’s record as applicable

	<p>In accordance with the US Department of Health and Human Services recommendations (http://aidsinfo.nih.gov/contentfiles/PerinatalGL.pdf), preconception care shall be a component of routine primary care for women of child bearing age living with HIV and should include preconception counseling. In addition to the general components of preconception counseling, health care providers should, at a minimum:</p> <ul style="list-style-type: none"> • Assess women’s pregnancy intentions on an ongoing basis and discuss reproductive options • Offer effective and appropriate contraceptive methods to women who wish to prevent unintended pregnancy • Counsel on safe sexual practices • Counsel on eliminating of alcohol, illicit drugs and smoking • Educate and counsel on risk factors for perinatal HIV transmission, strategies to reduce those risks, and prevention and potential effects of HIV and treatment on pregnancy course and outcomes • Inform women of interventions to prevent sexual transmission of HIV when attempting conception with a partner who does not have HIV <p>Other preconception care consideration should include:</p> <ul style="list-style-type: none"> • The choice of appropriate antiretroviral therapy effective in treating maternal disease with no teratogenicity or toxicity should pregnancy occur • Maximum suppression of viral load prior to conception 	
1.12	<p><u>Obstetrical Care for Pregnant Women Living with HIV</u></p> <p>Obstetrical care for pregnant women living with HIV shall be provided by board certified obstetricians experienced in the management of high risk pregnancy and has at least two years experience in caring for pregnant women living with HIV. Antiretroviral therapy during ante partum, perinatal and postpartum should be based on the current HHS guidelines http://www.aidsinfo.nih.gov/Guidelines.</p>	<ul style="list-style-type: none"> • Documentation in client’s record

1.13	<p><u>Coordination of Services in Prenatal Care</u></p> <p>To ensure adherence to treatment, agency must ensure coordination of services among prenatal care providers, primary care and HIV specialty care providers, mental health and substance abuse treatment services and public assistance programs as needed.</p>	<ul style="list-style-type: none"> • Documentation in client's records.
1.14	<p><u>Care of and Infants, Children and Pre-pubertal Adolescents</u></p> <p>Care and monitoring of children exposed to HIV must be done in accordance to the HHS guidelines.</p> <p>Treatment of infants and children living with HIV should be managed by a specialist in pediatric and adolescent HIV infection. Where this is not possible, primary care providers must consult with such specialist. Providers must utilize current HHS Guidelines for the Use of Antiretroviral Agents in Pediatric HIV Care (http://aidsinfo.nih.gov/contentfiles/PediatricGuidelines.pdf) in providing and monitoring antiretroviral therapy in infants, children and pre pubertal adolescents. Patients should also be monitored for growth and development, drug toxicities, neurodevelopment, nutrition and symptoms management.</p> <p>A multidisciplinary team approach must be utilized in meeting clients' need and team should consist of physicians, nurses, case managers, pharmacists, nutritionists, dentists, psychologists and outreach workers.</p>	<ul style="list-style-type: none"> • Documentation in client's record
1.15	<p><u>Patient Medication Education</u></p> <p>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: the names, actions and purposes of all medications in the patient's regimen; the dosage schedule; food requirements, if any; side effects; drug interactions; and adherence. Patients must be informed of the following: how to pick up medications; how to get refills; and what to do and who to call when having problems taking medications as prescribed. Medication education must also include patient's return demonstration of the most current prescribed medication regimen.</p>	<ul style="list-style-type: none"> • Documentation in the patient record. Documentation in patient record must include the clinic name; the session date and length; the patient's name, patient's ID number, or patient representative's name; the Educator's signature with license and title; the reason for the education (i.e. initial regimen, change in regimen, etc.) and documentation of all discussed education topics.

	The program must utilize an RN, LVN, PA, NP, CNS, pharmacist or MD licensed by the State of Texas, who has at least one year paid experience in HIV care, to provide the educational services.	
1.16	<p><u>Adherence Assessment</u></p> <p>Agency will incorporate adherence assessment into primary care services. Clients who are prescribed on-going ART regimen must receive adherence assessment and counseling on every HIV-related clinical encounter. Adherence assessment shall be provided by an RN, LVN, PA, NP, CNS, Medical/Clinical Case Manager, pharmacist or MD licensed by the State of Texas. Agency must utilize the RWGA standardized adherence assessment tool. Case managers must refer clients with adherence issues beyond their scope of practice to the appropriate health care professional for counseling.</p>	<ul style="list-style-type: none"> • Completed adherence tool in client’s record • Documentation of counseling in client records
1.17	<p><u>Documented Non-Compliance with Prescribed Medication Regimen</u></p> <p>The agency must have in place a written policy and procedure regarding client non-compliance with a prescribed medication regimen. The policy and procedure should address the agency’s process for intervening when there is documented non-compliance with a client’s prescribed medication regimen.</p>	<ul style="list-style-type: none"> • Review of Policies and Procedures Manual indicates compliance.
1.18	<p><u>Client Mental Health and Substance Use Policy</u></p> <p>The agency must have in place a written policy and procedure regarding client mental health and substance use. The policy and procedure should address: the agency’s process for assessing clients’ mental health and substance use; the treatment and referral of clients for mental illness and substance abuse; and care coordination with mental health and/or substance abuse providers for clients who have mental health and substance abuse issues.</p>	<ul style="list-style-type: none"> • Review of Policies and Procedures Manual indicates compliance.
1.19	<p><u>Intimate Partner Violence Screening Policy</u></p> <p>The agency must have in place a written policy and procedure regarding client Intimate Partner Violence (IPV) Screening that is consistent with the Houston EMA IPV Protocol. The policy and procedure should address:</p> <ul style="list-style-type: none"> • process for ensuring clients are screened for IPV no less than annually 	<ul style="list-style-type: none"> • Review of Policies and Procedures Manual indicates compliance. • Documentation in patient record

	<ul style="list-style-type: none"> intervention procedures for patients who screen positive for IPV, including referral to Medical/Clinical Case Management State reporting requirements associated with IPV Description of required medical record documentation Procedures for patient referral including available resources, procedures for follow-up and responsible personnel Plan for training all appropriate staff (including non-RW funded staff) 	
1.20	<p><u>Patient Retention in Care</u> The agency must have in place a written policy and procedure regarding client retention in care. The policy and procedure must include:</p> <ul style="list-style-type: none"> process for client appointment reminders (e.g. timing, frequency, position responsible) process for contacting clients after missed appointments (e.g. timing, frequency, position responsible) measures to promote retention in care process for re-engaging those lost to care (no primary care visit in 6 months) 	<ul style="list-style-type: none"> Review of Agency's Policies and Procedures Manual indicates compliance
2.0	Psychiatric care for persons with HIV should reflect competence and experience in both mental health care and therapeutics known to be effective in the treatment of psychiatric conditions and is consistent with the most current published Texas Society of Psychiatric Physicians/American Psychiatric Association treatment guidelines.	
2.1	<p><u>Psychiatric Guidelines</u> Outpatient psychiatric care must be provided in accordance with the most current published treatment guidelines, including: Texas Society of Psychiatric Physicians guidelines (www.txpsych.org) and the American Psychiatric Association (www.psych.org/aids) guidelines.</p>	<ul style="list-style-type: none"> Documentation in patient record
3.0	In addition to demonstrating competency in the provision of HIV specific care, HIV clinical service programs must show evidence that their performance follows norms for ambulatory care.	
3.1	<u>Access to Care</u>	<ul style="list-style-type: none"> Agency Policy and Procedure regarding continuity of care.

	<p>Primary care providers shall ensure all new referrals from testing sites are scheduled for a new patient appointment within 15 working days of referral. (All exceptions to this timeframe will be documented)</p> <p>Agency must assure the time-appropriate delivery of services, with 24 hour on-call coverage including:</p> <ul style="list-style-type: none"> • Mechanisms for urgent care evaluation and/or triage • Mechanisms for in-patient care • Mechanisms for information/referral to: <ul style="list-style-type: none"> ➤ Medical sub-specialties: Gastroenterology, Neurology, Psychiatry, Ophthalmology, Dermatology, Obstetrics and Gynecology and Dentistry ➤ Social work and case management services ➤ Mental health services ➤ Substance abuse treatment services ➤ Anti-retroviral counseling/therapy for pregnant women ➤ Local federally funded hemophilia treatment center for persons with inherited coagulopathies ➤ Clinical investigations 	
3.2	<p><u>Continuity with Referring Providers</u></p> <p>Agency must have a formal policy for coordinating referrals for inpatient care and exchanging patient information with inpatient care providers.</p>	<ul style="list-style-type: none"> • Review of Agency’s Policies and Procedures Manual indicates compliance
3.3	<p><u>Clients Referral and Tracking</u></p> <p>Agency receives referrals from a broad range of sources and makes appropriate referrals out when necessary. Agencies must implement tracking systems to identify clients who are out of care and/or need health screenings (e.g. Hepatitis b & c, cervical cancer screening, etc., for follow-up).</p>	<ul style="list-style-type: none"> • Documentation of referrals out • Staff interviews indicate compliance • Established tracking systems
3.4	<p><u>Client Notification of Service Provider Turnover</u></p>	<ul style="list-style-type: none"> • Documentation in patient record

	Client must be provided notice of assigned service primary care provider's cessation of employment within 30 days of the employee's departure.	
3.5	<u>Recommended Format for Operational Standards</u> Detailed standards and routines for program assessment are found in most recent Joint Commission performance standards.	<ul style="list-style-type: none"> • Ambulatory HIV clinical service should adopt and follow performance standards for ambulatory care as established by the Joint Commission

Substance Use Services

The Houston EMA Substance Abuse Treatment/Counseling service is an outpatient service providing treatment and/or counseling to people living with HIV who have substance use disorders. Services provided must be integrated with HIV-related issues that trigger relapse and must be coordinated with local TDSHS/SAS HIV Early Intervention funded programs. All services must be provided in accordance with the Texas Department of State Health Services/Substance Abuse services (TDSHS/SAS) Chemical Dependency Treatment Facility Standards as well as current treatment guidelines.

1.0	Services are offered in such a way as to overcome barriers to access and utilization. Service is easily accessible to persons with HIV.	
1.1	<p><u>Comprehensive Assessment</u></p> <p>A comprehensive assessment including the following will be completed within ten (10 days) of intake or no later than and prior to the third therapy session.</p> <ul style="list-style-type: none"> • Presenting Problem • Developmental/Social history • Social support and family relationships • Medical history • Substance use history • Psychiatric history • Complete mental status evaluation (including appearance and behavior, talk, mood, self attitude, suicidal tendencies, perceptual disturbances, obsessions/compulsions, phobias, panic attacks) • Cognitive assessment (level of consciousness, orientation, memory and language) <p>Specific assessment tools such as the Addiction Severity Index(ASI) could be used for substance use and sexual history and the Mini Mental State Examination (MMSE) for cognitive assessment.</p>	<ul style="list-style-type: none"> • Completed assessment in client’s record
1.2	<p><u>Psychosocial History</u></p> <p>A psychosocial history will be completed and must include:</p> <ul style="list-style-type: none"> • Education and training • Employment • Military service 	<ul style="list-style-type: none"> • Completed assessment in client’s record

	<ul style="list-style-type: none"> • Legal history • Family history and constellation • Physical, emotional and/or sexual abuse history • Sexual and relationship history and status • Leisure and recreational activities • General psychological functioning 	
1.3	<p><u>Treatment Plan</u></p> <p>Treatment plans are developed jointly with the counselor and client and must contain all the elements set forth in the Texas Department of State Health Services Administrative code for substance abuse including:</p> <ul style="list-style-type: none"> • Statement of the goal(s) of counseling • The plan of approach • Mechanism for review <p>The plan must also address full range of substances the patient is abusing</p> <p>Treatment plans must be completed no later than five working days of admission. Individual or group therapy should be based on professional guidelines. Supportive and educational counseling should include prevention of HIV related risk behaviors including substance use as clinically indicated.</p>	<ul style="list-style-type: none"> • Completed treatment plan in client's record • Treatment Plan review documented in client's records
1.4	<p><u>Treatment Plan Review</u></p> <p>In accordance with the Texas Department of State Health Services Administrative code on Substance Abuse, the treatment plan shall be reviewed at a minimum, midway through treatment and must reflect ongoing reassessment of client's problems, needs and response to therapy. The treatment plan duration, review interval and process must be stated in the agency policies and procedures and must follow criteria outlined in the Administrative Code.</p>	<ul style="list-style-type: none"> • Review of agency's Policy and Procedure Manual indicates compliance • Updated treatment plan in client's record
2.0	Services are part of the coordinated continuum of HIV services.	

2.1	<p><u>Clients Referral and Tracking</u> Agency receives referrals from a broad range of sources and makes appropriate referrals out when necessary. Agency must have collaboration agreements with mental health and primary care providers or demonstrate that they offer these services on-site.</p>	<ul style="list-style-type: none"> • Documentation of referrals received • Documentation of referrals out • Staff interviews indicate compliance • Collaborative agreements demonstrate that these services are offered on an off-site
2.2	<p><u>Facility License</u> Agency is appropriately licensed by the Texas Department of State Health Services – Substance Abuse Services (TDSHS/SAS) with outpatient treatment designations.</p>	<ul style="list-style-type: none"> • Documentation of current agency licensure
2.3	<p><u>Minimum Qualifications</u> All agency staff that provides direct client services must be properly licensed per current TDSHS/SAS requirements. Non-licensed staff must meet current TDSHS/SAS requirements.</p>	<ul style="list-style-type: none"> • Documentation of current licensure in personnel files
3.0	Staff HIV knowledge is based on documented training and experience.	
3.1	<p><u>Staff Training</u> All agency staff, volunteers and students shall receive initial and subsequent trainings in accordance to the Texas Administrative Code, rule §448.603 (a), (c) & (d).</p>	<ul style="list-style-type: none"> • Review of training curriculum indicates compliance • Documentation of all training in personnel file • Specific training requirements are specified in the staff guidelines • Documentation of all trainings must be done in accordance with the Texas Administrative Code §448.603 (b)
3.2	<p><u>Experience – HIV</u> A minimum of one (1) year documented HIV work experience is required. Those who do not meet this requirement must be supervised by a staff member with at least 1 year of documented HIV work experience.</p>	<ul style="list-style-type: none"> • Documentation of work experience in personnel file
4.0	Service providers are knowledgeable, accepting, and respectful of the needs of individuals with HIV Staff efforts are compassionate and sensitive to client needs.	

4.1	<p><u>Staff Supervision</u></p> <p>The agency shall ensure that each substance abuse Supervisor shall, at a minimal, be a Masters level professional (e.g. LPC, LCSW, LMSW, LMFT, Licensed Clinical Psychologist, LCDC if applicable) and licensed by the State of Texas and qualified to provide supervision per applicable TDSHS/SAS licensure requirements. Professional staff must be knowledgeable of the interaction of drug/alcohol use and HIV transmission and the interaction of prescribed medication with other drug/alcohol use.</p>	<ul style="list-style-type: none"> • Review of personnel files indicates compliance • Review of agency's Policy and Procedure Manual indicates compliance
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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 abuse 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	Transportation services are offered to eligible clients to ensure individuals most in need have access to services.	
1.1	<p><u>Client Eligibility</u> In order to be eligible for services, individuals must meet the following:</p> <ul style="list-style-type: none"> • HIV+ • Residence in the Houston EMA/HSDA • Part A Urban Transportation limited to Harris County • Part A Rural/Part B Transportation are limited to Houston EMA/HSDA, as applicable • Income no greater than 300% of the Federal Poverty level • Proof of identification • Documentation of ineligibility for Third Party Reimbursement 	<ul style="list-style-type: none"> • Documentation of HIV+ status, identification, residence and income in the client record
1.2	<p><u>Voucher Guidelines (Distribution Sites)</u></p> <ul style="list-style-type: none"> • Bus Card Voucher (Renewal): Eligible clients who reside in the Metro service area will be issued a Metro bus card voucher by the client’s record-owning agency for an annual bus card upon new registration and annually thereafter, within 15 days of bus pass expiration • Bus Card Voucher (Value-Based): 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"> ➤ In order for an existing bus card client to <u>renew</u> their bus card (i.e. obtain another bus card voucher 	<ul style="list-style-type: none"> • Client record indicates guidelines were followed; if not, an explanation is documented • Documentation of the type of voucher(s) issued • Emergency necessitating taxi voucher is documented • Ongoing current (within the last 180 days) medical care is documented in the CPCDMS OR • A current (within the last 180 days) copy of client’s Viral Load and/or CD4 lab work

	<p>for all voucher types) there must be documentation that the client is engaged in ongoing primary medical care for treatment of HIV, or</p> <ul style="list-style-type: none"> ➤ Documentation that the bus voucher is needed to ensure an out-of-care client is re-engaged in primary medical care • Gas Card: 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 • Taxi Voucher: for emergencies, to access emergency shelter vouchers and to attend Social Security disability hearings only 	<p>(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</p> <ul style="list-style-type: none"> • Engagement/re-engagement in medical care is documented in client's case management assessment and service plan, OR •
1.3	<p><u>Eligibility for Van-Based Transportation (Urban Transportation Only)</u></p> <p>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"> • Client record indicates compliance
2.0	<p>ACCESSIBILITY</p> <p>Transportation services are offered in such a way as to overcome barriers to access and utilization.</p>	
2.1	<p><u>Notification of Service Availability</u></p> <p>Prospective and current clients are informed of service availability, prioritization and eligibility requirements.</p>	<ul style="list-style-type: none"> • Program information is clearly publicized • Availability of services, prioritization policy and eligibility requirements are defined in the information publicized
2.2	<p><u>Access</u></p> <p>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.</p>	<ul style="list-style-type: none"> • Agency's policies and procedures for transportation services describe how the client can access the service • Review of agency's complaint and grievances log • Signed agreement in client's records

	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.	
2.3	<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 wheel chairs and other durable health devices.	<ul style="list-style-type: none"> • Agency compliance with the Americans with Disabilities Act (ADA) • Agency documentation of reason for refusal of service • Documentation of training in personnel records
2.4	<u>EMA Accessibility</u> Services are available throughout the Houston EMA as contractually defined in the RFP.	<ul style="list-style-type: none"> • Review of agency's Transportation Log and Monthly Activity Reports for compliance
2.5	<u>Service Availability</u> 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.	<ul style="list-style-type: none"> • Review of Transportation Logs • Transportation services shall be available on Saturdays, by pre-scheduled appointment for core services • Review of agency policy and procedure
2.6	<u>Service Capacity</u> 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. * Maximized means the agency will not be able to provide service to client within the next 72 hours.	<ul style="list-style-type: none"> • RWGA will be contacted by phone/fax no later than twenty-four (24) working hours after services are maximized • Agency will document all clients who were denied transportation or a voucher
3.0	Timeliness and Delays: Transportation services are provided in a timely manner	
3.1	<u>Timeliness</u> There is minimal waiting time for vehicles and vans; appointments are kept <ul style="list-style-type: none"> • Waiting times longer than 2 hours will also be documented in the client record 	<ul style="list-style-type: none"> • Waiting times longer than 60 minutes will be documented in Delay Incident Log. • Review of Delay incident log • Review of client's record

	<ul style="list-style-type: none"> • 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 • Review of agency's complaint and grievance logs <p>Client interviews and client satisfaction survey</p>	
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"> • Review of Delay Incident Log, Transportation Refusal Log and client record indicates compliance • Review of agency's complaint and grievance logs • Client interviews and client satisfaction survey
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"> • Review of Delay Incident Log, Transportation Refusal Log and client record indicates compliance • Review of agency's complaint and grievance logs • Client interviews and client satisfaction survey • Documentation exists in the client record
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"> • Review of agency's transportation policies and procedures indicates compliance • Review of agency's complaint and grievance logs • Client interviews and client satisfaction survey.
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</p>	<ul style="list-style-type: none"> • Review of agency's transportation policies and procedures indicates compliance • Documentation on Transportation Log • Documentation in client record

	services. One additional no show and the client can be suspended from service for one (1) year.	
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. Agency must have published rules regarding the consequences to the client in situations of system abuse.</p>	<ul style="list-style-type: none"> • Documentation in the client record of verification that an appointment did not exist • Documentation in the client record of client cancellation of van/vehicle appointments • Availability of agency's published rules • Written documentation in the client record of specific instances of system abuse
3.7	<p><u>Documentation of Service Utilization</u></p> <p>Transportation Provider must ensure:</p> <ul style="list-style-type: none"> • Follow-up verification between transportation provider and destination service program confirming use of eligible service(s) <u>or</u> • Client provides proof of service documenting use of eligible services at destination agency on the date of transportation <u>or</u> • Scheduling of transportation services by receiving agency's case manager or transportation coordinator • 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. <p>The content of the proof of service will include:</p> <ul style="list-style-type: none"> • Agency's letter head • Date/Time • CPCDMS client code 	<ul style="list-style-type: none"> • Documentation of confirmation from destination agency in agency/client record • Client's original receipt from destination agency in agency/client record • Documentation in Case Manager's progress notes • Documentation in agency/client record of the one (1) allowable one-way trip per year without proof of service documentation

	<ul style="list-style-type: none"> Name and signature of Agency's staff who attended to client Agency's stamp 	
4.0	Safety/Vehicle Maintenance: Transportation services are safe	
4.1	<p><u>Vehicle Maintenance and Insurance</u> 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. 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. 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"> Inspection of First Aid/CPR kits indicates compliance Review of vehicle file Current vehicle State Inspection sticker. Fire extinguisher inspection date must be current Proof of current automobile liability and personal injury insurance in the amount of at least \$300,000.00
4.2	<p><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.</p>	<ul style="list-style-type: none"> A copy of each in-service and sign-in roster with names both printed and signed and maintained in the driver's personnel file
4.3	<p><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</p>	<ul style="list-style-type: none"> Review of Transportation Log indicates compliance

	<p>http://www.statutes.legis.state.tx.us/docs/tn/htm/tn.545.htm. 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"> • Review of client records indicates compliance • Review of agency policies and procedures
4.4	<p><u>Staff Requirements</u> Picture identification of each driver must be posted in the vehicle utilized to transport clients. Criminal background checks must be performed on all direct service transportation personnel prior to transporting clients Drivers must have annual proof of a safe driving record, including history of tickets, DWI/DUI, or other traffic violations Conviction on more than three (3) moving violations within the past year will disqualify the driver Conviction of one (1) DWI/DUI within the past three (3) years will disqualify the driver.</p>	<ul style="list-style-type: none"> • Documentation in vehicle • Documentation in personnel file
5.0	Records Administration: Transportation services are documented consistently and appropriately	
5.1	<p><u>Transportation Consent</u> Prior to receiving transportation services, clients must read and sign the Transportation Consent.</p>	<ul style="list-style-type: none"> • Review of client records indicates compliance
5.2	<p><u>Van/Vehicle Transportation</u> Agency must document daily transportation services on the Transportation Log.</p>	<ul style="list-style-type: none"> • Review of agency files indicates compliance • Log must contain driver's name, client's name or identification number, date, destinations, time of arrival, and type of appointment.
5.3	<p><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.</p>	<ul style="list-style-type: none"> • Map is printed out and filed in client chart

Vision Services

The Vision Services is an integral part of the Outpatient Ambulatory Medical Care Services. Primary Care Office/Clinic Vision Care consist of comprehensive examination by a qualified Optometrist or Ophthalmologist, including Eligibility Screening as necessary. Allowable visits with a credentialed Ophthalmic Medical Assistant include routine and preliminary tests such as muscle balance test, Ishihara color test, Near Point of Conversion (NPC), visual acuity testing, visual field testing, Lensometry and glasses dispensing.

1.0	Staff HIV knowledge is based on documented training.	
1.1	<u>Ongoing Training</u> Four (4) hours of continuing education in vision-related or other specific topics is required annually.	<ul style="list-style-type: none"> • Documentation of all training in personnel file • Staff interviews indicate compliance
1.2	<u>Staff Experience/Qualifications</u> <u>Minimum of one (1) year HIV work experience for paid staff (optometry interns exempt) is preferred.</u> Provider must have a staff Doctorate of Optometry licensed by the Texas Optometry Board as a Therapeutic Optometrist, or a medical doctor who is board certified in ophthalmology.	<ul style="list-style-type: none"> • Documentation of work experience in personnel file
1.3	<u>Staff Supervision</u> Staff services are supervised by a paid coordinator or manager. Supervision of clinical staff shall be provided by a practitioner with at least two (2) years experience in vision care and treatment of persons with HIV. All licensed personnel shall receive supervision consistent with the State of Texas license requirements.	<ul style="list-style-type: none"> • Review of personnel files indicates compliance • Review of agency's Policy and Procedure Manual indicates compliance
2.0	Patient Care	
2.1	<u>Physician Contact Information</u> Agency obtains and documents primary care physician contact information for each client. At minimum, agency should collect the physician's name and telephone number.	<ul style="list-style-type: none"> • Documentation of physician contact information in the client record
2.2	<u>Client Intake</u> Agency collects the following information for all new clients: Health history;	<ul style="list-style-type: none"> • Documentation in the client record

	Ocular history; Current medications; Allergies and drug sensitivities; Reason for visit (chief complaint).	
2.3	<u>CD4/Viral Loads</u> When clinically indicated, current (within the last 6 months) CD4 and Viral Load laboratory test results for clients are obtained.	<ul style="list-style-type: none"> • Documentation in the client record
2.4	<u>Comprehensive Eye Exam</u> The comprehensive eye exam will include documentation of the following: Visual acuity, refraction test, binocular vision muscle assessment, observation of external structures, Fundus/retina Exam, Dilated Fundus Exam (DFE) when clinically indicated, Glaucoma test, findings of exam - either normal or abnormal, written diagnoses where applicable, Treatment Plan. Client may be evaluated more frequently based on clinical indications and current US Public Health Service guidelines.	<ul style="list-style-type: none"> • Documentation in the client record
2.5	<u>Lens Prescriptions</u> Clients who have clinical indications for corrective lens must receive prescriptions, and referrals for such services to ensure they are able to obtain their eyeglass.	<ul style="list-style-type: none"> • Documentation in the client record

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**2018-2019 HOUSTON ELIGIBLE METROPOLITAN AREA: RYAN WHITE
CARE ACT PART A QUALITY MANAGEMENT PLAN
RYAN WHITE GRANT ADMINISTRATION
HARRIS COUNTY PUBLIC HEALTH (HCPH)**

Prepared by:
Ryan White Grant Administration - Quality Management Staff
January 2018

HCPH is the local public health agency for the Harris County, Texas jurisdiction. It provides a wide variety of public health activities and services aimed at improving the health and well-being of the Harris County community.

