**120 Carousel Mall • San Bernardino, CA 92415-0475**
**(909) 388-0426 • Fax (909) 388-0424**
**Website: www.iehpc.org**

Riverside/San Bernardino California Transitional Grant Area

**Cameron Kaiser, MD**
**Interim County Health Officer Co-Chair**

**Henry Nickel**
**Community Co-Chair**

# Standards Committee

Thursday, August 09, 2012
12:30pm-2:30pm

Meeting Location
Preparedness and Response
247 Boyd St
San Bernardino, CA 92415
(909) 388-0426/PCS Mobile (909) 693-0750

Teleconferencing Location
Desert AIDS Project
1695 N. Sunrise Way
Palm Springs, CA 92262
(909)388-0496 Mobile (909)693-0750

*These facilities are in full compliance with the Americans with Disabilities Act of 1992.*

# Agenda

| Time | Item | Presenter |
|---|---|---|
| **12:30** | **1. Call to Order**<br>▪ Roll Call*<br>▪ Introductions | T. Evans |
| | **2. Public Comments**[1] | Members of the Public |
| | **3. Members Privilege** | PC Members |
| | **4. Approval of Agenda**[2] | T. Evans |
| | **5. Approval of the Minutes**[2]<br>5.1 Minutes of April 12, 2012 | T. Evans |
| | **6. New Business**[2]<br>6.1 Review and Revise IEHPC Standards of Care (A-1) | Committee Members |
| | **7. Public Comments** | Members of the Public |
| | **8. Members Privilege** | PC Members |

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|---|---|---|---|
| | **9.** | **Review of Action Items** | PC Staff |
| | **10.** | **Agenda Setting for Next Meeting** | PC Members/ T. Evans |
| | **11.** | **Roll Call*** | PC Staff |
| **2:30** | **12.** | **Adjournment** | T. Evans |

[1] Public Comments: Any member of the public may address this meeting on items of interest that relate to the Ryan White CARE Act by completing a speaker slip to indicate their interest in addressing the Planning Council. A three-minute limitation will normally apply to each member of the public who wishes to comment, unless waived by the Chair.
[2] The agenda item may consist of a discussion and a vote. Public comments can be made prior to each Planning Council vote.
* Members must be present at both roll calls to receive credit for meeting attendance.
** Attachment was not available at time of printing, but will be available at the meeting.

Requests for special accommodations (e.g., language translation) must be received 72 hours prior to the date of the meeting. Contact PC Support at (909) 388-0426.

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Servicios en Español: Notificación para servicios de intérprete deben de someterse setenta y dos horas de anticipo. Por favor llame (909) 388-0426.

# COMMON STANDARDS

## INLAND EMPIRE HIV PLANNING COUNCIL STANDARDS OF CARE
## RIVERSIDE / SAN BERNARDINO TRANSITIONAL GRANT AREA
## RYAN WHITE HIV/AIDS PROGRAM

### Purpose of Standards

The Common Standards are standards that apply to all services. These include client eligibility and consent, provider qualifications and service delivery aspects. These are part of the Standards of Care that are approved by the Inland Empire HIV Planning Council (IEHPC) and pertain to clients of services and the agencies that provide the services funded by the Ryan White Program (RWP) within the Riverside/San Bernardino Transitional Grant Area (TGA).

These standards are to be referenced in the contracts managed by the Ryan White Program and monitored and enforced by the Ryan White Program on behalf of the IEHPC, in conjunction with policies, guidance, and other requirements stipulated by the RWP legislation and Health Resources and Services Administration (HRSA).

### Overall TGA Impact

The IEHPC sets priorities for allocations of available RWP financial resources to services to address the needs of persons living with HIV/AIDS (PLWH/A) who are otherwise unable to access medical and support services that are necessary to maintain and improve their health. The goal is to address service gaps so that there is a comprehensive continuum of HIV/AIDS care in the TGA.

