

COMMON STANDARDS OF CARE

FOR

HIV CARE SERVICES IN ORANGE COUNTY

Effective March 1, 2014

COUNTY OF ORANGE HEALTH CARE AGENCY

Ryan White HIV/AIDS Treatment Modernization Act Common Standards of Care

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SECTION 1: INTRODUCTION

The Common Standards are standards that apply to all Ryan White-funded services in Orange County. The standards set forth standards related to staffing requirements, cultural and linguistic competency, client intake, service management, service closure, and quality management aspects of service delivery. These standards are the minimum standards for all Ryan White-funded services in Orange County. Ryan White services offered in Orange County are: Ambulatory Medical Care, Health Insurance Premium/ Cost Sharing Assistance/Emergency Financial Assistance for Medications, Medical Case Management, Non-Medical Case Management: Client Advocacy, Benefits Counseling, Emergency Financial Assistance for Housing, Transitional Housing, Oral Health Care, Home Health Care/ Home and Community Based Services, Food Bank, Home Delivered Meals, Mental Health (Individual and Group Counseling), Nutritional Supplements, Medical Transportation, Food Bank, Medical Transportation and Legal Services. Please refer to service-specific standards for more detailed or additional requirements.

These standards are to be referenced in the contracts managed, monitored, and enforced by the Ryan White Program Grantee in conjunction with policies, guidance, and other requirements stipulated by the Ryan White Act.

Goals of the Standards. These standards of care are provided to ensure that Orange County's Ryan White-funded services:

- Are accessible to all persons infected with HIV who qualify and meet eligibility requirements
- Promote continuity of care, client monitoring, and follow-up
- Enhance coordination among service providers to eliminate duplication of services
- Provide opportunities and structure to promote client and provider education
- Maintain the highest standards of care for clients
- Protect the rights of persons living with HIV/AIDS
- Provide services to enable clients to stay in medical care

- Increase client self sufficiency and quality of life
- Provide a framework to foster ethical and nondiscriminatory practices

SECTION 2: STAFFING REQUIREMENTS AND QUALIFICATIONS

Quality services start with well-prepared and qualified staff. To ensure this, Ryan White providers must meet all of the following requirements and qualifications:

- **2.1. Code of Conduct.** Providers shall establish a written Code of Conduct for staff and members of the Board of Directors. Prior to providing services, staff shall agree in writing to maintain the standards set forth in the Code of Conduct.
- **2.2. Knowledge of Job Responsibilities.** Job requirements, duties, and responsibilities for each Ryan White-funded position shall be indicated in job description. Prior to providing services, staff will review the job description, including requirements for certifications and licensure.
- **2.3. HIV/AIDS Knowledge.** Staff providing direct services to clients or who make decisions about client services shall have training and experience with general HIV/AIDS related issues and concerns. At a minimum, such staff shall have completed an initial (within 60 days of hire) and annual educational session in any of the following areas. Education can include round table discussion, training, one-on-one educational session, in-service, or literature review. Topics may include the following:
 - o HIV/AIDS transmission
 - Psychosocial issues related to HIV/AIDS
 - o Cultural competency and issues related to communities affected by HIV/AIDS
 - o HIV/AIDS system of care in Orange County (including Ryan White providers, continuity of care, linkage to services, housing services, etc.)
 - o HIV care and prevention

See each service-specific standard for additional requirements by service category.

2.4. Licensure. All staff must hold the appropriate degrees, certifications, licenses, permits, or other appropriate qualifying documentation, as required by Federal, State, County, or municipal authorities. See each service-specific standard for detailed requirements by service.