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INTRODUCTION

MISSION

The Quality Management program shall be a coordinated, comprehensive, and continuous effort to monitor and improve the quality of care provided to people living with HIV (PLHIV) throughout the Houston Eligible Metropolitan Area (EMA).¹ Ryan White Grant Administration (RWGA) will develop strategies to ensure that the delivery of services to all Ryan White Program (RWP) eligible PLWHA is accessible, equitable and adheres to the most recent Department of Health & Health Service (HHS) guidelines and clinical practice standards.

DEFINITION OF QUALITY

The Health and Resources Services Administration (HRSA), HIV/AIDS Bureau (HAB) administers the Ryan White Program. HAB defines quality as “the degree to which a health or social service meets or exceeds established professional standards and user expectations.”

LEGISLATION

Section 2604(c) of the Ryan White legislation requires that the chief elected official (CEO) of a Part A eligible metropolitan area (EMA) establish a quality management program to evaluate the extent to which care provided under the grant meet and/or exceed the most recent HHS Guidelines for the treatment of HIV disease and related opportunistic infections.

STATEMENT OF PURPOSE

The purpose of the Quality Management Plan is to:

- Promote a commitment to quality of care throughout the Ryan White continuum of care
- Describe the EMA’s Quality Management infrastructure
- Identify strategic goals for each component of the RWGA QM Program
- Guide the development of structured activities that will enhance the delivery of services to PLHIV receiving care from all RWP Part A funded providers
- Communicate the roles, responsibilities, and expectations of RWGA staff and quality-related activities

PRIORITIES FOR THE QUALITY MANAGEMENT PROGRAM

- Establish a quality management structure within the Ryan White Grant Administration Section that supports quality improvement activities in the EMA.
- Utilize a planning mechanism that incorporates data from chart reviews, outcomes reports, and input from service providers, consumers and the Ryan White Planning Council.

¹ The Ryan White CARE Act is now referred to as Title XXVI of the PHS Act as amended by the Ryan White HIV/AIDS Treatment Modernization Act of 2006. Under the new legislation Title I is now termed Part A.

- Adopt guidelines set forth by the DHHS, IAS-USA, CDC and other professional guidelines
- Evolve and refine measurement systems for identifying trends in care and tracking clinical outcomes by regularly collecting and recording data through the CPCDMS, clinical chart review abstraction, client satisfaction survey and program monitoring
- Employ assessment procedures to determine efficacy and appropriateness of services and to determine opportunities for improvement
- Educate providers about QI methodologies and techniques through technical assistance workshops
- Facilitate the active involvement of provider agencies in the implementation of multidisciplinary data driven quality improvement projects.
- Promote communication among grantee administration, provider agencies, RWPC, and HRSA regarding performance improvement issues.
- Document and report performance activities

SCOPE

The Houston Part A EMA funds nine (9) subcontractors providing core and related support services for about 12,000 clients living with HIV in the EMA. Based on the organizational mission, the RWGA Quality Management program is committed to ensuring that clients receive comprehensive care based on mandated guidelines, professional standards and best practices. The QM program is therefore designed to address QI content regarding the following functional areas:

- Primary medical care
- Medical Case management
- Oral Health care
- Vision Services
- Substance Abuse - Outpatient Treatment
- Medical Nutrition Services
- Patient Satisfaction

QUALITY MANAGEMENT INFRASTRUCTURE

STATEMENT OF AUTHORITY AND ACCOUNTABILITY

The QM program is planned, implemented and evaluated by the RWGA QM staff in collaboration with the Clinical Quality Improvement (CQI) committee as outlined in the work plan (appendix A). The RWGA manager is ultimately responsible for all QM-related activities and authorizes the grantee administration QM staff and the CQI committee to plan, implement and evaluate performance improvements in the Houston EMA. At the beginning of each grant year, RWGA QM staff will collaborate with the RWPC's Office of Support and QI Committee to establish a timeline for collecting, reporting and analyzing QM data. RWGA reports on the results of all QM activities to service providers and council members at semi-annual intervals. Report due dates are specified in the Memorandum of Understanding between RWGA and the Planning Council, thereby ensuring the Grantee is

accountable for producing the reports in a timely manner. QM staff and the Manager of RWGA ensure that the timeline is followed and that data is presented.

The EMA improvement activities and performance data are reported to the Ryan White Planning Council semi-annually to enable the council to evaluate programs and to appropriately allocate Part A funds to primary care and health-related support services that most adequately address the needs of the EMA's client population. The structure of the Houston EMA QM program includes the RWGA QM team, the Quality Improvement Committee of the Ryan White Planning Council and the Clinical Quality Improvement (CQI) Committee.

THE CLINICAL QUALITY IMPROVEMENT COMMITTEE

The membership of the CQI Committee reflects the diversity of disciplines involved in the HRSA defined RWPA HIV core and clinically related support services in the EMA. The committee structure consists of

- 2 Physicians/1 Dentist (1 HIV Specialist to serve as Chairperson)
- 2 Nurses
- 1 Medical/Clinical Case Manager
- 1 Pharmacist
- 1 Nutritionist
- 2 Program Administrators
- 1 Quality Management Coordinator
- 1 HIV Prevention Specialist
- 1 Data Manager
- 1 Substance Abuse Practitioner

The CQI team will be responsible for assisting with the following list of activities:

- A. Quarterly meetings to review system-wide CQI issues/challenges and development of strategies to improve care
- B. Annual meetings to:
 - i. Review chart review and outcome measures reports and other relevant data
 - ii. Determine EMA-wide quality initiatives and performance indicators and goals
 - iii. Review and recommend revisions to the Standards of Care to reflect current US Health and Human Services (HHS) Treatment guidelines as well as federal and state regulations for HIV care and services.
 - iv. Review and revise assessment and data collection tools/protocols as necessary
- C. Establish subcommittees as needed to address service specific quality issues.
- D. Plan and develop educational strategies for Part A-funded providers which may include grand rounds for HIV care and clinical updates according to HHS guidelines among other activities.
- E. Review and update the quality management plan yearly
- F. Provide input into an annual evaluation of the HIV Quality Management

program conducted by the Grantee.

G. Serve as the local advisory board for the Local Pharmacy Assistance Program (LPAP)

The committee working process will be facilitated by the RWGA Clinical Quality Management staff. Meeting minutes will be recorded by the grantee administrative staff and distributed to all committee members prior to the next meeting.

RYAN WHITE PLANNING COUNCIL

The information loop between the administrative agency and the Planning Council ensures that Council members have the QM data they need when prioritizing funding and allocating resources.

QUALITY IMPROVEMENT (QI) COMMITTEE

The QI Committee operates as a formal committee of the Ryan White Planning Council. All annual chart review and client satisfaction survey reports, annual outcomes, quarterly service utilization reports and annual revisions to standards of care are disseminated to the QI committee at appropriate intervals during the grant year. Members of the QI Committee collaborate with RWGA staff to address quality-related matters identified through the aforementioned reports. Committee members evaluate and share the information with the Planning Council, which in turn uses the data to evaluate funded programs and make decisions.

RYAN WHITE GRANT ADMINISTRATION QUALITY MANAGEMENT TEAM

- **Project Coordinator, Clinical Quality Improvement:** Assists in coordination of all program evaluation and QM activities, provides technical assistance for standards of care development and outcomes measurement activities, and monitors outcomes data. Performs clinical chart reviews for HRSA defined core and related support services. Provides QM related consultation to providers and other stakeholders. Conducts onsite QM program monitoring of funded services to ensure compliance with RWGA Standards of Care and QM plan.
- **Project Coordinator, Quality Management Development:** Oversees client satisfaction measurement activities; analyzes case management chart review and client satisfaction data; conceives, implements, and oversees a structured, system-wide approach for planning, implementing, and evaluating quality improvement efforts among Part A primary care and health-related support services providers. Conducts onsite QM program monitoring of funded services to ensure compliance with RWGA Standards of Care and QM plan.

THE CENTRALIZED PATIENT CARE DATA MANAGEMENT SYSTEM (CPCDMS)

The CPCDMS is a real-time, de-identified, client-level database that links service providers together through the Internet. Data captured within the CPCDMS include client registration, encounter and medical update information for each client: demographic, co-morbidity, biological marker, service utilization, and outcomes survey and assessment data.

LOCAL AND NATIONAL STAKEHOLDERS

The RWGA Section reports improvement activities and performance data to HRSA in the

annual Ryan White Part A/MAI grant applications and annual progress reports. Through its Office of Performance Review (OPR), HRSA HAB conducts intermittent onsite performance review to evaluate the effectiveness of Ryan White funded programs and provides recommendations based on identified priorities. RWGA works collaboratively with the OPR to implement these recommendations to improve HIV healthcare services.

The RWGA QM section works collaboratively with multiple Ryan White Parts in Southeast Texas. The cross-agency multidisciplinary CQI committee includes members representing Parts B, C, D, AETC and SPNS. Quality Management planning, priority setting, and improvement activities developed by this committee fully encompass the spectrum of RW funding. Geographically, this encompasses the six county Houston EMA of Chambers, Fort Bend, Harris, Liberty, Montgomery and Waller counties, as well as the four additional counties of Austin, Colorado, Wharton, and Walker that form the Houston HSDA.

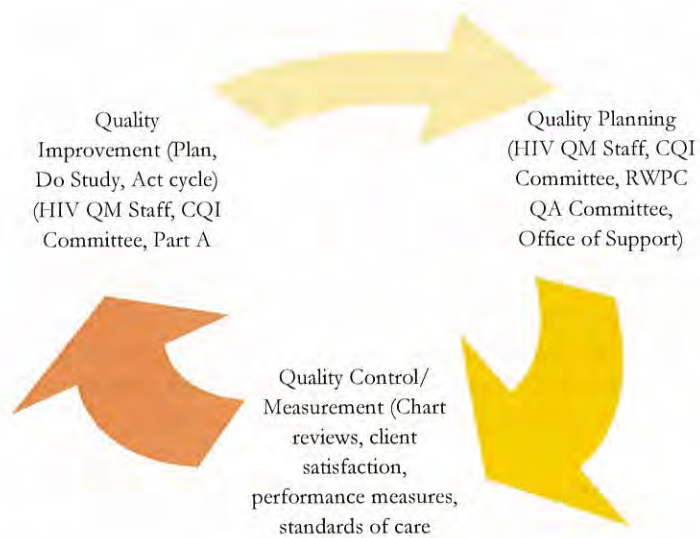
This collaboration increases alignment of QM activities across all Ryan White programs (Parts A, B, C, D AETC and SPNS) and reduces duplication of QM efforts, ensuring maximum utilization of resources and seamless access to quality HIV care services. The Houston EMA QM section monitors all measures collaboratively across funding source and exports required data into the *Texas Department of Health and Human Services (DSHS) AIDS Regional Information and Evaluation System (ARIES)*.

CAPACITY BUILDING

Ryan White Grant Administration conducts two trainings a year for all Council members regarding all aspects of the QM program. Additionally, RWGA staff provide multiple QM technical assistance workshops for providers annually. The QM staff participate in the National Quality Center (NQC) and other Ryan White quality management trainings offered for grantees as needed. In FY 2018, RWGA staff will organize one QM technical assistance (TA) for all case management staff in Part A agencies, in addition to ad hoc TAs that may be requested by individual agencies. In collaboration with the National Quality Center (NQC), RWGA will offer quality leadership training to leadership staff including QM coordinators from provider agencies. The RWGA Project Coordinator- CQI will communicate any process and systems issues identified from chart abstractions to providers and offer recommendations.

QUALITY MANAGEMENT FRAMEWORK

Continuous quality improvement refers to a management process or “approach to the continuous study and improvement of processes or providing health care services to meet the needs of individuals and others” (Joint Commission, Glossary CAMH). The continuous quality improvement process includes Quality Planning, Quality Control/Measurement, and Quality Improvement. Each of these components is incorporated into the Houston EMA’s approach to Quality Management and facilitates the primary goal of improving health outcomes and quality of life for PLHIV within the EMA.



QUALITY PLANNING: includes the strategic planning decisions, quality initiatives, and all design, development, and initial implementation efforts related to new and redesigned processes. Quality planning is performed by utilizing information gathered from the Quality Control/Measurement and Quality Improvement to identify priorities, determine if and how to modify processes, and to monitor the effectiveness of new initiatives. RWGA staff will continue to collaborate with Part A providers to plan, develop and implement new initiatives to enhance the quality of care provided to PLHIV within the Houston EMA.

QUALITY CONTROL/MEASUREMENT: includes the ongoing data collection, aggregation, display, and analysis of functions which support the identification of problems with organization processes and assist with developing new strategies for addressing the issues identified. The findings from this process enable organizations to identify priority areas that need to be targeted for quality improvement efforts.

Performance Measures

The RWGA QM program utilizes strategies outlined in the HIV/AIDS Bureau (*HLAB*) *HIV/AIDS Performance Measures for Adults and Adolescents*, the Institute for Health Care Improvement performance measures for HIV quality of care indicators and the New York State AIDS Institute HIV Quality Improvement (HIVQUAL) project to evaluate performance measures for HIV health care (Appendix B). RWGA uses a logic model that evaluates outcomes in the following domains:

- Health outcomes such as changes in CD4 counts, viral load tests and viral load suppression;
- KAP (knowledge, attitudes and practices) outcomes such as changes in service utilization rates and adherence to drug treatment regimens
- Service provider performance outcomes such as wait time for initial outpatient/ambulatory care appointment

Client-level outcomes and indicators are tailored to the goals and objectives of each Part A

service category, including core services such as primary medical care, drug reimbursement, oral health care, medical case management, transportation and substance abuse treatment. Performance data are obtained primarily from client-level data entered directly into the CPCDMS by service providers. RWGA regularly monitors the EMA's data collection system to make sure service providers are entering their outcomes data as required by their Part A contracts. Performance data are monitored, analyzed and reported annually to the Ryan White Planning Council and the provider agencies. Data analysis is performed quarterly for performance improvement measures (Appendix C). As appropriate, some performance measures are also monitored through annual chart reviews.

Indicators to be measured are reviewed and revised annually to reflect identified needs, HHS guidelines and best practices. They are also incorporated into annual planning for quality improvement activities.

Standards of Care

Ryan White Grant Administration annually facilitates workgroups composed of RWPC members, service providers, consumers and subject experts to review and revise the standards of care for each funded service category. Local standards are derived from HHS guidelines, HRSA, HAB national monitoring standards, as well as other relevant industry standards and federal, state and local licensing requirements. Annual site visits are conducted by RWGA at all agencies to ensure compliance with the standards of care.

Annual clinical chart reviews

Chart abstractions are performed on an annual basis for each primary medical care and selected health-related services delivery agency. The RWGA Project Coordinator – CQI performs the chart abstractions and data entry. Annual reports are distributed to these agencies.

Chart review results are used to assist in the development of agency specific quality management plans (see agency level QM program development section for additional details). Agencies review the results from their chart reviews and identify areas of care in need of improvement. Agencies develop QM plans to address the identified areas.

Standardized client satisfaction measurement

Each Part A- and MAI-funded provider in the EMA is contractually required to measure client satisfaction. A standardized methodology for measuring client satisfaction is used to ensure comparability of results across Part A- and MAI-funded service categories. This methodology employs the use of a self-administered survey tool with questions that address the service, the provider and the Part A system as a whole. On an annual basis, a 10% convenience sampling is surveyed for each service category.

QUALITY IMPROVEMENT

The information gathered from quality measurement activities is used to plan further in-depth evaluation of quality indicators in need of improvement. Quality improvement activities examine existing processes and modify them accordingly to address quality challenges.

New client care standards are added and/or existing standards are modified based on findings from the chart review, consumer feedback and HRSA guidance. RWGA will select EMA-wide indicators that subcontractors will be required to address. Agencies must also select care

indicators in need of improvement (based on findings from the chart reviews or agency's internal assessment of their system and processes) and develop and submit a detailed QM plan which describes their quality improvement approach to address their selected indicators.

Agencies will submit QM plan updates periodically, as dictated by quality improvement activity timelines, to monitor the progress toward the goals outlined in each agency's QM plan. Each agency will be required to submit data along with their quarterly updates. Methodology to be utilized for performance improvement activities may include but is not limited to:

- ✓ Six Sigma Methodology (Define, Measure, Analyze, Improve, Control)
- ✓ Plan, Do, Study, Act (PDSA)
- ✓ Flow charts
- ✓ Root cause analysis
- ✓ Fish diagram

ANNUAL QUALITY GOALS AND OBJECTIVES

- A. Update and Implement FY 2018 QM Plan
- B. Ensure that primary care and health-related support services adhere to the most recent US Health and Human Services (DHHS) treatment guidelines, federal and state regulations
- C. Improve self-advocacy skills of consumers through consumer education
- D. Facilitate the implementation of QI activities in provider agencies to attain FY 2018 EMA-wide performance goals (appendix C).

EVALUATION

The CQI Committee will evaluate the QM program at the end of the Part A grant year (e.g. February 2019). Evaluation will include assessment of the effectiveness of the QM infrastructure and QI activities in achieving QM goals, evaluation of QM goals to determine if goals were achieved and whether performance measures were appropriate. To facilitate this process, all core service providers will submit annual evaluation/organizational assessment reports of their agency's QM programs to the RWGA QM section to be incorporated into the overall EMA QM program evaluation. The CQI committee will analyze these reports in addition to the RWGA annual outcomes and chart review reports to determine the overall effectiveness of the EMA QM program.

Appendix A

Quality Management Work Plan

Goal A: Update and Implement FY 2018 QM plan			
Objectives	Key Action Steps	Target End Dates	Person/s Responsible
A-1 Develop Houston EMA Quality Management Plan	A-1.a Prepare planning information for annual quality goals (data collection, needs assessment program assessment /information, client satisfaction survey /focus group reports, organizational priorities, HRSA requirements etc)	October 2017	RWGA QM & Data Management staff, CQI committee
	A-1.b Update QM plan for FY 2018 utilizing data/information from: <ul style="list-style-type: none"> • FY 2016 chart review report • FY 2016 Final year outcomes data report • QM Program evaluation report • Other sources of information listed above 	November 2017	
	A-1.c Review and revise plan at CQI meeting	January 2018	CQI committee
	A-1.d Finalize plan and post QM plan on the Ryan White Grant Administration website	February 2018	RWGA QM Staff
A-2 Implement QM Plan across agencies in the EMA	A-2.a Require core agencies to submit updated QM Plans for FY 2018 <ul style="list-style-type: none"> • Submission of agency QM Plans 	March 2018	Subcontractor QM Staff
	A-3.b Monitor implementation of QM plans through on-site visits and at bi-monthly Primary Care Subcommittee meetings	Monitoring-Ongoing	RWGA QM Staff
A-3 Evaluate QM Program annually	A-3.a Conduct EMA QM program assessment utilizing the NQC Part A program assessment tool	November 2018	CQI Committee members RWGA Staff
	A-3.b Submission of annual evaluation/organizational assessment reports on QI activities from various agencies.	February 2019	Agency QM Coordinators
	A 3.d Draft annual evaluation report	March 2019	RWGA QM Staff, CQI Committee

Goal B. Facilitate the implementation of QI activities in provider agencies to meet annual quality goals			
B-1. Incorporate EMA performance goals into agency QI activities	B-1.a Disseminate EMA performance goals to agencies	February 2018	RWGA QM Staff
	B-1.b Submission of improvement plans by agencies for EMA performance goals	March 2018	RW Part A/MAI-funded Agencies QM Coordinators,
	B-1.c Implementation of QI Projects in Agencies to meet annual goals. Current projects are : <ul style="list-style-type: none"> • Linkage/Retention in Care • Viral Load Suppression among A.A. 	March 2018	
	B-1.d Establish or utilize existing ad hoc subcommittees to identify best practices (e.g. data integrity subcommittee etc.)	As needed	RWPA AA Data Manager & Analyst QM Staff
B.2. Monitor implementation of improvement projects in agencies	B-2.a Submission of intermittent progress reports related to the annual quality goals	Bi-Monthly Sub-Committee Meetings	RWGA QM Staff, RWPA /MAI-funded Agencies QM Coordinators
B.3. Increase capacity building for QM programs at the agencies	B-3c. Conduct QM TA needs assessment	November - February	RWGA QM Staff
	B-3.b Plan and Provide one CM related QM TA	February 2018	RWGA QM Staff
	B-3.a Communicate relevant chart review findings to agency medical directors	November 2018	RWGA Clinical QM Coordinator
	B-3.d Provide one QM TA for providers consistent with learning needs:	As Needed	
C. Ensure that primary care and health-related support services adhere to the most recent US Health and Human Services guidelines, federal and state regulations			
C-1. Implement federal and professional guidelines and best practices in HIV health care services	C-1.a Implement revised FY 2018 Standards of Care (SOC) and Performance measures	March 2018	RWGA
	C-1.b Revise SOC and Performance (FY2018) measures to reflect current professional and federal guidelines	December 2018	RWGA QM Staff
	C-1.c Revise Chart abstraction and assessment tools to reflect current guidelines	January 2018	RWGA QM Staff, CQI Committee

C-2 Evaluate processes and effectiveness of HIV programs	C-2.a Clinical chart abstraction and dissemination of results to the council and agencies	April - September 2018	RWGA QM Staff
	C-2.b Client satisfaction surveys	Ongoing	Coordinator, QM Dev.
	C-2.c Dissemination of FY 2017 Client Satisfaction survey results to the agencies, the RWPC, and CQI Committee	April 2018	Coordinator, QM Dev.
	Focus group discussions and dissemination of results to agencies, the RWPC and the CQI Committee	As Needed	
	C-2.b FY 2017 Performance measure evaluation and benchmarking and dissemination of results to the council, agencies, and CQI Committee	May 2018	Coordinator, QM Dev.
	C-2.c QM Program monitoring through site visits	May –November , 2018	RWGA QM Coordinators
Goal D. Improve self-advocacy skills of consumers			
D-1 Develop and facilitate an annual training/workshop for PLHIV on quality of care (What their HIV care should be)	D-1.a CQI committee meeting to suggest training content, presenters and venue	November 2017	RWGA Staff/CQI Committee
	D-1.b Planning meeting with the RWPC Consumer Council	February 2018	RWGA Staff
	D-1.c Implementation of workshop	As Needed	RWGA Staff
D-2 Ensure consumer participation in QM processes	D-2.a Provide training to PC committees/Project LEAP based on current need (i.e., SOC, Outcomes)	As needed	RWGA Staff
	D-2.b Conduct a consumer workgroup to elicit feedback for SOC and Performance Measures	November 2018	RWGA Staff
	D-2.c Present all QM reports to RWPC in order to share QM data and elicit feedback	As needed	RWGA Staff

Appendix B

HIV Performance Measures

The following performance indicators are measured system wide to assess the impact of HIV services on the health status of the people living with HIV in the Houston EMA. These indicators are based on current HHS Guidelines for HIV health care and community input, and will be revised annually to reflect new directives.

Clinical Case Management

- A minimum of 75% of clients will utilize Part A/B/C/D primary care at least two or more times three months apart after accessing clinical case management
- 35% of clinical case management clients will utilize mental health services.
- 75% of clients for whom there is lab data in the CPCDMS will be virally suppressed (<200)
- 85% of clinical case management clients will have a case management care plan developed and/or updated two or more times in the measurement year.
- Percent of clients identified with an active substance abuse condition receiving Ryan White funded substance abuse treatment
- Less than 15% of clients will be homeless or unstably housed

Local Pharmacy Assistance

- 75% of clients for whom there is lab data in the CPCDMS will be virally suppressed (<200)

Medical Case Management

- A minimum of 85% of clients will utilize Part A/B/C/D primary care two or more times at least three months apart after accessing medical case management
- 15% of medical case management clients will utilize mental health services.
- 45% of clients will have 3rd party payer coverage (e.g. Medicare, Medicaid, private insurance) after accessing medical case management.
- 75% of clients for whom there is lab data in the CPCDMS will be virally suppressed (<200)
- 50% of clients will have at least one medical visit in each 6-month period of the 24-month measurement period with a minimum of 60 days between medical visits
- Less than 20% of clients will have more than a 6 month gap in medical care in the measurement year
- 60% of medical case management clients will have a medical case management care plan developed and/or updated two or more times in the measurement year.
- Less than 15% of clients will be homeless or unstably housed

Medical Nutritional Supplements

- 75% of clients for whom there is lab data in the CPCDMS will be virally suppressed (<200)
- 90% of clients diagnosed with wasting syndrome or suboptimal body mass will improve or maintain body mass index (BMI) in the measurement year

Oral Health

- 100% of oral health clients will have a dental and medical health history (initial or updated) at least once in the measurement year.
- 90% of oral health clients will have a dental treatment plan developed and/or updated at least once in the measurement year.
- 85% of oral health clients will receive oral health education at least once in the measurement year.
- 90% of oral health clients will have a periodontal screen or examination at least once in the measurement year.
- 60% of oral health clients will have a Phase 1 treatment plan that is completed within 12 months.
- 75% of diagnosed HIV-related and general oral pathologies will be resolved, improved or maintained at most recent follow-up.