Services available to PLWH/A must be timely, comprehensive, client-centered, culturally and linguistically appropriate, and geographically accessible. The service system must also follow the chronic care model by fostering a provider base with resources and expertise, assisting and encouraging clients to take an active part in their care, and documenting service impact through evidence-based change concepts.

### I. Client Eligibility Verification and Consent

All RW service providers must ensure that individuals receiving RW-funded services meet RW eligibility criteria. To qualify for eligibility for RWP-funded services, clients must provide verifiable information, as listed below:

**A. Eligibility:** Eligibility aspects that must be verified every 6 months to ensure compliance with Eligibility Criteria include proof of residence, income, and insurance. HIV positive-status need only be verified once. Any reported changes in eligibility status must be documented within 30 days of change.

**1. HIV Status:** Eligible individuals are HIV positive and must provide proof of their status. Proof consists of either:

- a positive laboratory result that includes the individual's name OR
- a letter from a physician, Physician Assistant, or Nurse Practitioner indicating that the individual is HIV+.

Some services are available for affected family members and significant others**.** Services may be rendered to these individuals only when the service outcome directly and clearly impacts the health outcomes of the HIV client in a positive manner. Justification for service delivery to these individuals must be clearly documented.

**2. Residence:** Eligible individuals have resided in the TGA (Riverside County or San Bernardino County) for a minimum of 30 consecutive days. Proof of at least 30 days of residency in the TGA includes:

- a letter/form signed and dated by the client that indicates address of residence and length of residency AND
- two of the following indicating client's name and address:
  - one month of current utility bills for one utility
  - current rental or lease agreement and one month of current rent receipts
  - California drivers license/California identification card
  - voter registration
  - affidavit of residency from individual other than the client (e.g. roommate, landlord, parent).

Agencies may require new clients to show proof of residency in the TGA for a longer period of time. This may not exceed 90 consecutive days.

**3. Income:** To be deemed eligible, individuals must meet the financial eligibility requirements indicated in the service unit and financial eligibility criteria contained in the provider's most current service contract. Documentation of ALL income sources must be provided. Minimum documentation may include a form/letter indicating income status that is signed and dated by the client AND a current copy of one or more of the following:

- three pay stubs
- three bank statements
- SSA, SSI or SSDI letter
- MISP/CMSP letter
- letter from some other form of government assistance
- affidavit of support

Current documentation confirming presumptive Ryan White Program eligibility for systems that have comparable or more stringent income requirements (Medi-Cal, MISP, CMSP, etc) is preferable. Agencies may require asset information to determine eligibility.

**4. Screening for Other Funding Source:** RWP funds are to be used as funds of last resort. Therefore, eligible individuals must demonstrate that they are not eligible for and/or do not have access to non-Ryan White sources of funding (e.g., insurance, county programs, etc.) for the service for which they are applying. Verification documentation will vary depending on the service. Please refer to the specific service standards for other-funding verification requirements. Proof of need of Ryan White services may include:

- a rejection/cancellation letter from other available resources (e.g., Medi-Cal, Medically Indigent Services Program [MISP]),
- documentation indicating that funds from another resource have been exhausted, or
- a letter/form signed and dated by the client indicating that they have no other resource for obtaining the necessary service and agency documentation indicating any other resources that were explored.

Lack of other funding sources should be verified, when possible, on a point-of-service basis.

**B.** Consents and Notifications

**1. Consent for Service:** Individuals must indicate, by signature, that they consent to:

a) obtaining services from the agency,
b) case conferencing,
c) referral to Outreach or some other equivalent program if they are suspected to have fallen out of care. NOTE: Consent must inform client that referral to one of these programs may result in the client being contacted using the contact information provided to the agency at intake.

**2. ARIES Consent:** Individuals must indicate **every 3 years**, by signature, that they:

a) agree to the use of ARIES, by the agency and by other RW-funded programs to which the client goes to for services, in recording and tracking any data relevant to the care and services provided to the client.
b) agree to share select data and information contained in ARIES with other agencies that they receive services from in the Ryan White system of care.