Standard	Measure
Staff agree to maintain standards set forth in	Documentation of staff signature on file
Code of Conduct	
Staff will have a clear understanding of job	Written job description on file signed by staff
responsibilities	and supervisor
Appropriate staff receive initial education	Training/education documentation on file
regarding HIV/AIDS	including:
	Date, time, location, and provider of

Standard	Measure
	 education Education type Name of staff receiving education Certificate of training completion or education outline, meeting agenda and/or minutes
Provider shall ensure that staff will have appropriate degrees, certifications, licenses, permits, or other appropriate qualifying documentation, as required by Federal, State, County, or municipal authorities	Documentation of degrees, certifications, licenses, permits, or other documentation on file

SECTION 3: CULTURAL AND LINGUISTIC COMPETENCE

Providers must participate in a process of training and education that increases cultural and linguistic competence and improves their ability to provide culturally and linguistically appropriate services to all persons living with HIV/AIDS. Although an individual's ethnicity is generally central to his/her identity, it is not the only factor. Other relevant factors include gender; language; religious beliefs; disability; sexual orientation; the totality of socially transmitted behavior patterns, arts, beliefs, institutions; and other products of human work and thought characteristics of a community or population. Education can include round table discussion, training, one-on-one educational session, in-service, or literature review.

In providing culturally and linguistically competent services, it is important to acknowledge one's personal limits and treat one's client as the expert on their culture and relation to it. If a staff member determines that he/she is not able to provide culturally or linguistically appropriate services, he/she must be willing to refer the client to another staff or provider that can meet the client's needs.

Culturally and linguistically appropriate services:

- Respect, relate, and respond to a client's culture in a non-judgmental, respectful manner
- Match the needs and reflect the culture and language of the clients being served, including providing written materials in a language accessible to clients
- Recognize the significant power differential between provider and client and work toward developing a more collaborative interaction
- Consider each client as an individual, not making assumptions based on perceived membership in any group or class

Standard	Measure
Providers shall recruit a diverse staff that reflects the culture (including gender, sexual identity, and disability) of the community served	Providers have a written strategy on file

Standard	Measure
All staff (including administrative staff) shall receive initial training to build cultural and linguistic competence	Training/education documentation on file including: • Date, time, location, and provider of education • Education type • Name of staff receiving education • Certificate of training completion or education outline, meeting agenda and/or minutes
Provider shall have posted and written materials in appropriate languages for the clients served	Site visit will ensure
Providers shall maintain a physical environment that is welcoming to the populations served	Site visit will ensure
Provider complies with American Disabilities Act (ADA) criteria	Completed form/certification on file
Services are accessible to community served	Site visit to review hours of operation, location, accessibility with public transportation

SECTION 4: CLIENT INTAKE

Client intake is required for all clients who request or are referred to Ryan White services. Intake is a time to gather registration information and provide basic information about services, as appropriate. It is also a pivotal moment for establishment of trust and confidence in the care system. Staff shall provide an appropriate level of information that is helpful and responsive to client need. Staff shall conduct the client intake with respect and compassion.

If a client is receiving multiple Ryan White services with the same provider, intake need only be conducted one time. It is acceptable to note registration and required documents discussed in this section were verified and exist in another client service record at the same provider agency.

If a client has been referred by another Ryan White provider to receive services, it is acceptable to note that registration information discussed in this section were verified and exist at the referring Ryan White provider. Registration information may be sent from the referring provider to the provider receiving the referral so that the provider receiving the referral may enter information for the Ryan White Services Report. Provision of information regarding *Notice of Privacy Practices, Client Rights and Responsibilities,* and *Client Grievance Process* may be conducted one-time at the referring provider agency. To document the provision of this information, the referring provider may send the provider receiving the referral a signed document indicating that they have provided this information to the client.

- **4.1. Timeframe.** Intake shall take place as soon as possible, at maximum within five business days of referral or initial client contact. If there is an indication that the client may be facing a medical crisis, the intake process will be expedited and appropriate intervention may take place prior to formal intake.
- **4.2. Registration Information.** The provider shall obtain information to complete registration as required for the Ryan White Services Report. This includes, but is not limited to, information regarding demographics, insurance, and risk factors.
- **4.3. Provision of Information.** The provider shall provide information to the client about the service that he/she is receiving. The provider shall also provide the client with information about other available resources (this may include the county-wide HIV Client Handbook) available in Orange County.
- **4.4. Required Documentation.** The provider shall develop the following forms in accordance with state and local guidelines. See each service-specific standard indicating requirements to have forms signed and dated by each client.
 - ARIES Consent: Clients shall be informed of the AIDS Regional Information and Evaluation System (ARIES). The ARIES consent must be signed at intake prior to entry into the ARIES database and every three years thereafter. The signed consent form shall indicate (1) whether the client agree to the use of ARIES in recording and tracking their demographic, eligibility and service information and (2) whether the client agrees to share select information contained in ARIES with other agencies in the Ryan White system of care.
 - **Release of Information:** If there is a need to disclose information about a client to a third party, including family members, clients shall be asked to sign a Release of Information form, authorizing such disclosure. This form may be signed at intake prior to the actual need for disclosure. Releases of information may be cancelled or modified by the client at any time.
 - Consent for Treatment (as needed): Signed by the client, agreeing to receive treatment as needed. If a client, who is a minor is receiving services, and a consent was signed by the parent/guardian at the time of intake, another consent must be signed by the client when they become 18 years of age.