Outreach

- Percent of clients successfully contacted by Outreach worker
- Percent of clients who attended their next scheduled primary care appointment
- Increase in the number of primary care visits attended in the year following initial Outreach contact compared to the previous year
- Percent of clients who went from an unsuppressed VL (>200 copies/ml) to a suppressed viral load (<200 copies/ml) in the project year

Primary Medical Care

- 100% of Ryan White Part A program-funded outpatient/ambulatory care organizations in the system/network will have a wait time of 15 or fewer business days for a Ryan White Part A program-eligible client to receive an initial appointment to enroll in outpatient/ambulatory medical care
- 100% of Ryan White Part A program-funded outpatient/ambulatory care organizations in the system/network will have a wait time of 15 or fewer business days for a Ryan White Part A program-eligible client to receive an appointment to receive outpatient/ambulatory medical care
- 90% of clients will have two or more medical visits, 90 days apart, in an HIV care setting in the measurement year

- Less than 20% of clients will have a CD4 < 200 within the first 90 days of initial enrollment in primary medical care
- 100% of eligible clients, will be prescribed Pneumocystis jiroveci pneumonia (PCP) prophylaxis
- 100% of pregnant women living with HIV will be prescribed antiretroviral therapy
- 75% percent of female clients will receive cervical cancer screening in the last three years
- 55% of clients will complete the vaccination series for Hepatitis B
- 95% of clients will have Hepatitis C (HCV) screening performed at least once since HIV diagnosis
- 85% of clients will receive HIV risk counseling within the measurement year
- 95% of clients will have been screened for substance abuse (alcohol and drugs) in the measurement year
- 90% of clients who were prescribed antiretroviral therapy and will have a fasting lipid panel during the measurement year
- 30% of clients will receive an oral exam by a dentist at least once during the measurement year
- 65% of clients at risk for sexually transmitted infections will have a test for gonorrhea and chlamydia within the measurement year.
- 85% of clients will have a test for syphilis performed within the measurement year
- 75% of clients will have documentation that a tuberculosis (TB) screening test was performed and results interpreted (for tuberculin skin tests) at least once since HIV diagnosis
- 95% of clients will have been screened for Hepatitis B virus infection status at least once since HIV diagnosis
- 65% of clients seen for a visit between October 1 and March 31 will receive an influenza immunization OR who reported previous receipt of an influenza immunization
- 95% of clients will be screened for clinical depression using a standardized tool and follow up plan documented.
- 90% of clients will have ever received pneumococcal vaccine
- 100% of clients will be screened for tobacco use at least once during the two-year measurement period AND who received cessation counseling intervention if identified as a tobacco user
- 90% of clients will have a viral load test performed at least every six months during the measurement year
- 90% of clients for whom there is lab data in the CPCDMS will be virally suppressed (<200)
- 35% of clients will have at least one medical visit in each 6-month period of the 24-month measurement period with a minimum of 60 days between medical visits

- 95% of clients will be prescribed antiretroviral therapy during the measurement year
- Less than 20% of clients will have more than a 6 month gap in medical care in the measurement year
- 85% of clients will have an HIV drug resistance test performed before initiation of antiretroviral therapy if therapy started during the measurement year
- 75% of eligible reproductive-age women will receive reproductive health care (fertility desires assessed and client counseled on conception or contraception)
- 90% of clients will be screened for Intimate Partner Violence
- 100% of clients on ART will be screened for adherence
- 60% of new clients will be engaged in care

Non-Medical Case Management/Service Linkage

- A minimum of 70% of clients will utilize Part A/B/C/D primary care two or more times at least three months apart after accessing non-medical case management (service linkage)
- 60% of clients will access RW primary medical care for the first time after accessing service linkage for the first time
- Mean of less than 30 days between first ever service linkage visit and first ever primary medical care visit (Mean, Median, &/or Mode)
- 60% of newly enrolled clients will have a medical visit in each of the 4-month periods of the measurement year

Substance Abuse

- A minimum of 70% of clients will utilize Part A/B/C/D primary medical care after accessing Part A funded substance abuse treatment services
- 90% of clients will complete substance abuse treatment program
- 75% of clients for whom there is lab data in the CPCDMS will be virally suppressed (<200)

Transportation

- A minimum of 70% of clients will utilize Part A/B/C/D primary care services after accessing Van Transportation services.
- 55% of clients will utilize Part A/B LPAP services after accessing Van Transportation services.
- A minimum of 50% of clients will utilize Part A/B/C/D primary care services after accessing Bus Pass services.
- A minimum of 20% of clients will utilize Part A/B LPAP services after accessing Bus Pass services.
- A minimum of 85% of clients will utilize any RW Part A/B/C/D or State Services

service after accessing Bus Pass services.

Vision

- 75% of clients with diagnosed HIV related and general ocular disorders will resolve, improve, or stay the same over time
- 100% of vision clients will have a vision and medical health history (initial or updated) at least once in the measurement year.
- 100% of vision clients will have a comprehensive eye examination at least once in the measurement year

Appendix C

Performance Improvement Goals for FY 2018

The following performance goals consist of process and outcome indicators and are based on US Department of Health and Human Services guidelines and areas identified for improvement from review of the Houston EMA FY 2016 chart review reports, outcomes and needs assessment data. National goals and Benchmarks being utilized for comparisons include Institute of Health Care Improvement (IHI) goals for HIV care and the 2011 HIVQUAL Performance Data Report. Ryan White Part A funded providers are required to implement improvement projects that will facilitate the attainment of these system-wide goals.

Primary Medical Care

- 90% of clients will have two or more medical visits, 90 days apart, in an HIV care setting in the measurement year
- Fewer than 20% of clients will have more than a 6 month gap in medical care in the measurement year
- 95% of clients will be prescribed Antiretroviral Therapy (ART)
- 90% of all clients will be virally suppressed (<200)
- 90% of African-American clients will be virally suppressed (<200)
- 80% of diabetics will have a HbA1c less than or equal to eight
- 75% of eligible female clients will receive cervical cancer screening in the last three years

Non-Medical Case Management/Service Linkage

- 60% of newly enrolled clients will have a medical visit in each of the 4-month periods of the measurement year
- 60% of African-American clients, and youth aged 18-24, will have a medical visit in each of the 4-month periods of the measurement year

Appendix D

Frequently Asked Questions (FAQ):

Is there any potential conflict about the role of this committee and the standards set by the RW planning council (see page 4, section ii, where the CQI Committee will determine EMA-wide indicators and goals)? In practice, per Ryan White guidelines/rules and the Memorandum of Understanding (MOU) between the stakeholders in the RW Part A process, the Grantee (RWGA) has the final authority on Standards of Care (SOC) and Outcome Measures (OM). The Council provides input into Part A standards of care, but does not "approve" the final product. RWGA (not the planning council) facilitates the annual SOC and Outcome Measure workgroups. The output from the workgroups does go to the Council for additional "input," and the Council does **endorse** the SOC and OM. However, the Council does not approve the final the product. SOC and OM are a Grantee responsibility. The CQI committee will provide input into EMA-wide Quality Management indicators and goals promulgated by RWGA. As with SOC and OM, the ultimate responsibility and authority in regard to CQI indicators rests with the Grantee.

On page 3 of the Plan, it states that the CQI Committee will have some responsibility in regard to EMA-wide planning, implementing, and evaluating performance improvements. The CQI committee will be an important advisor to RWGA in these efforts. RWGA will endeavor to clarify this advisory role in the CQI Committee "mission statement" as well when describing the CQI committee's efforts and in the dissemination of any recommendations which may come from the committee. In addition, the CQI committee will **not** be involved with solving problems at an agency level. The CQI committee's input and output will be focused on system-wide indicators at the macro level. As with all things Ryan White, RWGA and CQI committee members will need to be vigilant with respect to each stakeholder's roles and responsibilities in this effort.



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STANDARDS OF CARE
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RYAN WHITE PART B/DSHS STATE SERVICES
1920 HOUSTON HSDA SERVICE-SPECIFIC STANDARDS OF CARE
COMMUNITY-BASED HEALTH SERVICES - DRAFT

Definition:

Home and Community-Based Health Services are therapeutic, nursing, supportive and/or compensatory health services provided by a licensed/certified home health agency in a home or community-based setting in accordance with a written, individualized plan of care established by a licensed physician.

#	STANDARD	MEASURE
9.0 Service-Specific Requirements		
9.1	<p><u>Scope of Services</u> Community-Based Health Services are designed to support the increased functioning and the return to self-sufficiency of PLWHs through the provision of treatment and activities of daily living. Services must include: Skilled Nursing including medication administration, medication supervision, medication ordering, filling pill box, wound dressing changes, straight catheter insertion, education of family/significant others in patient care techniques, ongoing monitoring of patients’ physical condition and communication with attending physician(s), personal care, and diagnostics testing; Other Therapeutic Services including recreational activities (fine/gross motor skills and cognitive development), replacement of durable medical equipment, information referral, peer support, and transportation; Nutrition including evaluation and counseling, supplemental nutrition, and daily nutritious meals; and Education including instructional workshops of HIV related topics and life skills. Services will be available at least Monday through Friday for a minimum of 10 hours/day.</p>	<ul style="list-style-type: none"> • Program’s Policies and Procedures indicate compliance with expected Scope of Services. • Documentation of provision of services compliant with Scope of Services present in primary client record.
9.2	<p><u>Licensure</u> Agency must be licensed by the Texas Department of Aging and Disability Services (DADS) as an Adult Day Care provider. Agency maintains other certification for facilities and personnel, if applicable. Services are provided in accordance with Texas State regulations.</p>	<ul style="list-style-type: none"> • Documentation of license and/or certification posted in a highly-visible place at the site where services are provided to PLWHs.

#	STANDARD	MEASURE
9.0 Service-Specific Requirements		
9.3	<p><u>Services Requiring Licensed Personnel</u></p> <p>All services requiring licensed personnel shall be provided by Registered Nurses/Licensed Vocational Nurses or appropriate licensed personnel in accordance with State of Texas regulations. Other Therapeutic Services are provided by paraprofessionals, such as an activities coordinator, and counselors (LPC, LCSW, LMFTA). Nutritional Services are provided by a Registered Dietician and food managers. Education Services are provided by a health educator.</p>	<ul style="list-style-type: none"> • Documentation of qualification in personnel file
9.4	<p><u>Staff Qualifications</u></p> <p>All personnel providing care shall have (or receive training) in the following minimum qualifications:</p> <ul style="list-style-type: none"> • Ability to work with diverse populations in a non-judgmental way • Working knowledge of: <ul style="list-style-type: none"> ➢ HIV and its diverse manifestations ➢ HIV transmission and effective methods of reducing transmission ➢ current treatment modalities for HIV and co-morbidities ➢ HIV continuum of care ➢ diverse learning and teaching styles ➢ the impacts of mental illness and substance use on behaviors and adherence to treatment ➢ crisis intervention skills ➢ the use of individualized plans of care in the provision of services and achievement of goals • Effective crisis management skills • Effective assessment skills 	<ul style="list-style-type: none"> • Personnel Qualification on file • Documentation of orientation of file
9.5	<p><u>Doctor's Order</u></p> <p>Community-based Health Services must be provided in accordance with doctor's orders. As part of the intake process, doctor's orders must be obtained to guide service provision to the PLWH.</p>	<ul style="list-style-type: none"> • Review of primary client record indicates compliance.
9.6	<p><u>Billing Requirement</u></p> <p>Home and Community Based Home Health agency must be able to bill Medicare, Medicaid, private insurance and/or other third-party payers.</p>	<ul style="list-style-type: none"> • Provider will provide evidence of third-party billing.

#	STANDARD	MEASURE
9.7	<p><u>Initial Client Assessment</u> A preliminary assessment will be conducted that includes services needed, perceived barriers to accessing services and/or medical care.</p> <p>PLWH 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 two (2) business days, whichever is earlier.</p>	<ul style="list-style-type: none"> • Documentation of needs assessment completed in the primary client record • Documented evidence of a comprehensive evaluation completed in the primary client record.
9.8	<p><u>Comprehensive Client Assessment</u> A comprehensive client assessment, including nursing, therapeutic, and educational is completed for each PLWH within seven (7) days of intake and every six (6) months thereafter. A measure of client acuity will be incorporated into the assessment tool to track PLWH's 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"> • Assessment of PLWH's access to primary care, adherence to therapies, disease progression, symptom management and prevention, and need for skilled nursing or rehabilitation services. • Information to determine PLWH's ability to perform activities of daily living and the level of attendant care assistance the PLWH needs to maintain living independently. 	<ul style="list-style-type: none"> • Review of primary client record indicates compliance. • Acuity levels documented as part of assessment.
9.8	<p><u>Nutritional Evaluation</u> Each PLWH shall receive a nutritional evaluation within 15 days of initiation of care.</p>	<ul style="list-style-type: none"> • Documentation is completed and maintained in the primary client record.
9.9	<p><u>Meal Plan</u> Staff will maintain signed and approved meal plans.</p>	<ul style="list-style-type: none"> • Written documentation of plans is on file and posted in serving area.
9.10	<p><u>Plan of Care</u> A written plan of care is completed for each PLWH within seven (7) days of intake and updated every six (6) months at least every sixty (60) calendar days thereafter. Development of plan of care incorporates a multidisciplinary team approach. Care plan is signed by both case manager and clinical health care professional.</p>	<ul style="list-style-type: none"> • Review of primary client record indicates compliance

#	STANDARD	MEASURE
9.11	<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"> • Provide nursing and rehabilitation therapy care under the supervision and orders of the client's primary medical care provider. • Monitor the progress of the care plan by reviewing it regularly with the PLWH and revising it as necessary based on any changes in the PLWH's situation. • Advocate for the PLWH when necessary (e.g., advocating for the PLWH with a service agency to assist the PLWH in receiving necessary services). • Monitor changes in PLWH's physical and mental health, and level of functionality. • Work closely with PLWH's other health care providers and other members of the care team in order to effectively communicate and address service related needs, challenges and barriers. • Participate in the development of individualized care plan with members of the care team. • Participate in regularly scheduled case conferences that involve the multidisciplinary team and other service providers as appropriate. • Provide attendant care services which include taking vital signs if medically indicated • Assist with PLWH's self-administration of medication. • Promptly report any problems or questions regarding the PLWH's adherence to medication. • Report any changes in the PLWH's condition and needs. • Current assessment and needs of the PLWH, including activities of daily living needs (personal hygiene care, basic assistance with cleaning, and cooking activities) • Need for home and community-based health services • Types, quantity and length of time services are to be provided <p>Care plan is updated at least every sixty (60) calendar days</p>	<ul style="list-style-type: none"> • Documentation in the primary client record indicates services provided were consistent with the care plan. • Documentation in the primary client record indicates services provided were consistent with the care plan. • Percentage of PLWHs with documented evidence of a care plan completed based on the primary medical care provider's order as indicated in the primary client record. • Percentage of PLWHs with documented evidence of care plans reviewed and/or updated as necessary based on changes in the PLWH's situation at least every sixty (60) calendar days as evidenced in the primary client record.

#	STANDARD	MEASURE
9.12	<p><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 home and community-based health services.</p> <ul style="list-style-type: none"> Progress notes will be kept in the primary client record and must be written the day services are rendered. Progress notes will then be entered into the primary client record within (14) working days. The agency will maintain ongoing communication with the multidisciplinary medical care team in compliance with Texas Medicaid and Medicare Guidelines. The Home and Community-Based Provider will document in the primary client record progress notes throughout the course of the treatment, including evidence that the PLWH is not in need of acute care. 	<ul style="list-style-type: none"> Documented evidence of completed progress notes in the primary client record Documentation of on-going communication with primary medical care provider and care coordination team as indicated in the primary client record
9.13	<p><u>Coordination of Services/Referrals</u> If referrals are appropriate or deemed necessary, the agency will:</p> <ul style="list-style-type: none"> Ensure that service for PLWHs will be provided in cooperation and in collaboration with other agency services and other community HIV service providers to avoid duplication of efforts and encouraging PLWH access to integrated health care. Consistently report referral and coordination updates to the multidisciplinary medical care team. Assist PLWHs in making informed decisions on choices of available service providers and resources. 	<ul style="list-style-type: none"> Documentation of referrals (as applicable) to other services as indicated, with follow-up in the primary client record.
9.14	<p><u>Refusal of referral</u> The home or community-based health service agency may refuse a referral for the following reasons only:</p> <ul style="list-style-type: none"> Based on the agency's perception of the PLWH's condition, the PLWH requires a higher level of care than would be considered reasonable in a home/community setting. <p>The agency must document the situation in writing and immediately contact the client's primary medical care provider.</p>	<ul style="list-style-type: none"> Documentation in the primary client record will indicate the reason for refusal

#	STANDARD	MEASURE
9.15	<p>Completion of Services/Discharge Services will end when one or more of the following takes place:</p> <ul style="list-style-type: none"> • Client acuity indicates self-sufficiency and care plan goals completed; • PLWH expresses desire to discontinue/transfer services; • PLWH is not seen for ninety (90) days or more; and • PLWH has been referred on to a higher level of care (such as assisted living or skilled nursing facility) • PLWH is unable or unwilling to adhere to agency policies. • PLWH relocates out of the service delivery area • 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. <p>All services discontinued under above circumstances (if applicable) must be accompanied by a referral to an appropriate service provider agency.</p>	<ul style="list-style-type: none"> • Documentation of a discharge/transfer plan developed with PLWH, as applicable, as indicated in the primary client record.

References

HRSA/HAB Division of Metropolitan HIV/AIDS Programs Program Monitoring Standards – Part A April 2013, p. 14-16.
 HRSA/HAB Division of State HIV/AIDS Programs National Monitoring Standards – Program Part B April 2013, p. 13-15.
 Massachusetts Department of Public Health Bureau of Infectious Disease Office of HIV/AIDS Standards of Care for HIV/AIDS Services 2009.
 San Francisco EMA Home-Based Home Health Care Standards of Care February 2004.
 Texas Administrative Code, Title 40, Part 1, Chapter 97, Subchapter B, Rule 97.211.
[HRSA/HAB Ryan White & Global HIV/AIDS Programs, Program & Grants Management, Policy Notices and Program Letters, Policy Change Notice 16-02](#)

**RYAN WHITE PART B/DSHS STATE SERVICES
1920 HOUSTON HSDA SERVICE-SPECIFIC STANDARDS OF CARE
EARLY INTERVENTION SERVICES FOR THE INCARCERATED - DRAFT**

Definition:

Early Intervention Services are designed to bring people living with HIV into Outpatient Ambulatory Medical Care through counseling, testing, and referral activities.

#	STANDARD	MEASURE
9.0 Service-Specific Requirements		
9.1	<p><u>Scope of Service</u> The goal of Early Intervention Services (EIS) is to decrease the number of underserved people living with HIV(PLWH) by increasing access to care, educating and motivating PLWHs on the importance and benefits of getting into care, through expanding key points of entry.</p> <p>The provision of EIS includes:</p> <ul style="list-style-type: none"> • HIV Testing and Targeted counseling** • Referral services • Linkage to care • Health education and literacy training that enable PLWHs to navigate the HIV system of care <p>EIS for the Incarcerated specifically includes the connection of incarcerated PLWH in the Harris County Jail into medical care, the coordination of their medical care while incarcerated, and the transition of their care from Harris County Jail to the community. Services must include: assessment of the PLWH, provision of education regarding disease and treatment, education and skills building to increase PLWH’s health literacy, establishment of THMP/ADAP eligibility (as applicable), care coordination with medical resources within the jail, care coordination with service providers outside the jail, and discharge planning.</p> <p>**Limitation: Ryan White Part B Funds can only be used for HIV testing as necessary to supplement, <i>not supplant</i>, existing funding.</p>	<ul style="list-style-type: none"> • Program’s Policies and Procedures indicate compliance with expected Scope of Services. • Documentation of provision of services compliant with Scope of Services present in primary client record.

#	STANDARD	MEASURE
9.0 Service-Specific Requirements		
9.2	<u>Agency License</u> The agency's facility(s) shall be appropriately licensed or certified as required by Texas Department of State Health Services, for the provision of HIV Early Intervention Services, including phlebotomy services.	<ul style="list-style-type: none"> Review of agency
9.3	<u>Program Policies and Procedures</u> Agency will have a policy that: <ul style="list-style-type: none"> Defines and describes EIS services (funded through Ryan White or other sources) that include and are limited to counseling and HIV testing, referral to appropriate services based on HIV status, linkage to care, and education and health literacy training for PLWHs to help them navigate the HIV care system Specifies that services shall be provided at specific points of entry Specifies required coordination with HIV prevention efforts and programs Requires coordination with providers of prevention services Requires monitoring and reporting on the number of HIV tests conducted and the number of PLWH found Requires monitoring of referrals into care and treatment 	<ul style="list-style-type: none"> Program's Policies and Procedures indicate compliance with expectations.
9.4	<u>Staff Qualifications</u> All agency staff that provide direct-care services shall possess: <ul style="list-style-type: none"> Advanced training/experience in the area of HIV/infectious disease HIV early intervention skills and abilities as evidenced by training, certification, and/or licensure, and documented competency assessment Skills necessary to work with a variety of health care professionals, medical case managers, and interdisciplinary personnel. Supervisors must possess a degree in a health/social service field or equivalent experience.	<ul style="list-style-type: none"> Review of personnel files indicates compliance
9.5	<u>Continuing Education</u> Each staff will complete a minimum of (12) hours of training annually to remain current on HIV care.	<ul style="list-style-type: none"> Evidence of training will be documented in the staff personnel records.

#	STANDARD	MEASURE
9.0 Service-Specific Requirements		
9.6	<p><u>Supervision</u> Each agency must have and implement a written plan for supervision of all Early Intervention staff. Supervisors must review a 10 percent sample of each staff member's primary client records each month for completeness, compliance with these standards, and quality and timeliness of service delivery. Each supervisor must maintain a file on each staff supervised and hold supervisory sessions on at least a monthly basis. The file must include, at a minimum:</p> <ul style="list-style-type: none"> • Date, time, and content of the supervisory sessions • Results of the supervisory case review addressing at a minimum completeness and accuracy of records, compliance with standards, and effectiveness of service. 	<ul style="list-style-type: none"> • Program's Policies and Procedures indicate compliance with expectations. • Review of documentation indicates compliance.
9.7	<p><u>Client Eligibility</u> In order to be eligible for services, individuals must meet the following:</p> <ul style="list-style-type: none"> • Documentation of HIV diagnosis • Language(s) spoken and Literacy level (client self-report) <p><i>Due to PLWH's state of incarceration, this service is excluded from the requirement to document income and residency.</i></p>	<ul style="list-style-type: none"> • Documentation of HIV status is present in the primary client record. • Documentation in compliance with TRG Policies for Documentation of HIV Status.
9.8	<p><u>CPCDMS Update/Registration</u> As part of intake into service, staff will register new PLWHs into the CPCDMS data system (to the extent possible) and update CPCDMS registration for existing PLWHs.</p>	<ul style="list-style-type: none"> • Current registration for PLWH is present in CPCDMS.
9.9	<p><u>Assessment of Client</u> Staff will complete an intake assessment form for all PLWHs served. The assessment will include identified needs upon release, assessment of support system upon release, and desired provider to receive referral information on.</p>	<ul style="list-style-type: none"> • Intake assessment form is present in the primary client record.
9.10	<p><u>Provision of Education/Counseling</u> Staff provide PLWH with education regarding the disease and its management, risk reduction, medication adherence and other health-related education. The provision education will include:</p> <ul style="list-style-type: none"> • Health Education regarding HIV • Risk Reduction counseling • Maintenance of immune system • Disclosure to partners and support systems • Importance of accessing medical care and medications 	<ul style="list-style-type: none"> • Documentation of education is present in the primary client record.