**3. HIPAA Notification:** Individuals must indicate, by signature, that they have been notified of their health information privacy rights under the Health Insurance Portability and Accountability Act (HIPAA).

**4. Partner Services:** Individuals receiving RW-funded services must indicate, by signature, that they have been informed annually of the availability of Partner Services in the TGA.

4.5. **Peer Based Activities:** Upon intake and bi-annually thereafter all clients should be informed of any available Peer Based Activites in the TGA.

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**C. Exceptions**

**1. Urgent Need:** Every effort should be made to comply with the above eligibility requirements before providing RWP-funded services. However, there may be unusual circumstances in which a prospective client may have an urgent need for Ryan White funded services that require an expedited process. In these rare cases, exceptions may be made for prospective clients

with urgent core service needs. Justification must be clearly documented and discussed with the RWP to determine how similar issues should be addressed in the future. Action taken that is not communicated with the RWP will be considered in violation of eligibility requirements. Eligibility requirements must be met for subsequent service provision or, if the client is deemed ineligible, efforts must be made to refer the client to services funded by other sources and recoup expended RWP funds, if possible.

**2. Veterans:** According to HRSA Policy 07-07, *"Ryan White HIV/AIDS Program grantees may not deny services, including prescription drugs, to a veteran who is otherwise eligible for Ryan White HIV/AIDS Program services. Ryan White HIV/AIDS Program grantees (case managers, others) must work to assure that veterans receive necessary support or other services funded by the Ryan White HIV/AIDS Program that the VA health care system does not provide… Ryan White HIV/AIDS Program grantees or contractors may refer eligible veterans to the VA for services when appropriate and available. However, Ryan White HIV/AIDS Program grantees or contractors may not require that eligible veterans access VA care against their will."*

## II. Client Rights

All eligible clients have the right to:

**A.** Request and receive approved services consistent with their care/treatment plan, the Inland Empire TGA Comprehensive HIV Services Plan, and subject to available funding.

**B.** Services that are reliable, timely, and appropriate to their situation, culture, health status, and their level of disability.

**C.** Be treated courteously and with appropriate sensitivity to compromised stamina, mobility, or other complications of their health status.

**D.** File a grievance with their service provider for the following:

**1.** Grounds for Grievance/Complaint

- **Denial of Services**: This means that even though the service is available and the client qualifies to receive it, it has been denied by the agency. This does not include denial of service when an agency reduces services due to financial cutbacks.
- **Substandard Services**: This means that the agency is providing services that the client believes do not meet the Standards set forth by the Inland Empire HIV Planning Council (IEHPC).

**2.** If the grievance cannot be resolved at the provider level, the grievance may be forwarded to the RWP along with the written response from the agency documenting the issue and the attempts to resolve the issue (see current contract language concerning grievances).

**E.** Receive accurate and easily understood information about their care plan, health care professionals, and health care facilities.

**F.** A selection of health care providers that is sufficient to provide access to appropriate high-quality health care.

**G.** Participate in decisions about their care and obtain information about treatment options.

G.H. Be informed, upon intake and bi-annually thereafter all clients should be informed of any available Peer Based Activities in the TGA.

H.I. Have their health care information protected and have the right to review and copy their own medical record and request that the physician amend the record if it is not accurate, relevant, or complete and insert the information or data that is accurate.

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## III. Client Responsibilities

Providers must inform all clients that they are responsible for the following:

**A.** Clients must be involved in their healthcare and take responsibility for maximizing their health.

**B.** Clients must disclose relevant information and clearly communicate wants and needs

**C.** As far as possible, clients should expect to make arrangements for services well enough in advance to avoid emergencies.

**D.** Clients consistently missing service appointments or consistently failing to adhere to their care/treatment plan should expect that the agency will refer them to more intense case management to explore the reasons and challenges contributing to their non-compliance. If client's compliance does not improve, a behavior contract, signed by the client and agency, may be established to delineate expectations and remedies. If client's compliance continues to be deficient, the agency may advise the client, as agreed upon in the behavior contract, that the client is subject to losing the privilege of future service.