The following forms shall be accessible to clients. See each service-specific standard indicating requirements to have the listed forms: 1) posted in a location that is accessible to clients; 2) signed and dated by clients; or 3) provided via referral. For documents available in the HIV Client Handbook, completed forms may indicate that the client has received the HIV Client Handbook.

- **Notice of Privacy Practices (NPP):** Clients shall be informed of their right to confidentiality. It is important *not* to assume that the client's family or partner knows the HIV-positive status of the client. Part of the discussion about client confidentiality shall include inquiry about how the client wants to be contacted (at home, at work, by mail, by phone, etc).
- **Client Rights and Responsibilities:** Clients shall be informed of their rights and responsibilities (included in the HIV Client Handbook).

• **Client Grievance Process:** Clients shall be informed of the grievance process. The HCA's Grievance Process is included in the HIV Client Handbook.

Standard	Measure
Intake process began within five business days	Intake tool is completed and in client service
of referral or initial contact with client	record
Registration information is obtained	Client's service record includes data required
	for Ryan White Services Report.
ARIES Consent signed and completed prior to	The most recent version of the ARIES consent
entry into ARIES	signed and dated by client and in client service
	record. ARIES consent is good for three years.
Release of Information is discussed and	Signed and dated by client and in client service
completed as needed	record as needed
Consent for Treatment completed as needed	Signed and dated by client and in client file as
(see service-specific standard)	appropriate
Client is informed of Notice of Privacy	One of the following:
Practices	1) Posted in a location that is accessible to
(see service-specific standard)	clients; or
	2) Signed and dated by client and in client
	service record; or
	3) Client's service record includes signed
	referral form indicating provision of
Client is informed of Dielter and	information
Client is informed of Rights and	One of the following (see service-specific standard):
Responsibilities (see service-specific standard)	1) Posted in a location that is accessible to
(see service-specific standard)	clients;
	2) Signed and dated by client and in client
	service record; or
	3) Client's service record includes signed
	referral form indicating provision of
	information
Client is informed of Grievance Procedures	One of the following (see service-specific
(see service-specific standard)	standard):
•	1) Posted in a location that is accessible to
	clients;
	2) Signed and dated by client and in client
	service record; or
	3) Client's service record includes signed
	referral form indicating provision of
	information

SECTION 5: ELIGIBITY VERIFICATION

Providers must verify that all eligibility requirements have been met and/or updated for services provided.

5.1. Eligibility Verification Process

- Providers shall have a written process in place to verify eligibility requirements such as: HIV status, income, payer of last resort, and Orange County residency.
- Providers shall have a written process in place regarding service delivery to individuals who have not been verified as eligible for services.
- Verified every six (6) months (See "Requirements to be eligible and qualify for services" document for service specific verification to qualify for services.)

5.2. Eligibility Verification Documentation

• Providers shall ensure staff have documented efforts to verify eligibility for services in client records.

Standard	Measure
Verification Process	Written Process in place.
Documentation of Eligibility	Verification is documented in client records.

SECTION 6: SERVICE MANAGEMENT

- 5. Once client intake has been conducted, the provider may provide the appropriate range of services to the client. Service management shall be consistent with the following principles. Service Delivery
 - Services shall be delivered in a manner that promotes continuity of care.
 - Providers shall refer clients to other providers if they cannot provide a level of service that is medically, culturally, linguistically, or otherwise appropriate for the needs of the clients.