#	STANDARD	MEASURE
9.11	<u>Increase Health Literacy</u> Staff assesses PLWH's ability to navigate medical care systems and provides education to increase PLWH's ability to advocate for themselves in medical care systems.	<ul style="list-style-type: none"> Documentation of health literacy evaluation and education is present in the primary client record.
9.12	<u>Coordination of Care</u> Staff assists in the coordination of PLWH's medical care while incarcerated including, but not limited to, medical appointments with a prescribing provider and medications.	<ul style="list-style-type: none"> Documentation of coordination of care is present in the primary client record.
9.13	<u>Medication Regimen Establishment/Transition</u> Staff assists PLWH to become eligible for THMP/ADAP medication program prior to release. Staff assists PLWH with transition of medication from correctional facility to outside pharmacy.	<ul style="list-style-type: none"> Documentation of THMP/ADAP application and its submission is present in primary client record. Documentation of connection/referral to outside pharmacy.
9.14	<u>Transitional Team Multidisciplinary (TTMD) Review</u> Staff creates opportunities for MDT review with all involved agencies to discuss PLWH's case.	<ul style="list-style-type: none"> Schedule of available times for TTMD reviews with involved agencies available for review. Documentation of TTMD reviews present in primary client record.
9.15	<u>Discharge/Care Planning</u> Staff conducts discharge planning into Houston HIV Care Continuum. Discharge/Care planning should include but is not limited to: <ul style="list-style-type: none"> Review of core medical and other supportive services available upon release, and Needs identified through the assessment should document referral (as applicable) either through resources within the incarceration program or upon discharge Creation of a discharge/care plan. Discharge/Care plan should clearly identify individuals responsible for the activity (i.e. EIS Staff, MAI, MHMR, DSHS Prevention) 	<ul style="list-style-type: none"> Documentation of review of services present in primary client record. Documentation of discharge/care plan is present in primary client record. Documentation of applicable referrals (internal/external) with follow-up in the primary client record
9.16	<u>Progress Note</u> Progress notes will be maintained in each primary client record with documentation of the assistance the EIS staff provided to the PLWH to help achieve applicable goals, including successful linkage to OAHs services.	<ul style="list-style-type: none"> Documented progress notes showing assistance provided to the PLWH in the primary client record.
9.17	<u>HIV Testing and Targeted Counseling</u> According to the HRSA National Monitoring Standards all four components must be present. Part B Funds can only be used for HIV testing to supplement, not supplant, existing funding. If Ryan White Part B funds are used for HIV testing, agency must submit a waiver to TRG and document the reason(s) necessary to supplement existing funding.	<ul style="list-style-type: none"> Review of monthly expenses indicates compliance Waiver are present when funds are utilized for testing

#	STANDARD	MEASURE
9.18	<p><u>Referral Process</u> Referrals will be documented in the primary client record and, at a minimum, should include referrals for services such as:</p> <ul style="list-style-type: none"> • OAHS • MCM • Medical transportation, as applicable • Mental Health, as applicable • Substance Use Treatment, as applicable <p>Any additional services necessary to help PLWHs engage in their medical care.</p>	<ul style="list-style-type: none"> • Documentation of referral present in primary client record • Documentation of referral feedback present in primary client record. • Copy of “known to me as” letter present in primary client record.
9.19	<p><u>Referral Packet</u> Staff makes referrals to agencies for all PLWHs to be released from Harris County Jail. The referral will include a packet with</p> <ol style="list-style-type: none"> a. A copy of the Harris County Jail Intake/Assessment Form, b. Proof of HIV diagnosis, c. A list of current medications, and d. Provide ID card or “known to me as” letter on HCSO letterhead to facilitate access of HIV services in the community. 	<ul style="list-style-type: none"> •
9.20	<p><u>Referral Outcome</u> All referrals made will have documentation of follow-up to the referral in the primary client record. Follow-up documentation should include the result of the referral made (successful or otherwise) and any additional assistance the EIS staff offered to the PLWH.</p>	<ul style="list-style-type: none"> •
9.21	<p><u>Case Closure</u> PLWHs who are released from Harris County Jail must have their cases closed with a case closure summary narrative documenting the reason for closure (i.e. transferring care, release, PLWH chooses to discontinue services), linkage to care (OAHS, MCM) and referral outcome summary (if applicable).</p>	<ul style="list-style-type: none"> • Closed cases that include documentation stating the reason for closure and a closure summary in the primary client record system. • Documentation of supervisor signature/approval on closure summary (electronic review is acceptable).

#	STANDARD	MEASURE
9.22	<u>MOUs with Core Medical Services</u> The Agency must maintain MOUs with a continuum of core medical service providers. MOUs should be targeted at increasing communication, simplifying referrals, and decreasing other barriers to successfully connecting PLWHs into ongoing care.	<ul style="list-style-type: none"> • Review of MOUs at annual quality compliance reviews. • Documentation of communication and referrals with agencies covered by MOUs is present in primary client record.

References

DSHS HIV/STD Policy #2013.02, “*The Use of Testing Technology to Detect HIV Infection*” <http://www.dshs.texas.gov/hivstd/policy/policies/2013-02.shtm>.
 HRSA/HAB Division of Metropolitan HIV/AIDS Programs Program Monitoring Standards – Part A April 2013. p. 10-11.
 HRSA/HAB Division of State HIV/AIDS Programs National Monitoring Standards – Program Part B
 April, 2013. P. 10-11. Accessed February 14, 2018 at: <https://hab.hrsa.gov/sites/default/files/hab/Global/programmonitoringpartb.pdf>
 HRSA/HAB Ryan White & Global HIV/AIDS Programs, Program & Grants Management, Policy Notices and Program Letters, Policy Clarification Notice 16-02,
<https://hab.hrsa.gov/program-grants-management/policy-notices-and-program-letters>

RYAN WHITE PART B/DSHS STATE SERVICES
 1920 HOUSTON HSDA SERVICE-SPECIFIC STANDARDS OF CARE
 HEALTH INSURANCE ASSISTANCE – DRAFT

Definition:

Health Insurance Premium and Cost Sharing Assistance (Health Insurance Assistance or HIA) provides financial assistance for eligible PLWHs living with HIV to maintain continuity of health insurance or to receive medical and pharmacy benefits under a health care coverage program.

#	STANDARD	MEASURE
9.0 Service-Specific Requirements		
9.1	<p><u>Scope of Service</u> Health Insurance Assistance: The Health Insurance Assistance (HIA) service category is intended to help people living with HIV (PLWH) maintain a continuity of medical benefits without gaps in health insurance coverage or discretion of treatment. This financial assistance program enables eligible PLWH to utilize their existing third party or public assistance (e.g. Medicare) medical insurance, not to exceed the cost of care delivery. Under this provision an agency can provide assistance with health insurance premiums, co-payments, co-insurance, deductibles, Medicare Part D premiums, and tax reconciliation.</p> <p><u>Co-Payment:</u> A cost-sharing requirement that requires the insured to pay a specific dollar amount for each unit of service. <u>Co-Insurance:</u> A cost-sharing requirement is that requirement that requires the insured to pay a percentage of costs for covered services/prescription. <u>Deductible:</u> A cost-sharing requirement that requires the insured pay a certain amount for health care or prescription, before the prescription drug plan or other insurance begins to pay. <u>Premium:</u> The amount paid by the insured to an insurance company to obtain or maintain an insurance policy. <u>Tax Reconciliation:</u> A refundable credit will be given on an individual’s federal income tax return if the amount of advance-credit payments is <i>less</i> than the tax credit they should have received. Conversely, individuals will have to repay any excess advance payments with their tax returns if the advance payments for the year are <i>more</i> than the credit amount. <u>Advance Premium Tax Credit (APTC) Tax Liability:</u> Tax liability associated with the APTC reconciliation; reimbursement cap of 50% of the tax due up to a maximum of \$500.</p>	<ul style="list-style-type: none"> • Program’s Policies and Procedures indicate compliance with expected Scope of Services. • Documentation of provision of services compliant with Scope of Services present in primary client record.

#	STANDARD	MEASURE
9.2	<u>Compliance with Regional Health Insurance Assistance Policy</u> The Agency will establish and track all requirements outlined in the DSHS-approved Regional Health Insurance Assistance Policy (HIA-1701).	<ul style="list-style-type: none"> • Annual Review of agency shows compliance with established policy.
9.3	<u>Client Referral and Tracking</u> Agency receives referrals from a broad range of HIV service providers and makes appropriate referrals out when necessary. Agencies must maintain referral relationships with organizations or individuals who can provide income tax preparation assistance.	<ul style="list-style-type: none"> • Documentation of referrals received • Documentation of referrals out • Staff reports indicate compliance
9.4	<u>Ongoing Training</u> Eight (8) hours annually of continuing education in HIV-related or other specific topics including a minimum of two (2) hours training in Medicare Part D is required. Minimum of two (2) hours training for all relevant staff on how to identify advance premium tax credits and liabilities.	<ul style="list-style-type: none"> • Materials for staff training and continuing education are on file • Staff interviews indicate compliance
9.5	<u>Staff Experience</u> A minimum of (1) year documented HIV work experience is preferred.	<ul style="list-style-type: none"> • Documentation of work experience in personnel file
9.6	<u>Staff Supervision</u> Staff services are supervised by a paid coordinator or manager.	<ul style="list-style-type: none"> • Review of personnel files indicates compliance • Review of agency's Policies & Procedures Manual indicates compliance
9.7	<u>Program Policies</u> Agency will develop policies and procedures regarding HIA assistance, cost-effectiveness and expenditure policy, and client contributions. Agencies must maintain policies on the assistance that can be offered for PLWHs who are covered under a group policy. Agency must have P&P in place detailing the required process for reconciliation and documentation requirements. Agencies must maintain policies and procedures for the vigorous pursuit of excess premium tax credit from individual PLWHs, to include measures to track vigorous pursuit performance; and vigorous pursuit of uninsured individuals to enroll in QHP via Marketplace.	<ul style="list-style-type: none"> • Review of agency's Policies & Procedures Manual indicates compliance • Review of personnel files indicates training on the policies.

#	STANDARD	MEASURE
9.8	<p><u>Prioritization of Cost-Sharing Service</u> Agency implements a system to utilize the RW Planning Council-approved prioritization of cost sharing assistance when limited funds warrant it. Agencies use the Planning Council-approved consumer out-of-pocket methodology.</p> <p>Priority Ranking of Cost Sharing Assistance (in descending order):</p> <ol style="list-style-type: none"> 1. HIV medication co-pays and deductibles (medications on the Texas ADAP formulary) 2. Non-HIV medication co-pays and deductibles 3. Co-payments for provider visits (e.g. physician visit and/or lab copayments) 4. Medicare Part D (Rx) premiums 5. APTC Tax Liability 6. Out of Network out-of-pocket expenses 	<ul style="list-style-type: none"> • Review of agency’s Policies & Procedures Manual indicates compliance. • Review of agency’s monthly reimbursement indicates compliance.
9.9	<p><u>Allowable Use of Funds</u></p> <ol style="list-style-type: none"> 1. Health insurance premiums (COBRA, private policies, QHP, CHIP, Medicaid, Medicare, Medicare Supplemental) * 2. Deductibles 3. Medical/Pharmacy co-payments 4. Co-insurance, and 5. Tax reconciliation up to of 50% of the tax due up to a maximum of \$500 6. Standalone dental insurance premiums to provide comprehensive oral health care services for eligible PLWHs (As of 4/1/2017) 	<ul style="list-style-type: none"> • Review of agency’s Policies & Procedures Manual indicates compliance. • Review of agency’s monthly reimbursement indicates compliance.

#	STANDARD	MEASURE
9.10	<p><u>Restricted Use of Funds</u></p> <ol style="list-style-type: none"> 1. Tax reconciliation due, if the PLWH failed to submit the required documentation (life changes, i.e. marriage) during the enrollment period. 2. Funds may not be used to make Out of Packet payments for inpatient hospitalization, emergency department care or catastrophic coverage. 3. Funds may not be used for payment of services delivered by providers out of network. Exception: In-network provider is not available for HIV-related care only and/or appointment wait time for an in-network provider exceeds standards. Prior approval by AA (The Resource Group) is required for all out of network charges, including exceptions. 4. Payment can never be made directly to PLWHs. 5. HIA funds may not be extended for health insurance plans with costs that exceed local benchmark costs unless special circumstances are present, but not without approval by AA. 6. Under no circumstances can funds be used to pay the fee for a PLWHs failure to enroll in minimum essential coverage or any other tax liability owed by the PLWH that is not directly attributed to the reconciliation of the premium tax credits. 7. HIA funds may not be used for COBRA coverage if a PLWH is eligible for other coverage that provides the required minimal level of coverage at a cost-effective price. 8. Life insurance and other elective policies are not covered. 	<ul style="list-style-type: none"> • Review of agency’s Policies & Procedures Manual indicates compliance. • Review of agency’s monthly reimbursement indicates compliance.

#	STANDARD	MEASURE
9.11	<p><u>Health Insurance Premium Assistance</u> The following criteria must be met for a health plan to be eligible for HIA assistance:</p> <ol style="list-style-type: none"> 1. Health plan must meet the minimum standards for a Qualified Health Plan and be active at the time assistance is requested 1. Health Insurance coverage must be evaluated for cost effectiveness 2. Health insurance plan must cover at least one drug in each class of core antiretroviral therapeutics from the HHS clinical guidelines as well as appropriate primary care services. 3. COBRA plans must be evaluated based on cost effectiveness and client benefit. <p>Additional Requirements for ACA plans:</p> <ol style="list-style-type: none"> 1. If a PLWH between 100%-250% FPL, only SILVER level plans are eligible for HIA payment assistance (unless PLWH enroll prior to November 1, 2015). 2. PLWHs under 100% FPL, who present with an ACA plan, are NOT eligible for HIA payment assistance (unless enroll prior to November 1, 2015). 3. All PLWHs who present with an ACA plan are required to take the ADVANCED Premium Tax Credit if eligible (100%-400% of FPL). <p>All PLWHs receiving HIA assistance must report any life changes such as income, family size, tobacco use or residence within 30 days of the reported change.</p>	<ul style="list-style-type: none"> • Review of agency's Policies & Procedures Manual indicates compliance. • Review of client records indicates compliance. • Agencies will ensure payments are made directly to the health or dental insurance vendor within five (5) business days of approved request.
9.12	<p><u>Comprehensive Intake/Assessment</u> Agency performs a comprehensive financial intake/application to determine eligibility for this program to ensure that these funds are used as a last resort in order for the PLWH to utilize his/her existing insurance or be eligible to purchase a qualified health plan through the Marketplace. Assessment should include review of individual's premium and cost sharing subsidies through the health exchange.</p>	<ul style="list-style-type: none"> • Review of agency's Policies & Procedures Manual indicates compliance. • Review of client intake/assessment for service indicates compliance.
9.13	<p><u>Income Guidelines</u> Marketplace Plans: 100-400% of Federal Poverty Level All other plans: 0-400% of Federal Poverty Level Exception: PLWHs who were enrolled prior to November 1, 2015 will maintain their eligibility in subsequent plan years even if below 100% or between 400-500% of federal poverty guidelines.</p>	<ul style="list-style-type: none"> • Documentation of income is present in primary client record.

#	STANDARD	MEASURE
9.14	<p>Client Education Education must be provided to PLWHs specific to what is reasonably expected to be paid for by an eligible plan and what RWHAP can assist with to ensure healthcare coverage is maintained.</p> <p>Cost Sharing Education</p> <ol style="list-style-type: none"> 1. Education is provided to PLWHs, as applicable, regarding cost-sharing reductions to lower their out-of-pocket expenses. 2. PLWHs who are not eligible for cost-sharing reductions (i.e. PLWHs under 100% FPL or above 400% FPL; PLWHs who have minimum essential coverage other than individual market coverage and choose to purchase in the marketplace; and those who are ineligible to purchase insurance through the marketplace) are provided education on cost-effective resources available for the PLWH’s health care needs. <p>Premium Tax Credit Education</p> <ol style="list-style-type: none"> 1. Education should be provided to the PLWH regarding tax credits and the requirement to file income tax returns 2. PLWHs must be provided education on the importance of reconciling any Advanced Premium Tax Credit (APTC) well before the IRS tax filing deadline. 	<ul style="list-style-type: none"> • Documented evidence of education provided regarding cost sharing reductions as applicable, as indicated in the primary client record. • Documented evidence of education provided regarding premium tax credits as indicated in the primary client record.
9.15	<p>Decreasing Barriers to Service Agency establishes formal written agreements with all Houston HSDA Ryan White-funded (Part A, B, C, D) primary care, mental health and substance abuse provider agencies to enable PLWHs of these agencies to enroll in Health Insurance assistance at his/her primary care, mental health or substance abuse provider site. (I.e. No need for PLWH to physically present to Health Insurance provider.)</p>	<ul style="list-style-type: none"> • Review of agency’s Policies & Procedures Manual indicates compliance. • Review of client intake/assessment for service indicates compliance

#	STANDARD	MEASURE
9.0 Service-Specific Requirements		
9.16	<p><u>Waiver Process</u> In order to ensure proper program delivery, a waiver from the AA is required for the following circumstances:</p> <ol style="list-style-type: none"> 1. HIA payment assistance will exceed benchmark for directly delivered services, 2. Providing payment assistance for out of network providers, 3. To fill prescriptions for drugs that incur higher co-pays or co-insurance because they are outside their health plans formulary, 4. Discontinuing HIA payment assistance due to PLWH conduct or fraud, 5. Refusing HIA assistance for a PLWH who is eligible and whom HIA provides a cost advantage over direct service delivery, 6. Services being postponed, denied, or a waitlisted and; 7. Assisting an eligible PLWH with the entire cost of a group policy that includes coverage for persons not eligible for HIA payment assistance. 	<ul style="list-style-type: none"> •
9.17	<p><u>Payer of Last Resort</u> Agencies must assure that all PLWHs are screened for potential third-party payers or other assistance programs, and that appropriate referrals are made to the provider who can assist PLWHs in enrollment.</p>	<ul style="list-style-type: none"> •
9.18	<p><u>Vigorous Pursuit</u> All contracted agencies must vigorously pursue any excess premium tax credit received by the PLWH from the IRS upon submission of the PLWH's tax return. To meet the standard of "<i>vigorously pursue</i>", all PLWHs receiving assistance through RW funded HIP assistance service category to pay for ACA QHP premiums must:</p> <ol style="list-style-type: none"> 1. Designate premium tax credit be taken in advance during enrollment 2. Update income information at Healthcare.gov every 6 months, at minimum, with one update required during annual ACA open enrollment or renewal 3. Submit prior year tax information no later than May 31st. 4. Reconciliation of advance premium tax credits or liabilities. 	<ul style="list-style-type: none"> •
9.19	<p><u>Prescription Eyewear</u> Agency must keep documentation from physician stating that the eye condition is HIV-related when HIA funds are used to cover co-pays for prescription eyewear.</p>	<ul style="list-style-type: none"> • Percentage of primary client record with documented evidence, as applicable, of prescribing physician's order stating the eye condition is HIV-related is present in the primary client record

#	STANDARD	MEASURE
9.20	<p><u>Medical Visits</u> PLWHs accessing health insurance premium and cost sharing assistance services should demonstrate adherence with their HIV medical care and have documented evidence of attendance of HIV medical appointments in the primary client record.</p> <p>Note: For PLWHs who use HIA to enable their use of medical care outside of the RW system: HIA providers are required to maintain documentation of PLWH's adherence to Primary Medical Care (e.g. proof of MD visits) during the previous 12 months.</p>	<ul style="list-style-type: none"> • PLWHs, regardless of age, with a diagnosis of HIV who had at least one medical visit in each 6-month period of the 24-month measurement period with a minimum of 60 days between medical visits. (for PLWHs with applicable data in ARIES or other data system used at the provider location) • Note: For PLWHs who use HIA to enable their use of medical care <u>outside</u> of the RWHAP system: Documentation of the PLWH's adherence to Primary Medical Care (e.g. proof of MD visits, insurance Explanation of Benefits, MD bill/invoice) during the previous 12 months
9.21	<p><u>Viral Suppression</u> PLWHs receiving Health Insurance Premium and Cost Sharing Assistance services have evidence of viral suppression as documented in viral load testing.</p>	<ul style="list-style-type: none"> • For PLWHs with applicable data in ARIES or other data system used at the provider location, percentage of PLWHs, regardless of age, with a diagnosis of HIV with a HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year.

References

[TDSHS HIV/STD Ryan White Part B Program Universal Standards \(pg. 30-31\)](#)

[TDSHS HIV/STD Prevention and Care Branch, Policy 260.002. Health Insurance Assistance](#)

HRSA/HAB Division of Metropolitan HIV/AIDS Programs Program Monitoring Standards – Part A April 2013. p. 33-36.

HRSA/HAB Division of State HIV/AIDS Programs National Monitoring Standards – Program Part B April 2013. p. 31-35.

[HRSA/HAB Ryan White & Global HIV/AIDS Programs, Program & Grants Management, Policy Notices and Program Letters, Policy Change Notice 16-02](#)

[HRSA/HAB Ryan White & Global HIV/AIDS Programs, Program & Grants Management, Policy Notices and Program Letters, Policy Change Notice 07-05](#)

[HRSA/HAB Ryan White & Global HIV/AIDS Programs, Program & Grants Management, Policy Notices and Program Letters, Policy Change Notice 13-05](#)

[HRSA/HAB Ryan White & Global HIV/AIDS Programs, Program & Grants Management, Policy Notices and Program Letters, Policy Change Notice 13-06](#)

[HRSA/HAB Ryan White & Global HIV/AIDS Programs, Program & Grants Management, Policy Notices and Program Letters, Policy Change Notice 14-01](#)

[TDSHS HIV/STD Ryan White Program Policies. DSHS Funds as Payment of Last Resort \(Policy 590.001\)](#)

[HRSA/HAB, Ryan White & Global HIV/AIDS Programs, Program & Grants Management, Policy Notices and Program Letters, Frequently Asked Questions \(FAQ\) for Standalone Dental Insurance \(PDF\)](#)

**RYAN WHITE PART B/DSHS STATE SERVICES
1920 HOUSTON HSDA SERVICE-SPECIFIC STANDARDS OF CARE
HOSPICE SERVICES – DRAFT**

Definition:

Provision of Hospice Care provided by licensed hospice care providers to PLWHs in the terminal stages of an HIV-related illness, in a home or other residential setting, including a non-acute-care section of a hospital that has been designated and staffed to provide hospice care for terminal patients.

#	STANDARD	MEASURE
9.0 Service-Specific Requirements		
9.1	<p><u>Scope of Service</u> Hospice services encompass palliative care for terminally ill PLWHs and support services for PLWHs and their families. Services are provided by a licensed nurse and/or physical therapist. Additionally, unlicensed personnel may deliver services under the delegation of a licensed nurse or physical therapist, to a PLWH or a PLWH’s family as part of a coordinated program. A physician must certify that a patient is terminal, defined under Medicaid hospice regulations as having a life expectancy of 6 months or less.</p> <p>Services must include but are not limited to medical and nursing care, palliative care, and psychosocial support for the patient, as well as a mechanism for bereavement referral for surviving family members. Counseling services provided in the context of hospice care must be consistent with the (Ryan White) definition of mental health counseling. Palliative therapies must be consistent with those covered under respective State Medicaid Program.</p> <p>Allowable Ryan White/State Services funded services are:</p> <ul style="list-style-type: none"> • Room • Board • Nursing care • Mental health counseling, to include bereavement counseling • Physician services • Palliative therapeutics 	<ul style="list-style-type: none"> • Program’s Policies and Procedures indicate compliance with expected Scope of Services. • Documentation of provision of services compliant with Scope of Services present in primary client record.

#	STANDARD	MEASURE
9.2	<p><u>Scope of Service (Cont'd)</u> Services NOT allowed under this category:</p> <ul style="list-style-type: none"> • HIV medications under hospice care unless paid for by the PLWH. • Medical care for acute conditions or acute exacerbations of chronic conditions other than HIV for potentially Medicaid eligible residents. • Funeral, burial, cremation, or related expenses. • Nutritional services, • Durable medical equipment and medical supplies. • Case management services • Although Texas Medicaid can pay for bereavement counseling for family members, Ryan White funding cannot pay for these services per legislation. 	
9.3	<p><u>Client Eligibility</u> In addition to general eligibility criteria, individuals must meet the following criteria in order to be eligible for services. The PLWH's eligibility must be recertified for the program every six (6) months.</p> <ul style="list-style-type: none"> • Referred by a licensed physician • Certified by his or her physician that the individual's prognosis is for a life expectancy of six (6) months or less if the terminal illness runs its normal course • Must be reassessed by a physician every six (6) months. • Must first seek care from other facilities and denial must be documented in the resident's primary client record. 	<ul style="list-style-type: none"> • Documentation of eligibility in the primary client record. • Documentation in primary client record that an attempt has been made to place Medicaid/Medicare eligible PLWHs in another facility prior to admission.
9.4	<p><u>Referral and Tracking</u> Agency receives referrals from a broad range of HIV service providers and makes appropriate referrals out when necessary.</p>	<ul style="list-style-type: none"> • Documentation of referrals received. • Documentation of referrals out • Staff reports indicate compliance
9.5	<p><u>Staff Education</u> Agency shall employ staff who are trained and experienced in their area of practice and remain current in end of life issues as it relates to HIV. Staff shall maintain knowledge of psychosocial and end of life issues that may impact the needs of persons living with HIV.</p>	<ul style="list-style-type: none"> • Staff will attend and has continued access to training activities: • Staff has access to updated HIV information • Agency maintains system for dissemination of HIV information relevant to the needs of PLWH to paid staff and volunteers. • Agency will document provision of in-service education to staff regarding current treatment methodologies and promising practices.

#	STANDARD	MEASURE
9.6	<p><u>Ongoing Staff Training</u></p> <ul style="list-style-type: none"> • Eight (8) hours of training in HIV and clinically-related issues is required annually for licensed staff (in addition to training required in General Standards). • One (1) hour of training in HIV is required annually for all other staff (in addition to training required in General Standards). 	<ul style="list-style-type: none"> • Materials for staff training and continuing education are on file • Documentation of training in personnel file
9.7	<p><u>Staff Credentials & Experience</u></p> <p>All hospice care staff who provide direct-care services and who require licensure or certification, must be properly licensed or certified by the State of Texas. A minimum of one year documented hospice and/or HIV work experience is preferred.</p>	<ul style="list-style-type: none"> • Personnel files reflect requisite licensure or certification. • Documentation of work experience in personnel file
9.8	<p><u>Staff Requirements</u></p> <p>Hospice services must be provided under the delegation of an attending physician and/or registered nurse.</p>	<ul style="list-style-type: none"> • Review of personnel file indicates compliance • Staff interviews indicate compliance.
9.9	<p><u>Volunteer Assistance</u></p> <p>Volunteers cannot be used to substitute for required personnel. They may however provide companionship and emotional/spiritual support to patients in hospice care. Volunteers providing patient care will:</p> <ul style="list-style-type: none"> • Be provided with clearly defined roles and written job descriptions • Conform to policies and procedures 	<ul style="list-style-type: none"> • Review of agency's Policies & Procedures Manual indicates compliance • Documentation of all training in volunteer files • Signed compliance by volunteer
9.10	<p><u>Volunteer Training</u></p> <p>Volunteers may be recruited, screened, and trained in accordance with all applicable laws and guidelines. Unlicensed volunteers must have the appropriate State of Texas required training and orientation prior to providing direct patient care. Volunteer training must also address program-specific elements of hospice care and HIV. For volunteers who are licensed practitioners, training addresses documentation practices.</p>	<ul style="list-style-type: none"> • Review of training curriculum indicates compliance • Documentation of all training in volunteer files
9.11	<p><u>Staff Supervision</u></p> <p>Staff services are supervised by a paid coordinator or manager. Professional supervision shall be provided by a practitioner with at least two years experience in hospice care of persons with HIV. All licensed personnel shall receive supervision consistent with the State of Texas licensure requirements. Supervisory, provider or advanced practice registered nurses will document supervision over other staff members</p>	<ul style="list-style-type: none"> • Review of personnel files indicates compliance. • Review of agency's Policies & Procedures Manual indicates compliance. • Review of documentation that supervisory provider or advanced practice registered nurse provided supervision over other staff members

#	STANDARD	MEASURE
9.12	<p><u>Facility Licensure</u> Agency/provider is a licensed hospital/facility and maintains a valid State license with a residential AIDS Hospice designation or is certified as a Special Care Facility with Hospice designation.</p>	<ul style="list-style-type: none"> • License and/or certification will be posted in a conspicuous place at the site where services are provided to patients. • Documentation of license and/or certification is available at the site where services are provided to PLWHs
9.13	<p><u>Denial of Service</u> The hospice provider may elect to refuse a referral for reasons which include, but are not limited to, the following:</p> <ul style="list-style-type: none"> • There are no beds available • Level of patient's acuity and staffing limitations • Patient is aggressive and a danger to the staff • Patient is a "no show" <p>Agency must develop and maintain s system to inform Administrative Agency regarding issue of long term care facilities denying admission for people living with HIV based on inability to provide appropriate level of skilled nursing care.</p>	<ul style="list-style-type: none"> • Review of agency's Policies & Procedures Manual indicates compliance • Documentation of notification is available for review.
9.14	<p><u>Multidisciplinary Team Care</u> Agency must use a multidisciplinary team approach to ensure that patient and the family receive needed emotional, spiritual, physical and social support. The multidisciplinary team may include physician, nurse, social worker, nutritionist, chaplain, patient, physical therapist, occupational therapist, care giver and others as needed. Team members must establish a system of communication to share information on a regular basis and must work together and with the patient and the family to develop goals for patient care.</p>	<ul style="list-style-type: none"> • Review of agency's Policies & Procedures Manual indicates compliance • Documentation in primary client records
9.15	<p><u>Medication Administration Record</u> Agency documents each patient's scheduled medications. Documentation includes patient's name, date, time, medication name, dose, route, reason, result, and signature and title of staff. HIV medications may be prescribed if discontinuance would result in adverse physical or psychological effects.</p>	<ul style="list-style-type: none"> • Documentation in primary client record
9.16	<p><u>PRN Medication Record</u> Agency documents each patient's PRN medications. Documentation includes patient's name, date, time, medication name, dose, route, reason, outcome, and signature and title of staff.</p>	<ul style="list-style-type: none"> • Documentation in primary client record

#	STANDARD	MEASURE
9.17	<p><u>Physician Orders Certification</u></p> <ul style="list-style-type: none"> • The attending physician must certify that a PLWH is terminal, defined under Texas Medicaid hospice regulations as having a life expectancy of six (6) months or less if the terminal illness runs its normal course. • The certification must specify that the individual's prognosis is for a life expectancy of six (6) months or less if the terminal illness runs its normal course. • The certification statement must be based on record review or consultation with the referring physician. • The referring provider must provide orders verbally and in writing to the Hospice provider prior to the initiation of care and act as that patient's primary care physician. Provider orders are transcribed and noted by attending nurse. 	<ul style="list-style-type: none"> • Documentation of attending physician certification of PLWH's terminal illness documented in the primary client record. • Documentation in the primary record of all physician orders for initiation of care.
9.18	<p><u>Intake and Service Eligibility</u></p> <p>Agency will receive referrals from a broad range of HIV service providers. Information will be obtained from the referral source and will include:</p> <ul style="list-style-type: none"> • Contact and identifying information (name, address, phone, birth date, etc.) • Language(s) spoken • Literacy level (client self-report) • Demographics • Emergency contact • Household members • Pertinent releases of information • Documentation of insurance status • Documentation of income (including a "zero income" statement) • Documentation of state residency • Documentation of HIV diagnosis • Photo ID or two other forms of identification • Acknowledgement of client's rights 	<ul style="list-style-type: none"> • Review of agency's Policies & Procedures Manual indicates compliance • Documentation in primary client records

#	STANDARD	MEASURE
9.19	<p><u>Comprehensive Health Assessment</u> A comprehensive health assessment, including medical history, a psychosocial assessment and physical examination, is completed for each patient within 48 hours of admission and once every six months thereafter. Symptoms assessment (utilizing standardize tools), risk assessment for falls and pressure ulcers must be part of initial assessment and should be ongoing.</p> <p>Medical history should include the following components:</p> <ul style="list-style-type: none"> • History of HIV disease progression and other co morbidities • Current symptoms • Systems review • Past history of other medical, surgical or psychiatric problems • Medication history • Family history • Social history • Identifies the patient’s need for hospice services in the areas of medical, nursing, social, emotional, and spiritual care. • A review of current goals of care <p>Clinical examination should include all body systems, neurologic and mental state examination, evaluation of radiologic and laboratory test and needed specialist assessment.</p>	<ul style="list-style-type: none"> • Documentation of comprehensive health assessment completed within 48 hours of admission in the primary client record.
9.20	<p><u>Plan of Care</u> Following history and clinical examination, the provider should develop a problem list that reflects clinical priorities and patient’s priorities.</p> <p>A written Plan of Care is completed for each patient within 48 hours seven (7) calendar days of admission and reviewed monthly. Care Plans will be updated once every six months thereafter or more frequently as clinically indicated. Hospice care should be based on the USPHS guidelines for supportive and palliative care for people living with HIV (http://hab.hrsa.gov/tools/palliative/contents.html) and professional guidelines. Hospice provider will maintain a consistent plan of care and communicate changes from the initial plan to the referring provider.</p>	<ul style="list-style-type: none"> • Documentation in primary client record • Written care plan based on physician’s orders completed within seven calendar days of admission documented in the primary client record. • Documented evidence of monthly care plan reviews completed in the primary client record.

#	STANDARD	MEASURE
9.21	<p><u>Counseling Services</u> The need for counseling services for family members must be assessed and a referral made if requested. The need for bereavement and counseling services for family members must be consistent with definition of mental health counseling.</p>	<ul style="list-style-type: none"> Documentation in primary client record
9.22	<p><u>Bereavement Counseling</u> Bereavement counseling must be provided. Bereavement counseling means emotional, psychosocial, and spiritual support and services provided before and after the death of the patient to assist with issues related to grief, loss, and adjustment. A hospice must have an organized program for the provision of bereavement services furnished under the supervision of a qualified professional with experience or education in grief or loss counseling. A hospice must:</p> <ul style="list-style-type: none"> Develop a bereavement plan of care that notes the kind of bereavement services to be offered to the patient's family and other persons and the frequency of service delivery; Make bereavement services available to a patient's family and other persons in the bereavement plan of care for up to one year following the death of the patient; Extend bereavement counseling to residents of a skilled nursing facility, a nursing facility, or an intermediate care facility for individuals with an intellectual disability or related conditions when appropriate and as identified in the bereavement plan of care; Ensure that bereavement services reflect the needs of the bereaved. 	<ul style="list-style-type: none"> Referral and/or service provision documented. Documented evidence of bereavement counseling offered to family members upon admission to Hospice services in the primary client record.
9.23	<p><u>Dietary Counseling</u> Dietary counseling must be provided. Dietary counseling means education and interventions provided to a patient and family regarding appropriate nutritional intake as a hospice patient's condition progresses. Dietary counseling, when identified in the plan of care, must be performed by a qualified person.</p> <ul style="list-style-type: none"> A qualified person includes a dietitian, nutritionist, or registered nurse. A person that provides dietary counseling must be appropriately trained and qualified to address and assure that the specific dietary needs of a PLWH are met. 	<ul style="list-style-type: none"> Referral and/or service provision documented. Documented evidence of dietary counseling provided, when identified in the written care plan, in the primary client record.

#	STANDARD	MEASURE
9.24	<p><u>Mental Health Counseling</u> Mental health counseling must be provided. Mental health counseling should be solution focused; outcomes oriented and time limited set of activities for the purpose of achieving goals identified in the patient's individual treatment plan.</p> <p>Mental Health Counseling is to be provided by a licensed Mental Health professional (see Mental Health Service Standard and Universal Standards for qualifications):</p> <ul style="list-style-type: none"> • The patient's needs as identified in the patient's psychosocial assessment • The patient's acceptance of these services 	<ul style="list-style-type: none"> • Referral and/or service provision documented. • Documented evidence of mental health counseling offered, as medically indicated, in the primary client record.
9.25	<p><u>Spiritual Counseling</u> A hospice must provide spiritual counseling that meets the patient's and the family's spiritual needs in accordance with their acceptance of this service and in a manner consistent with their beliefs and desires. A hospice must:</p> <ul style="list-style-type: none"> • Provide an assessment of the PLWH's and family's spiritual needs; • Make all reasonable efforts to the best of the hospice's ability to facilitate visits by local clergy, a pastoral counselor, or other persons who can support a PLWH's spiritual needs; and • Advise the PLWH and family of the availability of spiritual counseling services. 	<ul style="list-style-type: none"> • Referral and/or service provision documented. • Spiritual counseling, as appropriate, documented in the written care plan in the primary client record.
9.26	<p><u>Palliative Therapy</u> Palliative therapy is care designed to relieve or reduce intensity of uncomfortable symptoms but not to produce a cure. Palliative therapy must be documented in the written plan of care with changes communicated to the referring provider.</p>	<ul style="list-style-type: none"> • Written care plan that documents palliative therapy as ordered by the referring provider documented in the primary client record.
9.27	<p><u>Medical Social Services</u> Medical social services must be provided by a qualified social worker. and is based on:</p> <ul style="list-style-type: none"> • The patient's and family's needs as identified in the patient's psychosocial assessment • The patient's and family's acceptance of these services. 	<ul style="list-style-type: none"> • Assessment present in the primary client record. • Documentation in primary client records.

#	STANDARD	MEASURE
9.28	<p><u>Discharge</u> An individual is deemed no longer to be in need of hospice services if one or more of these criteria is met:</p> <ul style="list-style-type: none"> • Patient expires. • Patient’s medical condition improves, and hospice care is no longer necessary, based on attending physician’s plan of care (a referral to Medical Case Management or OAHS must also be documented) • Patient elects to be discharged. • Patient is discharged for cause. • Patient is transferred out of provider’s facility. 	<ul style="list-style-type: none"> • Review of agency’s Policies & Procedures Manual indicates compliance • Documentation in primary client records. • Percentage of PLWHs in Hospice care with documented evidence of discharge status in the primary client record.

References

HRSA/HAB Division of Metropolitan HIV/AIDS Programs Program Monitoring Standards – Part A April 2013, p. 16-18.
 HRSA/HAB Division of State HIV/AIDS Programs National Monitoring Standards – Program Part B April 2013, p. 15-17.
[Texas Administrative code Title 40; Part 1; Chapter 97, Subchapter H Standards Specific to Agencies Licensed to Provide Hospice Services](#)
[Texas Department of Aging and Disability Services Texas Medicaid Hospice Program Standards Handbook](#)
[HRSA Policy Notice 16-02: Eligible Individuals & Allowable Uses of Funds, June 2017](#)

**RYAN WHITE PART B/DSHS STATE SERVICES
1920 HOUSTON HSDA STANDARDS OF CARE
LINGUISTIC SERVICES – DRAFT**

Definition:

Support for Linguistic Services includes interpretation (oral) and translation (written) services, provided by qualified individuals as a component of HIV service delivery between the provider and the person living with HIV, when such services are necessary to facilitate communication between the provider and person living with HIV and/or support delivery of Ryan White-eligible services.

#	STANDARD	MEASURE
9.1	<p><u>Scope of Service</u> The agency will provide interpreter services including, but not limited to, sign language for deaf and/or hard of hearing and native language interpretation for monolingual people living with HIV (PLWH). Services are intended to be inclusive of all cultures and sub-cultures and not limited to any population group or sets of groups. They are especially designed to assure that the needs of racial, ethnic, and linguistic populations severely impacted by HIV receive quality unbiased services. Due to Ryan White expectations, Services exclude Spanish Translation Services.</p>	<ul style="list-style-type: none"> • Program’s Policies and Procedures indicate compliance with expected Scope of Services. • Documentation of provision of services compliant with Scope of Services present in primary client records.
9.2	<p><u>Staff Qualifications and Training</u></p> <ul style="list-style-type: none"> • Oral and written translators will be certified by the Certification Commission for Healthcare Interpreters (CCHI) or the National Board of Certification for Medical Interpreters (NBCMI). Staff and volunteers who provide American Sign Language services must hold a certification from the Board of Evaluation of Interpreters (BEI), the Registry of Interpreters for the Deaf (RID), or the National Interpreter Certification (NIC) at a level recommended by the Texas Department of Assistive and Rehabilitative Services (DARS) Office for Deaf and Hard of Hearing Services. • Interpreter staff/agency will be trained and experienced in the health care setting 	<ul style="list-style-type: none"> • Program Policies and Procedures will ensure the contracted agency is in compliance with legislation/regulations • Legislation and Regulations <ul style="list-style-type: none"> • (Americans with Disabilities Act (ADA), Section 504 of the Rehabilitation Act, Title VI of Civil Rights Act, Health Information Portability and Accountability Act (HIPAA), Health Information Technology for Economic and Clinical Health Act
9.3	<p><u>Program Policies</u> Agency will develop policies and procedures regarding the scheduling of interpreters and process of utilizing the service. Agency will disseminate policies and procedures to providers seeking to utilize the service.</p>	<ul style="list-style-type: none"> • Review of Program Policies.

#	STANDARD	MEASURE
9.4	<p><u>Provision of Services</u></p> <ul style="list-style-type: none"> • Agencies shall provide translation/interpretation services for the date of scheduled appointment per request submitted and will document the type of linguistic service provided in the primary client record. • Agency/providers will offer services to the PLWH only in connection with other HRSA approved services (such as clinic visits). • Providers will deliver services to the PLWH only to the extent that similar services are not available from another source (such as a translator employed by the clinic). This excludes use of family members or friends of the PLWH • Based on provider need, agency shall provide the following types of linguistic services in the PLWH's preferred language: <ul style="list-style-type: none"> • Oral interpretation • Written translation • Sign language • Agency/providers should have the ability to provide (or make arrangements for the provision of) translation services regardless of the language of the PLWH seeking assistance • Agency will be able to provide interpretation/ translation in the languages needed based on the needs assessment for the area 	<ul style="list-style-type: none"> • Review of Program's Policies and Procedures indicate compliance. • Documentation that linguistic services are being provided as a component of HIV service delivery between the provider and the PLWH, to facilitate communication between the PLWH and provider and the delivery of RW-eligible services in both group and individual settings. • Documented evidence of need of linguistic services as indicated in the PLWH's assessment. • Percentage of primary client records with documented evidence of interpretive/translation services provided for the date of service requested.
9.5	<p><u>Timeliness of Scheduling</u> Agency will schedule service within one (1) business day of the request.</p>	<ul style="list-style-type: none"> • Review of primary client records indicates compliance.
9.6	<p><u>Interpreter Certifications</u> All American Sign Language interpreters will be certified in the State of Texas. Level II and III interpreters are recommended for medical interpretation.</p>	<ul style="list-style-type: none"> • Agency contracts with companies that maintain certified ASL interpreters on staff. • Agency requests denote appropriate levels of interpreters are requested.
9.7	<p><u>Subcontractor Exclusion:</u> Due to the nature of subcontracts under this service category, the staff training outlined in the General Standards are excluded from being required for interpreters.</p>	<ul style="list-style-type: none"> • No Measure

References

HRSA/HAB Division of Metropolitan HIV/AIDS Programs Program Monitoring Standards – Part A April 2013, p. 37-38.

HRSA/HAB Division of State HIV/AIDS Programs National Monitoring Standards – Program Part B April 2013, p. 37-38.

[Title VI of the Civil Rights Act of 1964 with respect to individuals with limited English proficiency \(LEP\).](#)

[HRSA/HAB Ryan White & Global HIV/AIDS Programs, Program & Grants Management, Policy Notices and Program Letters, Policy Change Notice 16-02](#)

**RYAN WHITE PART B/DSHS STATE SERVICES
1920 HOUSTON HSDA STANDARDS OF CARE
MENTAL HEALTH SERVICES – DRAFT**

Definition:

Mental Health Services are the provision of outpatient psychological and psychiatric treatment and counseling services offered to individuals with a diagnosed mental illness, conducted in a group or individual setting, based on a detailed treatment plan, and provided by a mental health professional licensed or authorized within the State to provide such services, typically including psychiatrists, psychologists, and licensed clinical social workers.

#	STANDARD	MEASURE
9.0 Service-Specific Requirements		
9.1	<p><u>Scope of Work</u> Agency will provide the following services:</p> <ul style="list-style-type: none"> • Individual Therapy/counseling is defined as 1-on-1 or family-based crisis intervention and/or mental health therapy provided by a licensed mental health practitioner to an eligible HIV positive or HIV/AIDS affected individual. • Support Groups are defined as professionally led (licensed therapists or counselor) groups that comprise HIV positive individuals, family members, or significant others for the purpose of providing emotional support directly related to the stress of caring for an HIV positive person. <p>Mental health services include Mental Health Assessment; Treatment Planning; Treatment Provision; Individual psychotherapy; Family psychotherapy; Conjoint psychotherapy; Group psychotherapy; Drop-In Psychotherapy Groups; and Emergency/Crisis Intervention. Also included are Psychiatric medication assessment, prescription and monitoring and Psychotropic medication management.</p> <p>General mental health therapy, counseling and short-term (based on the mental health professional’s judgment) bereavement support is available for non-HIV infected family members or significant others.</p> <p>Mental health services can be delivered via Telehealth subject to federal guidelines, Texas State law, and DSHS policy.</p>	<ul style="list-style-type: none"> • Program’s Policies and Procedures indicate compliance with expected Scope of Services. • Documentation of provision of services compliant with Scope of Services present in primary client record.

#	STANDARD	MEASURE
9.2	<p><u>Licensure</u> Counselors must possess the following qualifications: Licensed Mental Health Practitioner by the State of Texas (LCSW, LMSW, LPC, PhD, Licensed Clinical Psychologist or LMFT as authorized to provide mental health therapy in the relevant practice setting by their licensing authority). Bilingual English/Spanish licensed mental health practitioners must be available to serve monolingual Spanish-speaking PLWHs.</p>	<ul style="list-style-type: none"> • A file will be maintained on each professional counselor. Supportive documentation of credentials is maintained by the agency in each counselor's personnel file. • Review of Agency Policies and Procedures Manual indicates compliance. • Review of personnel files indicates compliance
9.3	<p><u>Staff Orientation and Education</u> Orientation must be provided to all staff providing direct services to patients within ninety (90) working days of employment, including at a minimum:</p> <ul style="list-style-type: none"> • Referral for crisis intervention policy/procedures • Standards of Care • Confidentiality • Consumer Rights and Responsibilities • Consumer abuse and neglect reporting policies and procedures • Professional Ethics • Emergency and safety procedures • Data Management and record keeping; to include documenting in ARIES (or CPCDMS if applicable) <p>Staff participating in the direct provision of services to patients must satisfactorily complete all appropriate continuing education units (CEUs) based on license requirement for each licensed mental health practitioner.</p>	<ul style="list-style-type: none"> • Personnel record will reflect all orientation and required continuing education training. • Review of Agency Policies and Procedures Manual indicates compliance. • Review of personnel files indicates compliance
9.4	<p><u>Family Counseling Experience</u> Professional counselors must have two years experience in family counseling if providing services to families.</p>	<ul style="list-style-type: none"> • Experience is documented via resume or other method. Exceptions noted in personnel files.

#	STANDARD	MEASURE
9.5	<p><u>Professional Liability Insurance</u> Professional liability coverage of at least \$300,000 for the individual or \$1,000,000 for the agency is required.</p>	<ul style="list-style-type: none"> Documentation of liability insurance coverage is maintained by the agency.
9.6	<p><u>Substance Abuse Assessment Training</u> Professional counselors must receive training in assessment of substance abuse with capacity to make appropriate referrals to licensed substance abuse treatment programs as indicated within 60 days of start of contract or hire date.</p>	<ul style="list-style-type: none"> Documentation of training is maintained by the agency in each counselor's personnel file.
9.7	<p><u>Crisis Situations and Behavioral Emergencies</u> Agency has Policy and Procedures for handling/referring crisis situations and behavioral emergencies either during work hours or if they need after hours assistance, including but not limited to:</p> <ul style="list-style-type: none"> verbal intervention non-violent physical intervention emergency medical contact information incident reporting voluntary and involuntary inpatient admission follow-up contacts <p>Emergency/crisis intervention policy and procedure must also define emergency situations and the responsibilities of key staff are identified; there must be a procedure in place for training staff to respond to emergencies; and these procedures must be discussed with the PLWH during the orientation process.</p> <p>In urgent, non-life-threatening circumstances, an appointment will be scheduled within twenty four (24) hours. If service cannot be provided within this time frame, the agency will offer to refer the PLWH to another organization that can provide the requested services.</p>	<ul style="list-style-type: none"> Review of Agency Policies and Procedures Manual indicates compliance.

#	STANDARD	MEASURE
9.8	<p><u>Other Policies and Procedures</u> The agency must develop and implement Policies and Procedures that include but are not limited to the following:</p> <ul style="list-style-type: none"> • PLWH neglect, abuse and exploitation including but not limited to definition of terms; reporting to legal authority and funding source; documentation of incident; and follow-up action to be taken • Discharge criteria including but not limited to planned discharge behavior impairment related to substance abuse, danger to self or others (verbal/physical threats, self discharge) • Changing therapists • Referrals for services the agency cannot perform and reason for referral, criteria for appropriate referrals, time line for referrals. • Agency shall have a policy and procedure to conduct Interdisciplinary Case Conferences held for each active PLWH at least once every 6 months. 	<ul style="list-style-type: none"> • Review of Agency Policies and Procedures Manual indicates compliance.
9.9	<p><u>In-Home Services</u> Therapy/counseling and/or bereavement counseling may be conducted in the PLWH's home.</p>	<ul style="list-style-type: none"> • Program Policies and Procedures address the provision of home visits.
9.10	<p><u>Client Orientation</u> Orientation is provided to all new PLWHs to introduce them to program services, to ensure their understanding of the need of continuous care, and to empower them in accessing services. Orientation will be provided to all PLWHs and include written or verbal information on the following:</p> <ul style="list-style-type: none"> • Services available • Clinic hours and procedures for after-hours emergency situations • How to reach staff member(s) as appropriate • Scheduling appointments • Client responsibilities for receiving program services and the agency's responsibilities for delivering them • Patient rights including the grievance process 	<ul style="list-style-type: none"> • Annual Interviews indicates compliance. • Percentage of new PLWHs with documented evidence of orientation to services available in the primary client record

#	STANDARD	MEASURE
9.11	<p><u>Comprehensive Assessment</u> A comprehensive assessment including a psychosocial history will be completed at intake (unless PLWH is in crisis). Item should include, but are not limited to: Presenting Problem, Profile/Personal Data, Appearance, Living Arrangements/Housing, Language, Special Accommodations/Needs, Medical History including HIV treatment and current medications, Death/Dying Issues, Mental Health Status Exam, Suicide/Homicide Assessment, Self Assessment/Expectations, Education and Employment History, Military History, Parenthood, Alcohol/ Substance Abuse History, Trauma Assessment, Family/ Childhood History, Legal History, Abuse History, Sexual/Relationship History, HIV/STD Risk Assessment, Cultural/Spiritual/Religious History, Social/Leisure/Support Network, Family Involvement, Learning Assessment, Mental Status Evaluation.</p>	<ul style="list-style-type: none"> • Documentation in primary client record, which must include DSM-IV diagnosis or diagnoses, utilizing at least Axis I. • Documentation in primary client record on the initial and comprehensive client assessment forms, signed and dated, or agency's equivalent forms. Updates to the information included in the initial assessment will be recorded in the comprehensive client assessment. • Documentation of mental health assessment completed by the 3rd counseling session, unless otherwise noted, in the primary client record (If pressing mental health needs emerge during the mental health assessment requiring immediate attention that results in the assessment not being finalized by the third session, this must be documented in the primary client record)
9.12	<p><u>Treatment Plan</u> Treatment plans are developed jointly with the counselor and PLWH and must contain all the elements for mental health including:</p> <ul style="list-style-type: none"> • Statement of the goal(s) of counseling and description of the mental health issue • Goals and objectives • The plan of approach and treatment modality (group or individual) • Start date for mental health services • Recommended number of sessions • Date for reassessment • Projected treatment end date • Any recommendations for follow up • Mechanism for review 	<ul style="list-style-type: none"> • Documentation of detailed treatment plan and documentation of services provided within the primary client record. • Completed treatment plans and signed by the licensed mental health professional rendering services in the primary client record. • Documented evidence of treatment plans reviewed/modified at a minimum midway through the number of determined sessions agreed upon for frequency of modality in the primary client record. • Exceptions noted in primary client record.