6.2. Confidentiality

All providers shall comply with the Health Insurance Portability and Accountability
Act (HIPAA) of 1996 and adhere to any current updates. (Please refer to Appendix
B.) All HIPAA regulations must be followed when interacting with or on behalf of
the clients as well as in record maintenance.

6.3. Service Planning

- Where service provision options are substantially equivalent, the least costly alternative shall be used in meeting the needs of clients.
- Services shall be planned, managed, and monitored to avoid the need for urgent or emergency services, the interruption of services, and need for emergency or unplanned appropriations of funding to continue services during contract periods.

6.4. Documentation and Data Collection

- Program and administrative staff shall provide adequate data collection in a timely manner and documentation of all services provided for accounting, reporting compliance, and evaluation purposes.
- Program data shall be entered into ARIES between two (2) to five (5) business days as specified in contract or scope of work.
- Providers shall document and keep accurate records of units of services for use in reporting units of service for reimbursement and community planning.
- Providers shall gather and document data in ARIES (e.g. demographic, and risk factor information) for the Ryan White Services Report.

6.5. Compliance with Standards and Laws

- Service directors and managers shall ensure compliance with all relevant laws, regulations, policies, procedures, and other requirements designed to enforce service standards and quality.
- Services shall be consistent with standards set forth in this document and by service-specific standard. See each service-specific standard for additional requirements by service.

Standard	Measure
Provider shall have procedure to address walkins, telephone triage, and emergencies and after-hour care	Written procedure in place
Provider shall have procedure for making referrals to offsite services	Written procedure in place
Staff shall be aware of HIPAA regulations via training upon employment and annually thereafter	Documentation of HIPAA education or training on file
Provider shall ensure client information is in a secured location	Site visit will ensure
Provider shall screen clients to ensure the least costly service is used as appropriate to client needs; screening shall occur at minimum when client is accessing a new service and periodically as the client's needs change	 Written procedure in place Documentation of client screening and determination on file Site visit will ensure
Provider shall regularly review client charts to ensure proper documentation including progress notes	Written procedure in place
Providers shall document and keep accurate records of units of services	Site visit and/or audit will ensure
Service directors and managers shall ensure compliance with all relevant laws, regulations, policies, procedures, and other requirements designed to enforce service standards and quality	Site visit and/or audit will ensure

SECTION 7: SERVICE CLOSURE

Ryan White services are considered critical to a client's welfare and in assuring access to medical care and other critical services. Closure from services may affect the client's ability to receive and stay compliant with medical care. As such, closure from services must be carefully considered and reasonable steps must be taken to assure clients are maintained in services. See service-specific standards for additional requirements regarding service closure.

A client may be closed from Ryan White services due to the following conditions:

- The client has successfully attained goals.
- The client has no demonstrated need for the service.
- The client has died
- The client has become ineligible for services (e.g., due to relocation outside Orange County or other eligibility requirements).
- The client chooses to terminate services.
- The client's needs would be better served by another agency.
- The client demonstrates pervasive unacceptable behavior that violates client rights and responsibilities, including excessive missed appointments.
- The client cannot be located.
- **7.1.** Closure Due to Client Showing No Demonstrated Need. The provider shall periodically review client service records to identify client records that should be closed based on the client's assessed needs and previous patterns of use.
- 7.2. Closure Due to Unacceptable Behavior. If closure is due to pervasive unacceptable behavior that violates client rights and responsibilities the provider shall notify the client that his/her services are being terminated and the reason for termination. Within the limits of client's authorization to receive mail, notification of closure shall be mailed to the client. A copy of the notification shall be placed in the client's chart. If the client has no known address or the provider is not authorized to send mail to the client, the provider shall document other types of notification of closure (e.g. phone calls, visit) or attempts to notify the client of closure. If the client does not agree with the reason for closure, he/she shall be informed of the provider's grievance procedure.
- **7.3. Closure Due to Ryan White Ineligibility.** If closure is due to client's ineligibility for the program, the provider shall include documentation in client's chart. Additionally, clients shall be notified of their eligibility status to the Ryan White program and their options for care. Proper linkages to other services shall be provided.
- **7.4. Data Collection Closeout.** The provider shall close out the client in the data collection system (ARIES) as soon as possible, but no later than thirty (30) days of service closure. For clients receiving multiple Ryan White services at the same provider agency, the provider shall coordinate efforts between services to ensure that data collection closeout occurs no later than thirty (30) days of closure from all Ryan White services at that provider agency.