#	STANDARD	MEASURE
9.12	<p><u>Treatment Plan (Cont'd)</u> Initial treatment plans must be completed within 30 days from the Mental Health Assessment no later than the third counseling session. Supportive and educational counseling should include prevention of HIV related risk behaviors including substance abuse, treatment adherence, development of social support systems, community resources, maximizing social and adaptive functioning, the role of spirituality and religion in a PLWH's life, disability, death and dying and exploration of future goals as clinically indicated. The treatment plan will be signed by the mental health professional rendering service.</p>	
9.13	<p><u>Treatment Plan Review</u> Treatment plans are reviewed and modified at a minimum, midway through the number of determined sessions agreed upon for frequency of modality, or more frequently as clinically indicated. Treatment plans shall be reviewed and modified at least every 90 days or more frequently as clinically indicated. The plan must reflect ongoing reassessment of PLWH's problems, needs and response to therapy. The treatment plan duration, review interval and process must be stated in the agency policies and procedures.</p>	<ul style="list-style-type: none"> Review of Agency Policies and Procedures Manual indicates compliance. Documented evidence of treatment plans reviewed/modified at a minimum midway through the number of determined sessions agreed upon for frequency of modality in the primary client record.
9.14	<p><u>Psychiatric Referral</u> PLWHs are evaluated for psychiatric intervention and appropriate referrals are initiated as documented in the primary client record.</p>	<ul style="list-style-type: none"> Documentation of need for psychiatric intervention are referred to services as evidenced in the primary client record.
9.15	<p><u>Psychotropic Medication Management:</u> Psychotropic medication management services are available for all PLWHs either directly or through referral as appropriate. Pharm Ds can provide psychotropic medication management services.</p> <p>Mental health professional will discuss the PLWH's concerns with the PLWH about prescribed medications (side effects, dosage, interactions with HIV medications, etc.). Mental health professional will encourage the PLWH to discuss concerns about prescribed medications with their HIV-prescribing clinician (if the mental health professional is not the prescribing clinician) so that medications can be managed effectively.</p> <p><i>Prescribing providers will follow all regulations required for prescribing of psychoactive medications as outlined by the Texas Administrative Code, Title 25, Part 1, Chapter 415, Subchapter A, Rule 415.10</i></p>	<ul style="list-style-type: none"> PLWHs accessing medication management services with documented evidence in the primary client record of education regarding medications. Documentation of PLWHs with changes to psychotropic/psychoactive medications with documented evidence of this change shared with the HIV-prescribing provider, as permitted by the PLWH's signed consent to share information, in the primary client record.

#	STANDARD	MEASURE
9.16	<p><u>Progress Notes</u> Progress notes are completed according to the agency's standardized format, completed for each counseling session and must include:</p> <ul style="list-style-type: none"> • PLWH's name • Session date • Observations • Focus of session • Interventions • Progress on treatment goals • Newly identified issues/goals • Assessment • Duration of session • Counselor signature and counselor authentication • Evidence of consultation with medical care/psychiatric/pharmacist as appropriate regarding medication management, interactions and treatment adherence 	<ul style="list-style-type: none"> • Legible, signed and dated documentation in primary client record. • Documented evidence of progress notes completed and signed in accordance with the individual's treatment plan in the primary client record.
9.17	<p><u>Coordination of Care</u> Care will be coordinated across the mental health care coordination team members. The PLWH is involved in the decision to initiate or defer treatments. The mental health professional will involve the entire care team in educating the PLWH, providing support, and monitoring mental health treatment adherence. Problem solving strategies or referrals are in place for PLWHs who need to improve adherence (e.g. behavioral contracts). There is evidence of consultation with medical care/psychiatric/pharmacist as appropriate regarding medication management, interactions, and treatment adherence.</p>	<ul style="list-style-type: none"> • Percentage of agencies who have documented evidence in the primary client record or care coordination, as permissible, of shared MH treatment adherence with the PLWH's prescribing provider.

#	STANDARD	MEASURE
9.18	<p><u>Referrals</u> As needed, mental health providers will refer PLWHs to full range of medical/mental health services including:</p> <ul style="list-style-type: none"> • Psychiatric evaluation • Pharmacist for psychotropic medication management • Neuropsychological testing • Day treatment programs • In-patient hospitalization • Family/Couples therapy for relationship issues unrelated to the PLWH's HIV diagnosis <p>In urgent, non-life-threatening circumstances, an appointment will be made within one (1) business day. If an agency cannot provide the needed services, the agency will offer to refer the PLWH to another organization that can provide the services. The referral must be made within one (1) business day for urgent, non-life threatening situation(s).</p>	<ul style="list-style-type: none"> • Percentage of PLWHs with documented referrals, as applicable, for other medical/mental health services in the primary client record.
9.19	<p><u>Discharge</u> Services may be discontinued when the PLWH has:</p> <ul style="list-style-type: none"> • Reached goals and objectives in their treatment plan • Missed three (3) consecutive appointments in a six (6) month period • Continual non-adherence to treatment plan • Chooses to terminate services • Unacceptable patient behavior • Death 	<ul style="list-style-type: none"> • Agency will develop discharge criteria and procedures.
9.20	<p><u>Discharge Summary</u> Discharge summary is completed for each PLWH after 30 days without PLWH contact or when treatment goals are met:</p> <ul style="list-style-type: none"> • Circumstances of discharge • Summary of needs at admission • Summary of services provided • Goals completed during counseling • Discharge plan • Counselor authentication, in accordance with current licensure requirements • Date 	<ul style="list-style-type: none"> • Percentage of PLWHs with documentation of discharge planning when treatment goals being met as evidenced in the primary client record. • Percentage of PLWHs with documentation of case closure per agency non-attendance policy as evidenced in the primary client record.

#	STANDARD	MEASURE
9.21	<u>Supervisor Qualifications</u> Supervision is provided by a clinical supervisor qualified by the State of Texas. The agency shall ensure that the Supervisor shall, at a minimal, be a State licensed Masters-level professional (e.g. LPC, LCSW, LMSW, LMFT, PhD, and Licensed Clinical Psychologist) qualified under applicable State licensing standards to provide supervision to the supervisee.	<ul style="list-style-type: none"> • Documentation of supervisor credentials is maintained by the agency.
9.22	<u>Clinical Supervision</u> A minimum of bi-weekly supervision is provided to counselors licensed less than three years. A minimum of monthly supervision is provided to counselors licensed three years or more.	<ul style="list-style-type: none"> • Documentation in supervision notes. • Each mental health service agency must have and implement a written policy for regular supervision of all licensed staff.

References

American Psychiatric Association. *The Practice Guideline for Treatment of Patients with HIV/AIDS*, Washington, DC, 2001.
 HRSA/HAB Division of Metropolitan HIV/AIDS Programs Program Monitoring Standards – Part A April, 2013, page 17-18.
 HRSA/HAB Division of State HIV/AIDS Programs National Monitoring Standards – Program Part B April, 2013, page 17-18.
[New York State Mental Health Standards of Care](#)

**RYAN WHITE PART B/DSHS STATE SERVICES
1920 HOUSTON HSDA SERVICE-SPECIFIC STANDARDS OF CARE
NON-MEDICAL CASE MANAGEMENT TARGETING SUBSTANCE USE DISORDERS - DRAFT**

Definition:

Non-Medical Case Management Services (N-MCM) Targeting Substance Use Disorders (SUD) provide guidance and assistance in accessing medical, social, community, legal, financial, and other needed services. Non-Medical Case management services may also include assisting eligible PLWHs to obtain access to other public and private programs for which they may be eligible, such as Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer’s Patient Assistance Programs, other state or local health care and supportive services, or health insurance Marketplace plans. This service category includes several methods of communication (e.g., face-to-face, phone contact, and any other forms of communication) as deemed appropriate by the Texas DSHS HIV Care Services Group Ryan White Part B program.

#	STANDARD	MEASURE
9.0 Service-Specific Requirements		
9.1	<p><u>Scope of Service</u> The purpose of Non-Medical Case Management (N-MCM) Services targeting Substance Use Disorders (SUD) is to assist people living with HIV (PLWH) who are also facing the challenges of substance use disorder to procure needed services so that the problems associated with living with HIV and/or SUD are mitigated.</p> <p>N-MCM targeting SUD is a working agreement between a PLWH and a Non-Medical Case Manager for an indeterminate period, based on PLWH need, during which information, referrals and Non-Medical Case Management is provided on an as- needed basis and assists PLWHs who do not require the intensity of Medical Case Management. Non-Medical Case Management is community based (i.e. both office-based and field based). N-MCMs are expected to coordinate activities with referral sources where newly-diagnosed or not-in-care PLWH may be identified, including substance use disorder treatment/counseling and/or recovery support personnel. Such incoming referral coordination includes meeting prospective PLWHs at the referring provider location in order to develop rapport with and ensuring sufficient support is available. Non-Medical Case Management also includes follow-up to re-engage lost-to-care patients. Lost-to-care patients are those PLWHs who have not returned for scheduled appointments with the provider nor have provided updated information about their current Primary Medical Care provider (in the situation where PLWH may have obtained</p>	<ul style="list-style-type: none"> • Program’s Policies and Procedures indicate compliance with expected Scope of Services. • Documentation of provision of services compliant with Scope of Services present in primary client record.

#	STANDARD	MEASURE
9.1	<p>alternate service from another medical provider). Contractor must document efforts to re-engage lost-to-care patients prior to closing patients in the CPCDMS. Non-Medical Case Management extends the capability of existing programs by providing “hands-on” outreach and linkage to care services to those PLWH who are facing the challenges of SUD.</p> <p>Key activities include:</p> <ul style="list-style-type: none"> • Initial assessment of service needs • Development of a comprehensive, individualized care plan • Continuous monitoring to assess the efficacy of the care plan • Re-evaluation of the care plan at least every six (6) months with adaptations as necessary • Ongoing assessment of the PLWH’s and other key family members’ needs and personal support systems <p>**Limitation: Direct Medical Costs and Substance Abuse Treatment/Counseling cannot be billed under this contract.</p>	
9.2	<p><u>Agency License</u> The agency’s facility(s) shall be appropriately licensed or certified as required by Texas Department of State Health Services, for the provision of substance use treatment/counseling.</p>	<ul style="list-style-type: none"> • Review of agency
9.3	<p><u>Program Policies and Procedures</u> Agency will have a policy that:</p> <ul style="list-style-type: none"> • Defines and describes N-MCM targeting SUD services (funded through Ryan White or other sources) that complies with the standards of care outlined in this document. • Specifies that services shall be provided in the office and in the field (i.e. community based). • Specifies required referral to and coordination with HIV medical services providers. • Requires referral to and coordination with providers of substance use treatment/counseling, as appropriate. • Requires monitoring of referrals into services. 	<ul style="list-style-type: none"> • Program’s Policies and Procedures indicate compliance with expectations.

#	STANDARD	MEASURE
9.4	<p><u>Staff Qualifications</u> Non-Medical Case Managers must have at a minimum a Bachelor's degree from an accredited college or university with a major in social or behavioral sciences. Documented work experience in providing services to PLWH may be substituted for the Bachelor's degree requirement on a 1:1 basis (1 year of documented experience may be substituted for 1 year of college). All Non-Medical Case Management Workers must have a minimum of one (1) year work experience with PLWHA and/or substance use disorders.</p> <p>Agency will provide Non-Medical Case Manager a written job description upon hiring.</p>	<ul style="list-style-type: none"> • A file will be maintained on each non-medical case manager. Supportive documentation of credentials and job description are maintained by the agency and in each non-medical case manager's file. Documentation may include, but is not limited to, transcripts, diplomas, certifications and/or licensure. • Review of personnel files indicates compliance
9.5	<p><u>Supervision</u> A minimum of four (4) hours of supervision per month must be provided to each N-MCM by a master's level health professional. At least one (1) hour of supervision must be individual supervision.</p> <p>Supervision includes, but is not limited to, one-to-one consultation regarding issues that arise in the case management relationship, case staffing meetings, group supervision, and discussion of gaps in services or barriers to services, intervention strategies, case assignments, case reviews and caseload assessments.</p>	<ul style="list-style-type: none"> • Program's Policies and Procedures indicate compliance with expectations. • Review of documentation indicates compliance.
9.6	<p><u>Caseload Coverage – N-MCMs</u> Supervisor ensures that there is coverage of the caseload in the absence of the N-MCM or when the position is vacant. N-MCM may assist PLWHs who are routinely seen by other CM team members in the absence of the PLWH's "assigned" case manager.</p>	<ul style="list-style-type: none"> • Documentation of all service encounters in primary client record and in the Centralized Patient Care Data Management System
9.7	<p><u>Case Reviews – N-MCMs</u> Supervisor reviews a random sample equal to 10% of unduplicated PLWHs served by each N-MCM at least once every ninety (90) days, and concurrently ensures that all required record components are present, timely, legible, and that services provided are appropriate.</p>	<ul style="list-style-type: none"> • Documentation of case reviews in primary client record, signed and dated by supervisor and/or quality assurance personnel and N-MCM
9.8	<p><u>Client Eligibility</u> N-MCM targeting SUD is intended to serve eligible people living with HIV in the Houston EMA/HSDA who are also facing the challenges of substance use disorder.</p>	<ul style="list-style-type: none"> • Documentation of eligibility is present in the PLWH's primary record. • Documentation in compliance with TRG SR-1801 Client Eligibility for Services.

#	STANDARD	MEASURE
9.9	<p><u>Initial Assessment</u></p> <p>The Initial Assessment is required for PLWHs who are enrolled in Non-Medical Case Management (N-MCM) services. It expands upon the information gathered during the intake phase to provide the broader base of knowledge needed to address complex, longer- standing access and/or barriers to medical and/or psychosocial needs.</p> <p>The 30 day completion time permits the initiation of case management activities to meet immediate needs and allows for a more thorough collection of assessment information:</p> <p>a) PLWH's support service status and needs related to:</p> <ul style="list-style-type: none"> • Nutrition/Food bank • Financial resources and entitlements • Housing • Transportation • Support systems • Partner Services and HIV disclosure • Identification of vulnerable populations in the home (i.e. children, elderly and/or disabled) and assessment of need (e.g. food, shelter, education, medical, safety (CPS/APS referral as indicated)) • Family Violence • Legal needs (ex. Health care proxy, living will, guardianship arrangements, landlord/tenant disputes, SSDI applications) • Linguistic Services, including interpretation and translation needs • Activities of daily living • Knowledge, attitudes and beliefs about HIV disease • Sexual health assessment and risk reduction counseling • Employment/Education <p>b) Additional information</p> <ul style="list-style-type: none"> • PLWH strengths and resources • Other agencies that serve PLWH and household • Brief narrative summary of assessment session(s) 	<ul style="list-style-type: none"> • Percentage of PLWHs who access N-MCM services that have a completed assessment within 30 calendar days of the first appointment to access N-MCM services and includes all required documentation. • Percentage of PLWHs that received at least one face-to-face meeting with the N-MCM staff that conducted the initial assessment. • Percentage of PLWHs who have documented Initial Assessment in the primary client record.

#	STANDARD	MEASURE
9.10	<p><u>Care Planning</u> The PLWH and the N-MCM will actively work together to develop and implement the care plan. Care plans include at a minimum:</p> <ul style="list-style-type: none"> • Problem Statement (Need) • Goal(s) – suggest no more than three goals • Intervention <ul style="list-style-type: none"> ○ Task(s) ○ Assistance in accessing services (types of assistance) ○ Service Deliveries • Individuals responsible for the activity (N-MCM, PLWH, other team member, family) • Anticipated time for each task • PLWH acknowledgment <p>The care plan is updated with outcomes and revised or amended in response to changes in access to care and services at a minimum every six (6) months. Tasks, types of assistance in accessing services, and services should be updated as they are identified or completed – not at set intervals.</p>	<ul style="list-style-type: none"> • Percentage of non-medical case management PLWHs, regardless of age, with a diagnosis of HIV who had a non-medical case management care plan developed and/or updated two or more times in the measurement year. • Percentage of primary client records with documented follow up for issues presented in the care plan. • Percentage of Care Plans documented in the primary client record.
9.11	<p><u>Assistance in Accessing Services and Follow-Up</u> N-MCM will work with the PLWH to determine barriers to accessing services and will provide assistance in accessing needed services.</p> <p>N-MCM will ensure that PLWH are accessing needed services, and will identify and resolve any barriers PLWH may have in following through with their Care Plan</p> <p>When PLWH are provided assistance for services elsewhere, case notes include documentation of follow-up.</p>	<ul style="list-style-type: none"> • Percentage of N-MCM PLWHs with documented types of assistance provided that was initiated upon identification of PLWH needs and with the agreement of the PLWH. Assistance denied by the PLWH should also be documented in the primary client record system • Percentage of N-MCM PLWHs with assistance provided have documentation of follow up to the type of assistance provided.
9.12	<p><u>Increase Health Literacy</u> N-MCM assesses PLWH ability to navigate medical care systems and provides education to increase PLWH ability to advocate for themselves in medical care systems.</p>	<ul style="list-style-type: none"> • Documentation of health literacy evaluation and education is present in the primary client record.
9.13	<p><u>Transtheoretical Model of Change</u> N-MCMs shall use the Transtheoretical Model of Change, (DiClemente and Prochaska - Stages of Change) to promote improved health outcomes and achievement of care plan goals.</p>	<ul style="list-style-type: none"> • Documentation is present in the primary client record.

#	STANDARD	MEASURE
9.14	<p><u>Overdose Prevention & SUD Reduction</u> N-MCMs should provide activities, strategies and education that enhance the motivation of PLWH to reduce their risks of overdose and how risk-reduction activities may be impacted by substance use and sexual behaviors.</p>	<ul style="list-style-type: none"> • Documentation of activities, strategies and education is present in the primary client record.
9.15	<p><u>Substance Use Treatment</u> N-MCMs should promote and encourage entry into substance use disorder services and make referrals, if appropriate, for PLWHs who are in need of formal substance use disorder treatment or other recovery support services. However, N-MCMs shall ensure that PLWHs are not required to participate in substance use disorder treatment services as a condition for receiving services.</p> <p>For those PLWH in treatment, N-MCMs should address ongoing services and support for discharge, overdose prevention, and aftercare planning during and following substance use disorder treatment and medically-related hospitalizations.</p>	<ul style="list-style-type: none"> • Documentation of discussion regarding treatment or other recovery support services is present in primary client record. • Documentation of referrals and follow-up is present in the primary client record.
9.16	<p><u>Harm- and Risk-Reduction</u> N-MCMs should ensure that appropriate harm- and risk-reduction information, methods and tools are used in their work with the PLWH. Information, methods and tools shall be based on the latest scientific research and best practices related to reducing sexual risk and HIV transmission risks. Methods and tools must include, but are not limited to, a variety of effective condoms and other safer sex tools as well as substance abuse risk-reduction tools, information, discussion and referral about Pre- Exposure Prophylactics (PrEP) for PLWH's sexual or drug using partners and overdose prevention. N-MCMs should make information and materials on overdose prevention available to appropriate PLWHs as a part of harm- and risk-reduction.</p>	<ul style="list-style-type: none"> • Documentation of tools and methods is present in the primary client record. • Review of agency tools • Review of agency training

#	STANDARD	MEASURE
9.17	<p><u>Case Closure/Graduation</u> PLWH who are no longer engaged in active case management services should have their cases closed based on the criteria and protocol outlined below.</p> <p>Common reasons for case closure include:</p> <ul style="list-style-type: none"> • PLWH is referred to another case management program • PLWH relocates outside of service area • PLWH chooses to terminate services • PLWH is no longer eligible for services due to not meeting eligibility requirements • PLWH is lost to care or does not engage in service • PLWH incarceration greater than six (6) months in a correctional facility • Provider initiated termination due to behavioral violations • PLWH death <p>Graduation criteria:</p> <ul style="list-style-type: none"> • PLWH completed case management goals for increased access to services/care needs • PLWH is no longer in need of case management services (e.g. PLWH is capable of resolving needs independent of case management assistance) <p>PLWH is considered non-compliant with care if three (3) attempts to contact PLWH (via phone, e-mail and/or written correspondence) are unsuccessful and the PLWH has been given 30 days from initial contact to respond. Discharge proceedings should be initiated by agency 30 days following the 3rd attempt. Make sure appropriate <i>Releases of Information and consents are signed by the PLWH and meet requirements of HB 300 regarding electronic dissemination of protected health information (PHI).</i></p> <p>Staff should utilize multiple methods of contact (phone, text, e-mail, certified letter) when trying to re-engage a PLWH, as appropriate. Agencies must ensure that they have releases of information and consent forms that meet the requirements of HB 300 regarding the electronic dissemination of protected health information (PHI).</p>	<ul style="list-style-type: none"> • Percentage of PLWH with closed cases includes documentation stating the reason for closure and a closure summary (brief narrative in progress notes and formal discharge summary). • Percentage of closed cases with documentation of supervisor signature/approval on closure summary (electronic review is acceptable). • Percentage of PLWH notified (through face-to-face meeting, telephone conversation, or letter) of plans to discharge the PLWH from case management services. • Percentage of PLWH with written documentation explaining the reason(s) for discharge and the process to be followed if PLWH elects to appeal the discharge from service. • Percentage of PLWH with information about reestablishment shared with the PLWH and documented in primary client record system. • Percentage of PLWH provided with contact information and process for reestablishment as documented in primary client record system. • Percentage of PLWH with documented Case Closure/Graduation in the primary client record system.

9.18	<p><u>Community-Based Service Provision</u> N-MCM targeting SUD is a community-based service (i.e. both office-based and field based). Agency policies should support the provision of service outside of the office and/or medical clinic. Agencies should have systems in place to ensure the security of staff and the protections of PLWH information.</p>	<ul style="list-style-type: none">• Review of policies and/or procedures.• Review of primary client record indicates compliance with policies and/or procedures.
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**RYAN WHITE PART B/DSHS STATE SERVICES
1920 HOUSTON HSDA SERVICE-SPECIFIC STANDARDS OF CARE
ORAL HEALTH CARE SERVICES**

Definition:

Oral Health Care services provide outpatient diagnostic, preventive, and therapeutic services by dental health care professionals, including general dental practitioners, dental specialists, dental hygienists, and licensed dental assistants. Support for Oral Health Services including diagnostic, preventive, and therapeutic dental care that is in compliance with dental practice laws, includes evidence-based clinical decisions that are informed by the American Dental Association Dental Practice Parameters, is based on an oral health treatment plan, adheres to specified service caps, and is provided by licensed and certified dental professionals.

#	STANDARD	MEASURE
9.0 Service-Specific Requirements		
9.1	<p><u>Scope of Work</u> Oral Health Care as “diagnostic, preventive, and therapeutic services provided by the general dental practitioners, dental specialist, dental hygienist and auxiliaries and other trained primary care providers”. The Ryan White Part A/B oral health care services include standard preventive procedures, routine dental examinations, diagnosis and treatment of HIV-related oral pathology, restorative dental services, root canal therapy, prophylaxis, x-rays, fillings, and basic oral surgery (simple extractions), endodontistry and oral medication (including pain control) for HIV patients 15 years old or older based on a comprehensive individual treatment plan. Referral for specialized care should be completed if clinically indicated.</p> <p>Additionally, the category includes prosthodontics services to HIV infected individuals including but not limited to examinations and diagnosis of need for dentures, crowns, bridgework and implants, diagnostic measurements, laboratory services, tooth extraction, relines and denture repairs.</p> <p>Emergency procedures will be treated on a walk-in basis as availability and funding allows. Funded Oral Health Care providers are permitted to provide necessary emergency care regardless of a PLWH’s annual benefit balance. If a provider cannot provide adequate services for emergency care, the patient should be referred to a hospital emergency room.</p> <p>Limitations: Cosmetic dentistry for cosmetic purposes only is prohibited.</p>	<ul style="list-style-type: none"> • Program’s Policies and Procedures indicate compliance with expected Scope of Services. • Documentation of provision of services compliant with Scope of Services present in primary client records.

#	STANDARD	MEASURE
	<p><u>Staff Qualifications</u> All oral health care professionals, such as general dental practitioners, dental specialists, and dental hygienists shall be properly licensed by the State of Texas Board of Dental Examiners while performing tasks that are legal within the provisions of the Texas Dental Practice including satisfactory arrangements for malpractice insurance. Dental Assistants who make x-rays in Texas must register with the State Board of Dental Examiners. Dental hygienists and assistants will be supervised by a licensed dentist. Students enrolled in a College of Dentistry may perform tasks under the supervision</p>	<ul style="list-style-type: none"> • Documentation of qualifications for each dental provider present in personnel file.
9.2	<p><u>Continuing Education</u></p> <ul style="list-style-type: none"> • Eight (8) hours of training in HIV/AIDS and clinically-related issues is required annually for licensed staff. (does not include any training requirements outlined in General Standards) • One (1) hour of training in HIV/AIDS is required annually for all other staff. (does not include any training requirements outlined in General Standards) 	<ul style="list-style-type: none"> • Materials for staff training and continuing education are on file • Documentation of continuing education in personnel file
9.3	<p><u>Experience – HIV/AIDS</u> Service provider should employ individuals experienced in dental care and knowledgeable in the area of HIV/AIDS dental practice. A minimum of one (1) year documented HIV/AIDS work experience is preferred for licensed staff.</p>	<ul style="list-style-type: none"> • Documentation of work experience in personnel file
9.4	<p><u>Confidentiality</u> Confidentiality statement signed by dental employees.</p>	<ul style="list-style-type: none"> • Signed statement in personnel file.
9.5	<p><u>Universal Precautions</u> All health care workers should adhere to universal precautions as defined by Texas Health and Safety Code, Title 2, Subtitle D, Chapter 85. It is strongly recommended that staff are aware of the following to ensure that all vaccinations are obtained and precautions are met:</p> <ul style="list-style-type: none"> • Health care workers who perform exposure-prone procedures should know their HIV antibody status • Health care workers who perform exposure-prone procedures and who do not have serologic evidence of immunity to HBV from vaccination or from previous infection should know their HBsAg status and, if that is positive, should also know their HBeAg status. • Tuberculosis tests at least every 12 months for all staff. • OSHA guidelines must be met to ensure staff and patient safety. 	<ul style="list-style-type: none"> • Documentation of review in personnel file.

#	STANDARD	MEASURE
9.6	<p><u>Staff Supervision</u> Supervision of clinical staff shall be provided by a practitioner with at least two years experience in dental health assessment and treatment of persons with HIV. All licensed personnel shall received supervision consistent with the State of Texas license requirements.</p>	<ul style="list-style-type: none"> • Review of personnel files indicates compliance • Review of agency's Policies & Procedures Manual indicates compliance
9.7	<p><u>Annual Cap On Services</u> Maximum amount that may be funded by Ryan White/State Services per patient is \$3,000/year.</p> <ul style="list-style-type: none"> • In cases of emergency, the maximum amount may exceed the above cap • In cases where there is extensive care needed once the procedure has begun, the maximum amount may exceed the above cap. <p>Dental providers must document <i>via approved waiver</i> the reason for exceeding the yearly maximum amount.</p>	<ul style="list-style-type: none"> • Annual review of reimbursements indicates compliance • Signed waiver present in patient record for each patient.
9.8	<p><u>HIV Primary Care Provider Contact Information</u> Agency obtains and documents HIV primary care provider contact information for each PLWH.</p>	<ul style="list-style-type: none"> • Documentation of HIV primary care provider contact information in the primary client record. At minimum, agency should collect the clinic and/or physician's name and telephone number
9.9	<p><u>Consultation for Treatment</u> Agency consults with PLWH's medical care providers when indicated.</p>	<ul style="list-style-type: none"> • Documentation of communication in the primary client record
9.10	<p><u>Dental and Medical History Information</u> To develop an appropriate treatment plan, the oral health care provider should obtain complete information about the patient's health and medication status Provider obtains and documents HIV primary care provider contact information for each patient. Provider obtains from the primary care provider or obtains from the patient health history information with updates as medically appropriate prior to providing care. This information should include, but not be limited to, the following:</p> <ul style="list-style-type: none"> • A baseline current (within in last 12 months) CBC laboratory test • Current (within the last 12 months) CD4 and Viral Load laboratory test results or more frequent when clinically indicated • Coagulants (PT/INR, aPTT, and if hemophiliac baseline deficient factor level (e.g., Factor VIII activity) and inhibitor titer (e.g., BIA) • Tuberculosis screening result • Patient's chief complaint, where applicable • Current Medications (including any osteoporotic medications) • Pregnancy status, where applicable 	<ul style="list-style-type: none"> • Percentage of oral health patients who had a dental and medical health history (initial or updated) at least once in the measurement year. • Documentation of health history information in the primary client record. Reasons for missing health history information are documented

#	STANDARD	MEASURE
	<p><u>Dental and Medical History Information (Cont'd)</u> This information should include, but not be limited to, the following:</p> <ul style="list-style-type: none"> • Sexually transmitted diseases • HIV-associated illnesses • Allergies and drug sensitivities • Alcohol use • Recreational drug use • Tobacco use • Neurological diseases • Hepatitis A, B, C status • Usual oral hygiene • Date of last dental examination • Involuntary weight loss or weight gain • Review of systems <p>Any predisposing conditions that may affect the prognosis, progression and management of oral health condition</p>	
9.11	<p><u>Client Health History Update</u> An update to the health history should be made at minimum, every six (6) months or at PLWH's next general dentistry visit whichever is greater.</p>	<ul style="list-style-type: none"> • Documentation of health history update in the primary client record at least once in the measurement year
9.11	<p><u>Limited Physical Examination</u> Initial limited physical examination should include, but shall not necessarily be limited to, blood pressure, and pulse/heart rate as may be indicated for each patient according to the Texas Board of Dental Examiners.</p> <p>Dental provider will obtain an initial baseline blood pressure/pulse reading during the initial limited physical examination of a dental patient. Dental practitioner should also record blood pressure and pulse heart rate as indicated for invasive procedures involving sedation and anesthesia.</p> <p>If the dental practitioner is unable to obtain a patient's vital signs, the dental practitioner must document in the patient's oral health care record an acceptable reason why the attempt to obtain vital signs was unsuccessful.</p>	<ul style="list-style-type: none"> • Documented oral examination completed within the measurement year in the primary client record.

#	STANDARD	MEASURE
9.12	<p><u>Oral Examination</u> Patient must have either an initial comprehensive oral exam or a periodic recall oral evaluation once per year such as:</p> <ul style="list-style-type: none"> • D0150-Comprehensive oral evaluation, to include bitewing x-rays, new or established patient • D0120-Periodic Oral Evaluation to include bitewing x-rays, established patient, • D0160-Detailed and Extensive Oral Evaluation • D0170-Re-evaluation, limited, problem focused (established patient; not post-operative visit) • Comprehensive Periodontal Evaluation, new or established patient. Source: http://ada.org 	<ul style="list-style-type: none"> • Documented oral examination completed within the measurement year in the primary client record.
9.13	<p><u>Comprehensive Periodontal Examination</u> Agency has a written policy and procedure regarding when a comprehensive periodontal examination should occur. Comprehensive periodontal examination should be done in accordance with professional standards and current US Public Health Service guidelines.</p> <p>Patient must have a periodontal screening once per year. A periodontal screen shall include the assessment of medical and dental histories, the quantity and quality of attached gingival, bleeding, tooth mobility, and radiological review of the status of the periodontium and dental implants.</p> <p>Comprehensive periodontal examination (ADA CDT D0180) includes:</p> <ul style="list-style-type: none"> • Evaluation of periodontal conditions • Probing and charting • Evaluation and recording of the patient’s dental and medical history and general health assessment. <ul style="list-style-type: none"> • It may include the evaluation and recording or dental caries, missing or unerupted teeth, restorations, occlusal relationships and oral cancer evaluation. <p>(Some forms of periodontal disease may be more severe in individuals affected with immune system disorders. Patients with HIV may have especially severe forms of periodontal disease. The incidence of necrotizing periodontal diseases may increase with patients with acquired immune deficiency syndrome).</p>	<ul style="list-style-type: none"> • Review of agency’s Policies & Procedures Manual indicates compliance • Documentation of periodontal screen or examination as least once in the measurement year. (HRSA HAB Measure)

#	STANDARD	MEASURE
9.14	<p><u>Treatment Plan</u> A dental treatment plan should be developed appropriate for the patient’s health status, financial status, and individual preference should be chosen. A comprehensive, multi disciplinary Oral Health treatment plan will be developed and updated in conjunction with the patient. Patient’s primary reason for dental visit should be addressed in treatment plan. Treatment priority should be given to pain management, infection, traumatic injury or other emergency conditions. A comprehensive dental treatment plan that includes preventive care, maintenance and elimination of oral pathology will be developed and updated annually. Various treatment options should be discussed and developed in collaboration with the patient. Treatment plan should include as clinically indicated:</p> <ul style="list-style-type: none"> • Provision for the relief of pain • Elimination of infection • Preventive plan component • Periodontal treatment plan if necessary • Elimination of caries • Replacement or maintenance of tooth space or function • Consultation or referral for conditions where treatment is beyond the scope of services offered • Determination of adequate recall interval. • Invasive Procedure Risk Assessment (prior to oral surgery, extraction, or other invasive procedure) • Dental treatment plan will be signed by the oral care health professional providing the services. <i>(Electronic signatures are acceptable)</i> 	<ul style="list-style-type: none"> • Treatment plan dated and signed by both the provider and patient in patient file • Dental treatment plan developed and/or updated at least once in the measurement year. (HRSA HAB Measure)
9.15	<p><u>Phase 1 Treatment Plan</u> In accordance with the National Monitoring Standards a Phase 1 treatment plan includes prevention, maintenance and/or elimination of oral pathology that results from dental caries or periodontal disease. Phase 1 treatment plan will be established and updated annually to include what diagnostic, preventative, and therapeutic services will be provided. Phase 1 treatment plan will be established within 12 months of initial assessment. Treatment plan should include as clinically indicated:</p> <ul style="list-style-type: none"> • Restorative treatment • Basic periodontal therapy (non-surgical) • Basic oral surgery (simple extractions and biopsy) • Non-surgical endodontic therapy • Maintenance of tooth space • Tooth eruption guidance for transitional dentition 	<ul style="list-style-type: none"> • Phase 1 Treatment plan dated and signed by both the provider and patient in patient file • Phase 1 treatment plan that is completed within 12 months. (HRSA HAB Measure)

#	STANDARD	MEASURE
9.16	<p><u>Annual Hard/Soft Tissue Examination</u> The following elements are part of each PLWH’s annual hard/soft tissue examination and are documented in the primary client record:</p> <ul style="list-style-type: none"> • Charting of caries; • X-rays; • Periodontal screening; • Written diagnoses, where applicable; • Treatment plan. <p>Determination of PLWHs needing annual examination should be based on the dentist’s judgment and criteria outlined in the agency’s policy and procedure, however the time interval for all PLWHs may not exceed two (2) years.</p>	<ul style="list-style-type: none"> • Documentation in the primary client record • Review of agency’s Policies & Procedures Manual indicates compliance
9.17	<p>Oral Health Education Oral health education may be provided and documented by a licensed dentist, dental hygienist, dental assistant and/or dental case manager.</p> <p>Provider must provide patient oral health education once each year which includes but is not limited to the following:</p> <ul style="list-style-type: none"> • D1330 Oral hygiene instructions • Daily brushing and flossing (or other interproximal cleaning) and/or prosthetic care to remove plaque; • Daily use of over-the-counter fluorides to prevent or reduce cavities when appropriate and applicable to the patient. If deemed appropriate, the reason is stated in the patient’s oral health record • D1320 Smoking/tobacco cessation counseling as indicated • Additional areas for instruction may include Nutrition (D1310). • For pediatric patients, oral health education should be provided to parents and caregivers and be age appropriate for pediatric patients. 	<ul style="list-style-type: none"> • Percentage of oral health patients who received oral health education at least once in the measurement year. (HRSA HAB Measure)
9.18	<p><u>Oral Hygiene Instructions</u> Oral hygiene instructions (OHI) should be provided annually to each PLWH. The content of the instructions is documented.</p>	<ul style="list-style-type: none"> • Documentation in the primary client record
9.19	<p><u>Referrals</u> Referrals for other services must be documented in the patient’s oral health care chart. Outcome of the referral will be documented in the patient’s oral health care record. Any referrals provided by the oral health provider must have documented evidence of outcomes of the referral and/or follow-up documentation regarding the referral.</p>	<ul style="list-style-type: none"> • Documentation in the primary client record • Percentage of oral health patients with documented referrals provided have outcomes and/or follow-up documentation in the primary oral health care record.

References

- American Dental Association. Dental Practice Parameters. Patients requiring a comprehensive oral evaluation. Available at: http://www.ada.org/prof/prac/tools/parameters/eval_comprehensive.asp. Accessed on May 8, 2009.
- HRSA/HAB Division of Service Systems Program Monitoring Standards – Part A April, 2011, page 9-10.
- HRSA/HAB Division of State HIV/AIDS Programs National Monitoring Standards – Program Part B April, 2013, page 9-10.
- Texas Administrative Code. Title 22, Part 5 State Board of Dental Examiners. Chapter 108, Rule 7. Minimal Standards of Care. located at [http://texreg.sos.state.tx.us/public/readtac\\$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=22&pt=5&ch=108&rl=7](http://texreg.sos.state.tx.us/public/readtac$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=22&pt=5&ch=108&rl=7)
- Texas Health and Safety Code, Title 2, Subtitle D, Chapter 85. Acquired Immune Deficiency Syndrome and Human Immunodeficiency Virus Infection, located at <http://www.statutes.legis.state.tx.us/Docs/HS/htm/HS.85.htm>

RYAN WHITE PART B/DSHS STATE SERVICES
1920 HOUSTON HSDA SERVICE-SPECIFIC STANDARDS OF CARE
REFERRAL FOR HEALTH CARE AND SUPPORT SERVICES

Definition:

Referral for Health Care and Support Services directs people living with HIV (PLWH) to needed core medical or support services in person or through telephone, written, or other type of communication. This service may include referrals to assist eligible PLWHs to obtain access to other public or private programs for which they may be eligible (e.g., Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer’s Patient Assistance Programs, and other state or local health care and supportive services, or health insurance Marketplace plans).

#	STANDARD	MEASURE
9.0 Service-Specific Requirements		
9.1	<p><u>Scope of Services</u> Referral for Health Care and Support Services includes benefits/entitlement counseling and referral to health care services to assist eligible PLWH to obtain access to other public and private programs for which they may be eligible.</p> <p><i>AEW Benefits Counseling:</i> Services should facilitate a PLWH’s access to public/private health and disability benefits and programs. This service category works to maximize public funding by assisting PLWHs in identifying all available health and disability benefits supported by funding streams other than RWHAP Part B and/or State Services funds. PLWHs should be educated about and assisted with accessing and securing all available public and private benefits and entitlement programs.</p>	<ul style="list-style-type: none"> • Program’s Policies and Procedures indicate compliance with expected Scope of Services. • Documentation of provision of services compliant with Scope of Services present in primary client record.
9.2	<p><u>Provision of Services</u> Staff will educate PLWHs about available benefit programs, assess eligibility, assist with applications, provide advocacy with appeals and denials, assist with re-certifications and provide advocacy in other areas relevant to maintaining benefits/resources.</p> <p>AIDS Drug Assistance Program (ADAP) Enrollment Workers (AEW) will meet with new potential and established ADAP enrollees to:</p> <ol style="list-style-type: none"> 1. Explain ADAP program benefits and requirements 2. Assist PLWHs and or staff with the submission of complete, accurate ADAP applications 3. Ensure there is no lapse in ADAP eligibility and loss of benefits, and 4. AEW will maintain relationships through the Ryan White ADAP Network (RWAN). 	<ul style="list-style-type: none"> • Documentation of provision of present in primary client record.

#	STANDARD	MEASURE
9.3	<p><u>Staff Qualifications</u> All personnel providing care shall have (or receive training) in the following minimum qualifications:</p> <ul style="list-style-type: none"> • Minimum of one (1) year work experience with PLWHA and/or other health conditions; • Ability to work with diverse populations in a non-judgmental way • Demonstrated ability related to health care insurance literacy (Third Party Insurance and Affordable Care Act Marketplace plans). • Interpersonal skills to perform intake/eligibility, referral/ linkage and/or basic assessments of PLWH needs. • Data Entry skills • Quickly establish rapport in respectable manner consistent with the health literacy, preferred language, and culture of prospective PLWH. 	<ul style="list-style-type: none"> • Personnel Qualification evidenced in personnel file • Documentation of orientation located in personnel file
9.4	<p><u>Staff Education</u> All personnel must have, at minimum, a high school degree or equivalency</p>	<ul style="list-style-type: none"> • Documentation of education and/ or certification located in personnel file.
9.5	<p><u>Staff Training Requirement:</u> All personnel must complete the following trainings:</p> <ul style="list-style-type: none"> • THMP Training Modules within 30 days of hire • Complete all training required of Agency new hires, including any training required by DSHS/TRG. 	<ul style="list-style-type: none"> • Materials for staff training and continuing education located in personnel file • Staff interviews indicate compliance
9.6	<p><u>Integration of Services</u> AEWs are co-located at Ryan-White Part A funded primary care providers to ensure the efficient and accurate submission of ADAP applications to the Texas HIV Medication Program (THMP). AEWs should be integrated into the clinical service systems to ensure that PLWHs benefit from the service provision.</p>	<ul style="list-style-type: none"> • Program's Policies and Procedures indicate compliance. • Staff interviews indicate compliance. • Documentation of coordination with appropriate clinical staff.

#	STANDARD	MEASURE
9.7	<p><u>Initial Provision of Education</u> The initial education to PLWHs regarding the THMP process should include, but not limited to:</p> <ul style="list-style-type: none"> • Discuss confidentiality specific to the THMP process including that THMP regards all information in the application as confidential and the information cannot be released except as allowed by law or as specifically designated by the PLWH. • Inform PLWHs that their physician and pharmacist must also be aware of their diagnosis. • Discuss that approved medication assistance through THMP may require a \$5.00 co-payment fee per prescription to the participating pharmacy for each month's supply at the time the drug is dispensed and the availability of financial assistance for the dispensing fee. 	<ul style="list-style-type: none"> • Documented evidence of education provided on other public and/or private benefit programs in the primary client record.
9.8	<p><u>Benefits Counseling</u> Activities should be PLWH-centered facilitating access to and maintenance of health and disability benefits and services. It is the primary responsibility of staff to ensure PLWHs are receiving all needed public and/or private benefits and/or resources for which they are eligible.</p> <p>Staff will explore the following as possible options for PLWHs, as appropriate:</p> <ul style="list-style-type: none"> • AIDS Drug Assistance Program (ADAP) • Health Insurance Plans/Payment Options (CARE/HIPP, COBRA, OBRA, Health Insurance Assistance (HIA), Medicaid, Medicare, Private, ACA/Marketplace) • SNAP • Pharmaceutical Patient Assistance Programs (PAPS) • Social Security Programs (SSI, SSDI, SDI) • Temporary Aid to Needy Families (TANF) • Veteran's Administration Benefits (VA) • Women, Infants and Children (WIC) • Other public/private benefits programs • Other professional services <p>Staff will assist eligible PLWHs with completion of benefits application(s) as appropriate within fourteen (14) business days of the eligibility determination date.</p> <p>Conduct a follow-up within ninety (90) days of completed application to determine if additional and/or ongoing needs are present.</p>	<ul style="list-style-type: none"> • Documented evidence of other public and/or private benefit applications completed as appropriate within 14 business days of the eligibility determination date in the primary client record. • Eligible PLWHs with documented evidence of the follow-up and result(s) to a completed benefit application in the primary client record.

#	STANDARD	MEASURE
9.9	<p><u>Health Care Services</u> PLWHs should be provided assistance in accessing health insurance or Marketplace plans to assist with engagement in the health care system and HIV Continuum of Care, including medication payment plans or programs.</p> <ul style="list-style-type: none"> Eligible PLWHs will be referred to Health Insurance Premium and Cost-Sharing Assistance (HIA) to assist PLWHs in accessing health insurance or Marketplace plans within one (1) week of the referral for health care and support services intake. <p>Eligible PLWHs should be referred to other core services (outside of a medical, MCM, or NMCM appointment), as applicable to the PLWH's needs, with education provided to the PLWH on how to access these services.</p> <ul style="list-style-type: none"> Eligible PLWHs are referred to additional support services (outside of a medical, MCM, NMCM appointment), as applicable to the PLWH's needs, with education provided to the PLWH on how to access these services. 	<ul style="list-style-type: none"> Documented evidence of assistance provided to access health insurance or Marketplace plans in the primary client record. PLWHs who received a referral for other core services who have documented evidence of the education provided to the PLWH on how to access these services in the primary client record. PLWHs who received a referral for other support services who have documented evidence of the education provided to the PLWH on how to access these services in the primary client record. PLWHs with documented evidence of referrals provided for HIA assistance that had follow-up documentation within 10 business days of the referral in the primary client record. PLWHs with documented evidence of referrals provided to any core services that had follow-up documentation within 10 business days of the referral in the primary client record. PLWHs with documented evidence of referrals provided to any support services that had follow-up documentation within 10 business days of the referral in the primary client record.
9.10	<p><u>THMP Intake Process</u> Staff are expected to meet with potential and established THMP enrollees to complete a comprehensive THMP intake including explanation of program benefits and requirements. The intake will also include the determination of eligibility for the THMP program in accordance with the THMP eligibility policies including Modified Adjusted Gross Income (MAGI).</p> <p>Staff should identify and screen PLWHs for third party payer and potential abuse</p> <p>Staff should obtain, maintain, and submit the required documentation for PLWH application including residency, income, and the THMP Medical Certification Form (MCF).</p>	<ul style="list-style-type: none"> Documentation of complete comprehensive THMP intake present in the primary client record. Documentation of eligibility determination present in primary client record. Supporting documentation for eligibility determination present in the primary client record. Documentation of third party and potential abuse screening present in primary client record. THMP Medical Certification Form present in the primary client record.

#	STANDARD	MEASURE
9.11	<p><u>Benefits Continuation Process (ADAP)</u> ADAP Enrollment Workers are expected to meet with potential and established THMP enrollees; explain ADAP program benefits and requirements; and assist enrollees and/or staff with the submission of complete, accurate ADAP applications.</p> <p>Birth Month/Recertification</p> <ul style="list-style-type: none"> • Staff should conduct annual Recertifications for enrolled PLWHs in accordance with THMP policies. Recertification should include completion of the ADAP application, obtaining and verifying all eligibility documentation and timely submission to THMP for approval. • Recertification process should include screening PLWHs for third party payer to avoid potential abuse; • Complete ADAP application includes proof of residency, proof of income, and the THMP Medical Certification Form (MCF). • Staff must ensure Birth Month/Recertifications are submitted by the last day of PLWH’s birth month to ensure no lapse in program benefits. <p>Half-Birth Month/ 6-month Self Attestation</p> <ul style="list-style-type: none"> • Staff should conduct a 6-month half-birth month/self-attestation for all enrolled PLWHs in accordance with THMP policies. Staff will obtain and submit the PLWH’s self-attestation with any applicable updated eligibility documentation. • Proactively contact ADPAP enrollees 60-90 days prior to the enrollee’s recertification or attestation deadline to ensure all necessary documentation is gathered to complete the re-certification/attestation on or before the deadline. • Half-birth/6-month self-attestations must be submitted by the last day of the PLWH’s half-birth month to ensure no lapse in program benefits. 	<ul style="list-style-type: none"> • Documentation of annual birth month/recertification is completed within the required timeframe and present in primary client record. • Documentation of half- birth month/ 6-month attestation is completed within the required timeframe and present in primary client record.

#	STANDARD	MEASURE
9.7	<p><u>ARIES Document Upload Process</u> ARIES Upload ensures uniform practice for the completion and contents for the process of uploading documentation in the AIDS Regional Information and Evaluation System (ARIES).</p> <ul style="list-style-type: none"> • Completed ADAP Applications (with supportive documentation) must be uploaded into ARIES for THMP consideration. All uploaded applications must be reviewed and certified as “complete” prior to upload. • ADAP applications should be uploaded according to the THMP established guidelines and applicable as given by AA. • To ensure timely access to medications, all completed ADAP applications must be uploaded into ARIES within one (1) business day of completion • To ensure receipt of the completed ADAP application by THMP, notification must be sent according to THMP guidelines within three (3) business days of the completed upload to ARIES. • Upload option is only available for ADAP applications; other benefits applications should be maintained separately and submitted according to instruction. • A service delivery encounter must be entered into ARIES accordingly and reflect any transactions that occur during the ADAP process. <p><i>Houston Only: Medication Certification forms for changes to medication should be faxed to THMP for approval.</i></p>	<ul style="list-style-type: none"> • Agency obtains/maintains access to ARIES to complete required upload of THMP information. • Documentation that THMP applications were reviewed and certified prior to upload into ARIES is present in the primary client record. • Documentation of completed THMP applications being uploaded within the required timeframe. • Documentation of required notification being sent to THMP in the required timeframe is present in the primary client record. • Documentation of service delivery encounter is present in ARIES.
9.8	<p><u>Tracking ADAP Applications</u> Track the status of all pending applications and promptly follow-up with applicants regarding missing documentation or other needed information to ensure completed applications are submitted as quickly as feasible.</p> <p>Maintain communication with designated THMP staff to quickly resolve any missing or questioned application information or documentation to ensure any issues affecting pending applications are resolved as quickly as possible.</p>	<ul style="list-style-type: none"> • Documentation of tracking of THMP applications is present in the primary client record.

#	STANDARD	MEASURE
9.11	<p><u>Case Closure Summary</u> PLWHs who are no longer in need of assistance through Referral for Health Care and Support Services must have their cases closed with a case closure summary narrative documented in the primary client record.</p> <p>The case closure summary must include a brief synopsis of all services provided and the result of those services documented as ‘completed’ and/or ‘not completed.’</p> <p>A supervisor must sign the case closure summary.</p>	<ul style="list-style-type: none"> • Documentation of case closure is present in the primary client record. • Supervisor signature is present on the case closure summary.

References

HRSA/HAB Division of Metropolitan HIV/AIDS Programs Program Monitoring Standards – Part A April 2013. p. 43-44.

HRSA/HAB Division of State HIV/AIDS Programs National Monitoring Standards – Program Part B April 2013. p. 42-43.

[Virginia Department of Health, Division of Disease Prevention, HIV Care Services Referral for Health Care/Supportive Services](#) (PDF)

[HRSA/HAB Ryan White & Global HIV/AIDS Programs, Program & Grants Management, Policy Notices and Program Letters, Policy Clarification Notice 16-02](#)

DSHS Policy 591.000, Section 5.3 regarding Transitional Social Service linkage.

2018 Quarterly Report
Quality Improvement Committee
(November 2018)

Status of Committee Goals and Responsibilities (*means mandated by HRSA)

1. Conduct the “How to Best Meet the Needs” (HTBMN) process, with particular attention to the continuum of care with respect to HRSA identified core services.
2. Develop a process for including consumer input that is proactive and consumer friendly for the Standards of Care and Performance Measures review process.
3. Continue to improve the information, processes and reporting (within the committee and also thru collaboration with other Planning Council committees) needed to:
 - a. Identify “The Un-met Need”;
 - b. Determine “How to Best Meet the Needs”;
 - c. *Strengthen and improve the description and measurement of medical and health related outcomes.
4. *Identify and review the required information, processes and reporting needed to assess the “Efficiency of the Administrative Mechanism”. Focus on the status of specific actions and related time-framed based information concerning the efficiency of the administrative mechanism operation in the areas of:
 - a. Planning fund use (meeting RWPC identified needs, services and priorities);
 - b. Allocating funds (reporting the existence/use of contract solicitation, contract award and contract monitoring processes including any time-frame related activity);
 - c. Distributing funds (reporting contract/service/re-imbursement expenditures and status, as well as, reporting contract/service utilization information).
5. Annually, review the status of committee activities identified in the current Comprehensive Plan.