Standard	Measure
Client closure due to client showing no	Documentation of no demonstrated need for
demonstrated need	closure in client file
Notify client regarding closure if due to pervasive unacceptable behavior violating	Copy of notification in client service record
client rights and responsibilities	Documentation of pervasive unacceptable behavior in client file
	For clients with no known address or is unable to receive mail, documentation of other types of notification or attempt at notification in client file
Closure due to client no longer is Ryan White eligible	Documentation of ineligibility in client chart
	Documentation that client was notified of
	eligibility status, their options for care, and
	proper linkages to other services were
	provided, as applicable
Closeout of data collection shall be completed	Data collection system (ARIES) will indicate
for each client who has been closed from all	client's closure no later than thirty (30) days of
Ryan White services at that provider agency	service closure

SECTION 8: QUALITY MANAGEMENT

Providers shall have in place a Quality Management (QM) Plan. The QM Plan is a written document that outlines how the QM program will be implemented, including a clear indication of responsibilities and accountability, performance measurement strategies and goals, and processes for ongoing evaluation. The following paragraphs describe components of a QM Plan. Sections 8.3 and 8.4 (Performance Measures and Annual Quality Goal, respectively) describe components that are developed for each Ryan White service. The other sections of the QM Plan describe components that can be developed for the program as a whole. A template with the format for the QM Plan is provided by the HCA.

- **8.1. Quality Statement:** A quality statement is a brief declaration that provides a vision for the QM program. This component shall include the following elements:
 - A brief purpose: Describe the end goal of the agency's HIV quality program.
 - Shared vision: Takes into account the agency's internal and external expectations for which all activities will be directed.
- **8.2. Quality Infrastructure:** The quality infrastructure outlines how the QM program is organized. This component shall include the following elements:
 - Leadership: Identify who is responsible for QM activities.
 - Quality committee(s) structure: Document who serves on the quality committee, who chairs the committee, and how often the committee will meet. If the agency currently does not have a quality committee, document a plan to establish a committee.

- Roles and responsibilities: Define all key persons within the organization, community partners, and major stakeholders, including clients, to clarify their expectations as members of the QM program.
- Resources: Identifies the resources for the QM program.
- **8.3. Performance Measurement:** Performance measurement provides a tool to assess progress toward reaching annual goals for services. This component shall include the following elements:
 - Outcomes: Outcomes are the desired result for each goal, generally associated with a health outcome. Refer to Health Care Agency's Annual Ryan White Quality Management Outcomes report for service specific QM indicators.
 - Indicators/Targets: Each outcome shall have at least one indicator that specifies what will be measured to determine whether the outcome has been met. Each indicator shall be associated with a target that shows the goal for the indicator.
 - Staff responsible: Indicate the staff who will collect, analyze, and review data.
 - Dissemination strategy: Identify strategies on how to report and disseminate QM results and findings.
 - New Quality Improvement (QI) activities: Describe processes in place to use data to develop and implement new QI activities to address identified gaps.
- **8.4. Annual Quality Goals:** Quality goals are endpoints or conditions toward which the quality program will direct its efforts and resources. Quality goals shall be developed for individual services. This component shall include the following elements:
 - Measurable and realistic goals: Include at least two annual goals per service category. The first two goals are defined by the HCA. *Optional* goal(s) may be selected for an agency that is specific to the agency's QM plan.
- **8.5. Participation of Stakeholders:** Participation of stakeholders details internal and external stakeholders and their involvement in the QM program. This component shall including the following elements:
 - Internal and external stakeholders: List of internal and external stakeholders including clients and their specific involvement in the QM program.
 - Learning opportunities: Provides, facilitate, or inform stakeholders and clients.
 - Feedback: Specifies how feedback is gathered from key stakeholders.
- **8.6. Evaluation:** Quality improvement evaluation provides a systematic way for which QM program successes, challenges, and strategies for improvement are measured. This component shall include the following elements:
 - Evaluation of the QM/QI infrastructure: Document plan to evaluate infrastructure to decide if changes are required to ensure that QI work gets done.
 - Performance measures: Document plan for reviewing performance measures.
 - QI activities: Identify process, including time line, to evaluate if QI activities have contributed to the annual quality goals.

- **8.7. Capacity Building:** Capacity building identifies resources and training needs required to assist staff in implementing a QM program. This component shall include the following elements:
 - Staff Orientation: Description of how all staff will be oriented to the agency's QM plan.
 - QI Training: Description of the identified training topics and plan for documenting attendance at trainings/conferences to improve quality of service.
 - Technical Assistance: Describes process in place to request and track technical assistance request.
 - Data Fed Back: Describes process in place to feed back data to key stakeholders and staff.
- **8.8. QM Plan Update:** QM plan update identifies timeline in which QM plan is updated and indicates who is responsible to initiate process to update and revise plan. This component shall include the following elements:
 - Routine Update: Identifies when QM Plan is updated and submitted to the HCA, and should be documented that plan was reviewed at minimum annually.
 - Accountability to Update and Revise: Identifies who is responsible to update, revise and submit QM plan.
 - Sign-Off Process: The process in which QM program stakeholders deemed necessary to approve finalized plan are in agreement and approve the QM plan.
- **8.9. Communication:** Process in which information is shared. This component shall include the following elements:
 - Reporting to Stakeholders: Describes process in which information is disseminated to stakeholders.
 - Format: Describe matter in which information is disseminated.
 - Communication Intervals: Identifies the frequency in which information is disseminated.
- **8.10. QM Plan Implementation Process:** Details that provider understands and is in agreement with QM Implementation timeline, accountability and milestones. This component shall include the following elements:
 - Timeline: Statement that indicates specific timeline.
 - Accountability: Statement that provider agency is responsible for performance measures related to service categories provided by their agency.
 - Milestones: QM outcomes report from previous year outline milestones reached in each service category.

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Standard	Measure
Providers shall develop a QM Plan, and review	QM Plan submitted to the Grantee and on file
annually at minimum to continuously assess	at provider agency
whether a program is meeting its mission,	
goals, and objectives, revisions submitted as	
needed, new plans submitted every three years	
Providers shall form a QM Committee to	Documentation of committee meetings on file
review client feedback and outcome data, as	at provider agency
well as develop plans for corrective actions	
Programs develop a process to measure and	QM Plan to detail process
monitor outcomes and indicators	

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Appendix A. Glossary of Terms

Client: Individual receiving Ryan White services.

Eligibility for a Ryan White service*: Is based on Health Resources Services Administration (HRSA) requirements. It includes that a person must have proof of HIV status, proof of Orange County residency, and proof of payer of last resort. Eligibility workers are responsible for verifying this information.

Grantee: Government recipient of Ryan White Part A funds. In Orange County, the Orange County Health Care Agency acts as the Grantee for Ryan White Part A funds.

Payer of last resort: Funds are used to pay for care services that are not covered by other resources such as Medi-Cal or private health insurance,

Provider: An institution or entity that receives funding to provide Ryan White services. This includes a group of practitioners, clinic, or other institution that provide Ryan White services and the agency at which services are provided.

Staff: An individual who directly provides Ryan White services, oversees the provision of Ryan White services, or perform administrative functions for Ryan White services. This may include paid employees, subcontractors, volunteers, or interns.

Qualifying for a Ryan White service*: Based on HRSA eligibility and Planning Council determined requirements (for example, proof of disability for Food Bank, income less than 300% of Federal Poverty Level for Mental Health Services). Providers are responsible for ensuring that services provided adhere to qualifying requirements.

^{*}You may be eligible for the Ryan White program, but not qualify for some Ryan White services.

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Appendix B. Website References

Health Insurance Portability and Accountability Act (HIPAA) of 1996 http://www.hhs.gov/ocr/privacy/index.html

Quality Management Template

http://ochealthinfo.com/phs/about/dcepi/hiv/service/docs