Status of Tasks on the Timeline:

Committee Chairperson

Date



OCT 19 2018

Dear Ryan White HIV/AIDS Program Colleagues,

Several large studies have demonstrated that people living with HIV (PLWH) who have consistent viral suppression do not sexually transmit HIV. This letter outlines recommendations for Health Resources and Services Administration's (HRSA) HIV/AIDS Bureau's (HAB) Ryan White HIV/AIDS Program (RWHAP) recipients and subrecipients as they incorporate messages on the impact viral suppression has on HIV transmission in service delivery settings.

According to recent data from the 2016 Ryan White Services Report (RSR), the RWHAP has made tremendous progress toward ending the HIV epidemic in the U.S. From 2010 to 2016, HIV viral suppression in the RWHAP has increased from 69.5 percent to 84.9 percent, and racial/ethnic, age-based, and regional disparities have decreased.¹ Scientific advances have shown that HIV medication (antiretroviral therapy) preserves the health of people living with HIV (PLWH) and prevents sexual HIV transmission. PLWH who take HIV medication daily as prescribed and achieve and maintain an undetectable viral load have effectively no risk of sexually transmitting the virus to an HIV-negative partner. Such findings underscore the importance of supporting effective interventions for linking PLWH into care, retaining them in care, and helping them adhere to their HIV medication.

HRSA strongly encourages RWHAP recipients, subrecipients, planning bodies, and providers to leverage their expertise and RWHAP infrastructure to incorporate viral suppression messages in service delivery settings where PLWH are engaged (e.g., outpatient ambulatory health services, medical and non-medical case management, health literacy, early intervention services, and treatment adherence discussions). To do this, providers should: 1) involve PLWH in the decision-making process of their HIV treatment and their sexual health; 2) develop a trusting relationship with their patients; 3) assess barriers to treatment adherence; and 4) support PLWH to achieve and maintain healthy outcomes.

HRSA encourages ongoing discussions about the impact of viral suppression for PLWH. Discussions with PLWH should be supported by all staff (e.g., case manager, social worker, medical provider, etc.), use consistent language, and include tailored messages regarding a person's viral suppression and sexual health practices, reinforcing prevention of other sexually transmitted infections.

Sharing messages about viral suppression with PLWH may have a profound impact on how they feel about themselves, their life choices, and reducing stigma and discrimination. By reducing HIV-stigma for providers, PLWH, and their family members, these discussions could have a positive impact on linkage to HIV care, retention in care, and HIV viral suppression.

HRSA continues to work with HIV prevention, care, and treatment partners across the U.S. to increase awareness about the importance of HIV treatment and to integrate viral suppression messaging into ongoing discussions with PLWH to reduce HIV transmission. We look forward to continued work with our RWHAP recipients, partners, and stakeholders to improve health outcomes for PLWH and to make continued advancements toward ending the HIV epidemic.

Sincerely,

/Laura W. Cheever/
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Health Resources and Services Administration

¹ Health Resources and Services Administration. Ryan White HIV/AIDS Program Annual Client-Level Data Report 2016. <http://hab.hrsa.gov/data/data-reports>. Published December 2017. Accessed September 25, 2018.

HIV and the Opioid Epidemic: 5 Key Points

Lindsey Dawson, Jennifer Kates

Background

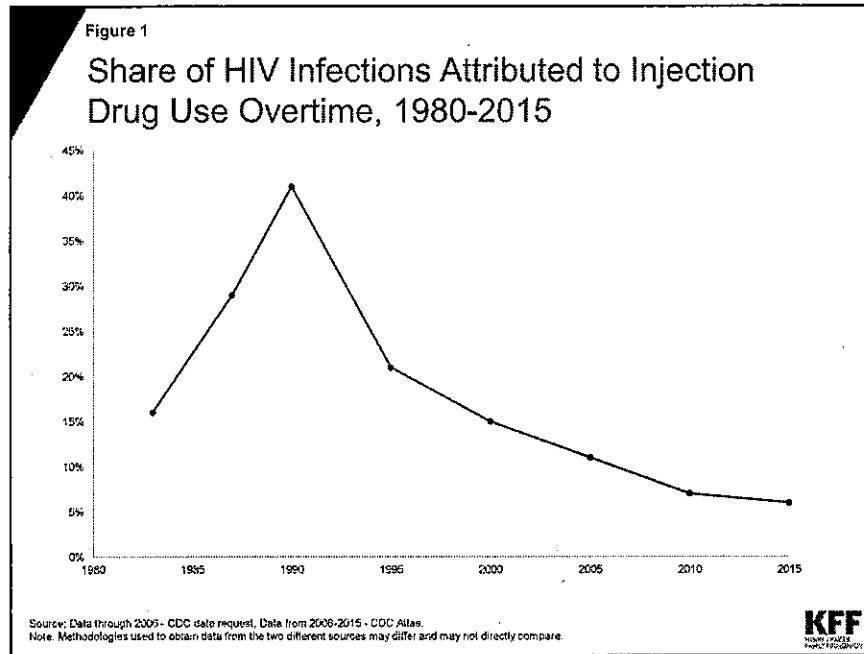
The opioid epidemic represents a significant and worsening public health crisis in the United States. In 2016, 2.1 million Americans were estimated to have an opioid use disorder and nearly 12 million to have misused opioids at some point during the preceding year.¹ Death rates from opioid overdoses doubled between 2012 and 2016, rising from 5.1 to 10.2 per 100,000, and in 2016, an estimated 115 people per day died of an opioid overdose.²

As the opioid epidemic has worsened, there has been growing concern about how injection drug-related opioid use might fuel transmission of infectious disease. Those misusing opioids commonly move from oral use to insufflation to injection use.³ In fact, an estimated 10-20% of people who abuse prescription opioids move on to inject either opioids or heroin.⁴ Injection drug use increases the risk of blood-borne infections including HIV, hepatitis, and bacterial endocarditis, which spread efficiently through needle sharing.

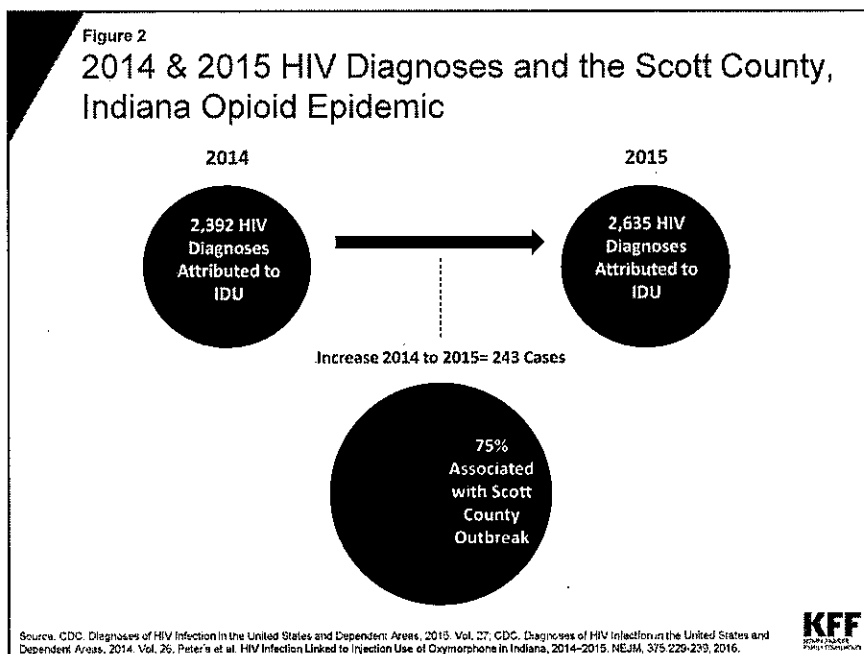
In 2015, opioid use resulted in an HIV outbreak in Scott County, Indiana, with 181 individuals diagnosed with HIV by year-end, most of whom were co-infected with hepatitis C (HCV).^{5,6} In response to this outbreak and the threat posed by the opioid epidemic more broadly, the Centers for Disease Control and Prevention (CDC) identified 220 jurisdictions particularly vulnerable to a similar type of outbreak in an effort to detect and prevent additional events.⁷ Indeed, recent reports suggest new outbreaks may in fact be occurring. In the context of HIV, this has raised particular concerns given that, prior to the opioid epidemic, HIV infections due to injecting drug use had fallen dramatically.

This graphic series highlights key things to know about the intersection of the nation's HIV and opioid epidemics.

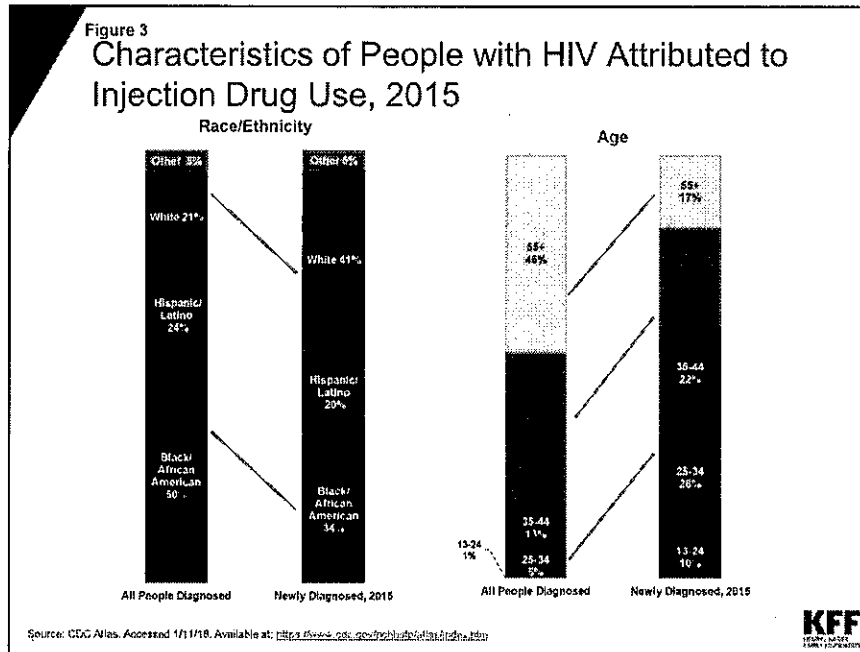
1. The decline in HIV infections associated with injection drug use has been a major success in the fight against HIV in the U.S., with the share of new HIV infections attributed to injection drug use falling from an estimated 40% in 1990 to just 6% in 2015.



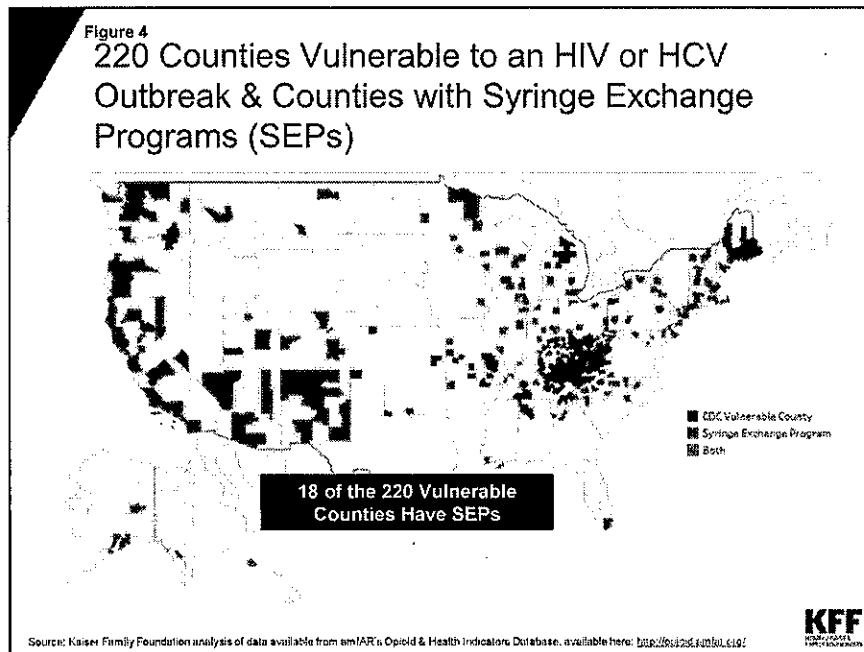
2. However, 2015 marked the first time in two decades where the number of HIV diagnoses attributed to IDU increased, largely associated with the opioid epidemic and subsequent HIV outbreak in Scott County, Indiana. (Early data suggests a decline in 2016, back to 2014 levels, after the peak of this localized outbreak.)⁸



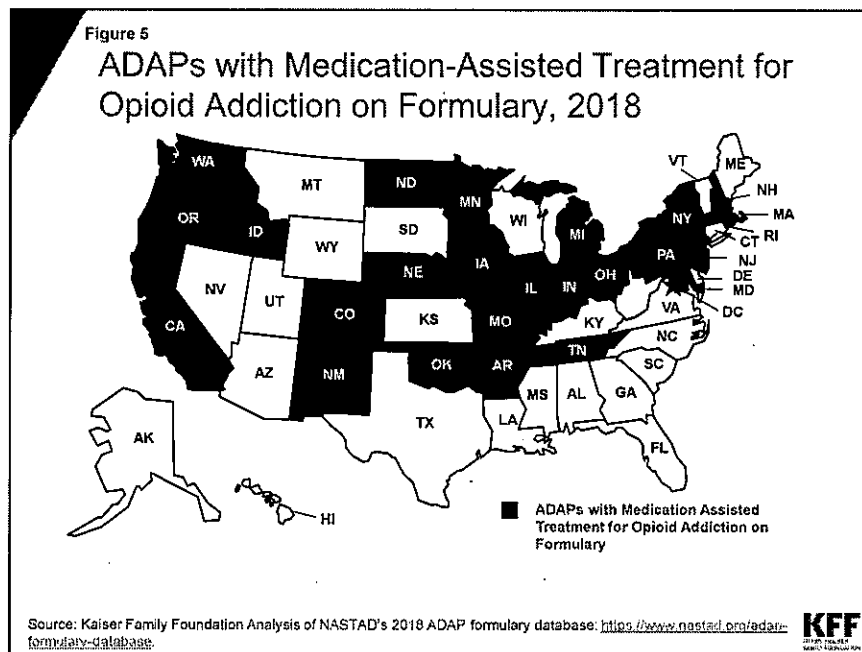
- The demographics of people with HIV attributed to injection drug are increasingly similar to those most at risk for opioid use and addiction, with greater shares of those newly diagnosed being white and younger, relative to earlier years in the epidemic.



4. While there are several proven strategies available to reduce risk of infectious disease associated with injection drug use, including the provision of Syringe Exchange Programs (SEPs), access varies significantly across the country and does not always align with opioid epidemic epicenters.⁹ Of the 220, mostly rural, counties CDC determined were potentially vulnerable to an HIV or HCV outbreak among people who inject drugs, just 8% have an SEP in place.^{10,11}



5. While all Medicaid programs and some private plans cover Medication-Assisted Treatments (MATs) to address substance use problems, the AIDS Drug Assistance Program (ADAP) of the federal Ryan White HIV/AIDS Program offers an additional source of support for people with HIV with limited or no insurance coverage.^{12,13} However, access varies across the country with just half (26) of state ADAPs covering at least one of the three commonly prescribed MATs for opioid addiction.^{14,15}



Endnotes

¹ SAMHSA. 2016 National Survey on Drug Use and Health. <https://www.samhsa.gov/data/sites/default/files/NSDUH-FFR1-2016/NSDUH-FFR1-2016.pdf>

² Kaiser Family Foundation. State Health Facts. Opioid Overdose Deaths. <https://www.kff.org/other/state-indicator/opioid-overdose-deaths-by-gender/>

³ Peters, P., et al. (2016.) "HIV Infection Linked to Injection Use of Oxycodone in Indiana, 2014–2015." *New England Journal of Medicine*. 375:229-239.

⁴ Van Handle, M., et al. (2016). "County-level Vulnerability Assessment for Rapid Dissemination of HIV or HCV Infections among Persons who Inject Drugs, United States." *Journal of AIDS*. 73:3, 323-331

⁵ Peters, P., et al. (2016.) "HIV Infection Linked to Injection Use of Oxycodone in Indiana, 2014–2015." *New England Journal of Medicine*. 375:229-239.

⁶ See for example; Zibell, J., et al. (2018). "Increases in Acute Hepatitis C Virus Infection Related to a Growing Opioid Epidemic and Associated Injection Drug Use, United States, 2004 to 2014." *AJPH: Hepatitis C and Opioids*. 108:2,175-181 and Van Handle, M., et al. (2016). "County-level Vulnerability Assessment for Rapid Dissemination of HIV or HCV Infections among Persons who Inject Drugs, United States." *Journal of AIDS*. 73:3, 323-331.

⁷ Van Handle, M., et al. (2016). "County-level Vulnerability Assessment for Rapid Dissemination of HIV or HCV Infections among Persons who Inject Drugs, United States." *Journal of AIDS*. 73:3, 323-331.

⁸ Centers for Disease Control and Prevention. NCHHSTP AtlasPlus. Updated 2017.
<https://www.cdc.gov/nchhstp/atlas/index.htm>. Accessed February 2018.

⁹ Wejnert, et al. (2016). *MMWR*. "Vital signs: Trends in HIV Diagnoses, Risk Behaviors, And Prevention Among Persons Who Inject Drugs –United States." 65:47,1336-1342.

¹⁰ Kaiser Family Foundation analysis of data available from amfAR's Opioid & Health Indicators Database. Maps from amfAR database, available here: <http://opioid.amfar.org/>. 220 Vulnerable Counties originally identified in Van Handle, M., et al. (2016). "County-level Vulnerability Assessment for Rapid Dissemination of HIV or HCV Infections among Persons who Inject Drugs, United States." *Journal of AIDS*. 73:3, 323-331.

¹¹ The original article identifying these counties also notes that 43% of the counties did not have a buprenorphine-waivered physician (another indicator of limited capacity to respond to an emerging opioid epidemic).

¹² Kaiser Family Foundation. 2018. Medicaid's Role in Addressing Opioid Addiction.
<https://www.kff.org/infographic/medicaids-role-in-addressing-opioid-epidemic/>

¹³ Peters, R. Wengle, E. 2016. The Urban Institute. Coverage of Substance-Use Disorder Treatments in Marketplace Plans in Six Cities. <https://www.urban.org/sites/default/files/publication/81856/2000838-Coverage-of-Substance-Use-Disorder-Treatments-in-Marketplace-Plans-in-Six-Cities.pdf>

¹⁴ The three common MATs are buprenorphine; Methadone, and Naltrexone.

¹⁵ 23 ADAP formularies include buprenorphine, 16 include Methadone, and 20 cover Naltrexone. NASTAD's 2018 ADAP formulary database: <https://www.nastad.org/adap-formulary-database>.



MEANINGFUL INVOLVEMENT OF PEOPLE WHO USE DRUGS

NOTHING ABOUT US WITHOUT US

Meaningful involvement of people who use drugs ensures the leadership and decision-making power of people with lived experience of drug use in the response to the intersecting crises of drug use, viral hepatitis, and HIV.

The principle of meaningful involvement of people who use drugs is one of the core principles of harm reduction.¹ It was first articulated by the Rotterdam Junkie Union in the Netherlands in 1977 and reinforced by a global community of people who use drugs in the Vancouver Declaration in 2006. It is closely linked to the “nothing about us without us” ethic of the Denver Principles, which outline the meaningful involvement of people living with HIV.² Meaningful involvement is also supported by Centers for Disease Control and Prevention, which has acknowledged that overdose prevention strategies must involve those most at risk for overdose.³

WHY MEANINGFUL INVOLVEMENT?

People who use drugs are intimately familiar with their communities’ needs, cultures, and barriers to services and health. Their expertise is essential to building effective services and trusted spaces where people who use drugs can access services and be treated with respect and dignity.

Meaningful involvement of people who use drugs can increase support for harm reduction policy and advocacy efforts; challenge myths related to drug use, HIV, and viral hepatitis; and reframe the narrative supporting criminalization. Opportunities for job training and employment are in themselves an important component of harm reduction in communities of people who use drugs. In fact, hiring people with prior convictions lowers rates of unemployment, crime, and recidivism.⁴

MECHANISMS FOR INVOLVEMENT

People who use drugs have the capacity to educate and be educated; form organizations; manage funding; serve in consultations, decision making, policy making and advisory structures; and be employed in a variety of roles.⁵ Yet people who use drugs face many challenges that restrict their ability to engage with public health professionals and policy makers, including persistently high levels of stigma and discrimination.⁶

Support for people who use drugs and their organizations must include explicit recognition of their unique value and perspective by both public health agencies and local governments. It must also include capacity building support and financial backing for innovative projects and programs that embody the principles of meaningful involvement.

Organizational policies and practices may need to be reconceptualized, or overhauled completely, in order to meaningfully involve people who use or formerly used drugs, people affected by police surveillance and the criminal-legal system, young people, people of trans experience, and people of color.

PEOPLE WHO USE DRUGS MUST BE ENGAGED IN SHAPING POLICY AGENDAS AND SHIFTING SOCIAL ATTITUDES TOWARD THEIR OWN COMMUNITIES.



Meaningful Involvement of People Who Use Drugs Self-Assessment

Ask yourself...

Input and Engagement

- Do you compensate people who use drugs for their participation in meetings and advisory boards?
- Do you offer training and support for people who use drugs?
- How do you include people who use drugs in your services, consultative processes, advisory boards, and research?
- Do you involve people who use drugs in program development and evaluation?

In the Workplace

- What policies exist around hiring and recruiting people who use drugs and/or with an arrest or criminal record?
- How are work-related problems for employees who use drugs resolved?
- To what extent are job advancements made available to employees who use drugs?
- How does organizational leadership reflect the communities you serve?

In the Movement for Social Justice

- Have you engaged in workshops to reduce drug-related stigma and discrimination? Do you share such resources with others?
- How do you support organizations or coalitions of people who use drugs and syringe services programs in your region?

MEANINGFUL INVOLVEMENT OF PEOPLE WHO USE DRUGS

Community-based organizations should involve people who use drugs at all levels to identify, develop, implement, and evaluate interventions necessary to reduce harm associated with drug use, including opioid overdose education and naloxone distribution, safer drug use interventions and education, and support meetings.

Listed below are practices that can be put in place to reinforce meaningful involvement of people who use drugs.

HIRE PEOPLE WHO USE DRUGS



DO:

- ✓ Learn about harm reduction policies for the workplace.⁷
- ✓ Focus on workforce development and provide trainings and employment opportunities, or partner with an organization that does.
- ✓ Communicate with organizations of people who use drugs about the barriers and challenges they face and act on opportunities to partner, share resources, and compensate them for their efforts.

DO NOT:

- ✗ Impose a blanket ban on employees with an arrest or criminal record.
- ✗ Overlook a frontline employee, like a peer outreach worker, for career promotion.

HOLD ACCOMMODATING MEETINGS



DO:

- ✓ Be flexible about meeting times, location, agenda, and level of participation.
- ✓ Prepare new attendees with training and a support person.
- ✓ Learn from people who use drugs how to make the meeting more inclusive.
- ✓ Acknowledge gaps in your own experience and address any discomfort or unfamiliarity openly and respectfully.

DO NOT:

- ✗ Put the burden of preparing for and integrating into meetings on people who use drugs.
- ✗ Assume that you cannot learn how to integrate people who use drugs into your meetings.



INVITE PEOPLE WHO USE DRUGS TO THE TABLE

DO:

- ✓ Invite several people who use drugs – not just one – to meetings.
- ✓ Share who else will be attending – especially when meetings include law enforcement, parole officers, or city officials – and how people who use drugs are expected to contribute.
- ✓ Designate a minimum percentage of seats on an advisory board or in organizational leadership for people who use drugs.
- ✓ Guarantee and protect confidentiality and ask about preferred contact methods.
- ✓ Provide financial support for participation in meetings, such as travel stipends, honoraria, and per diems.
- ✓ If travel is involved, help arrange identification, credit cards, and healthcare, especially access to medication-assisted treatment.

DO NOT:

- ✗ Require disclosure of personal information, such as HIV, health status, or exposure to trauma.
- ✗ Tokenize people who use drugs.
- ✗ Invite only people who formerly used drugs or the same person you are comfortable with every time.



ADDITIONAL RESOURCES

Access free resources, training, and technical assistance @ aidsunited.org



1) Harm Reduction Coalition (2018). Principles of Harm Reduction. Available at: <https://harmreduction.org/about-us/principles-of-harm-reduction> 2) AIDS United, The US People Living with HIV Caucus (2017). Meaningful Involvement of People with HIV/AIDS. Available at: <https://www.aidsunited.org/resources> 3) Centers for Disease Control and Prevention (2018). Evidence-Based Strategies for Preventing Opioid Overdose: What's Working in the United States. Available at: <https://www.cdc.gov/drugoverdose/pdf/pubs/2018-evidence-based-strategies.pdf> 4) National Employment Law Project, Safer Foundation (2016). A Healthcare Employer Guide to Hiring People with Arrest and Conviction Records: Seizing the Opportunity to Tap a Large, Diverse Workforce. 2016. Available at <https://www.nelp.org/wp-content/uploads/NELP-Safer-Toolkit-Healthcare-Employer-Guide-Hiring-People-with-Arrest-Conviction-Records.pdf> 5) Canadian HIV/AIDS Legal Network, the Open Society Institute Public Health Program, and the International HIV/AIDS Alliance (2008). Nothing About Us Without Us: A manifesto by people who use illegal drugs. Available at: <https://www.opensocietyfoundations.org/reports/nothing-about-us-without-us> 6) Ti, L., Tzemis, D., & Buxton, J. A. (2012). Engaging people who use drugs in policy and program development: A review of the literature. Substance Abuse Treatment, Prevention, and Policy, 7, 47. 7) Open Society Foundations (2010). Harm Reduction at Work: A Guide for Organizations Employing People Who Use Drugs. Available at: <https://www.opensocietyfoundations.org/reports/harm-reduction-work>