**E.** Clients who by their behavior present an actual or potential danger of interruption of service or creation of unsafe conditions for themselves or others may be refused service permanently or for a stipulated period of time. (This must be communicated to the client at the time of intake.)

**F.** Clients must provide documentation of eligibility for services.

**G.** Clients must maintain periodic contact (minimum = bi-annually) with a Medical Case Manager and/or Case Manager (non-Medical) to identify need for services documented in their care/treatment plan and update eligibility documentation.

**H.** Clients must follow reasonable Service Provider policies and guidelines to ensure fair, appropriate, and timely distribution of services to all eligible clients.

**I.** Follow written or verbal instructions meant to facilitate compliance with treatments or activities supportive of the care/treatment plan, protect their own safety, or improve the accessibility or utilization of services by themselves or other clients.

## IV. Provider Requirements

**A. Contracting Capacity:** Service agencies or organizations must meet all standard Federal contracting requirements for all services provided under RW Program and must meet the requirements of contracts administered by County agencies or other County-approved contractors, whichever is more stringent. Service Provider must be compliant with all relevant OMB circulars. Where deficiencies have been noted regarding these requirements, the established action plan must be provided to the RWP and approved.

### B. Staff Qualifications

**1.** All staff, including subcontractor staff providing services in lieu of directly-contracted staff, must hold the appropriate degrees, certification, licenses, permits, or other appropriate qualifying documentation, as required by the Federal, State, County or municipal authorities; as stipulated by the RWP; or as directed by the Inland Empire HIV Planning Council (IEHPC). See each specific service standard for detailed requirements by service.

**2.** Staff and volunteers providing direct services to HIV service clients will be expected to understand and appreciate the need for accessible, timely, appropriate, affordable and effective services as a prerequisite to comprehensive care and health maintenance.

**3.** Staff and volunteers providing direct services to HIV service clients should be culturally/linguistically competent, aware, and appreciative of the special physical and psychosocial needs of individuals infected with or affected by HIV and AIDS and will facilitate the maintenance of clients' health and quality of life.

**4.** Staff and volunteers of service provider contractors and subcontractors must at all times abide by and work to enforce city, county, state, and federal workplace laws, policies, procedures, and other requirements aimed at guaranteeing clients safety, full access and equity in services provided.

**5.** Those who are not formally employed by the agency (such as volunteers) are subject to the same requirements regarding client confidentiality. These individuals can provide services to clients only under the direct supervision of a fully trained staff member.

## C. Staff Orientation and Training

**1.** All service provider staff or subcontractors who have contact with or make decisions about HIV service clients must, within three (3) months of hire, participate in a program of orientation and in-service training related to their job description and serving those with HIV. This may include requirements of health maintenance for persons living with HIV, HIV/AIDS-related disabilities, and client service expectations and preferences.

**2.** All service provider staff must receive a minimum of 8 hours annually of approved training as follows:

a) A minimum of 4 hours of service-specific training. For example, HIV/AIDS related trainings concerning:

- Medical Care
- Nutrition
- Outreach
- Mental Health
- Substance Abuse
- Housing
- Other service specific trainings related to providing services to HIV+ individuals

b) A minimum of 4 hours of general HIV/AIDS training such as:

- AIDS 101
- Client Self-Management
- Cultural Competency
- Benefits Training
- Chronic Care Model
- Other trainings with advance approval from the RWP

**3.** Training "hours" can be received through various modalities, including, but not limited to:

- In-person (e.g. conferences, lectures, seminars)
- Articles
- Home studies
- Web-inar

**4.** Conferences, home studies, web-inars, and other similar modalities will be counted as direct "hours." One page (typically 250 words) of reading not related to any other training modality (e.g., articles) will be equivalent to ten (10) minutes of "training." Therefore, as an example, six (6) article pages will count as an hour of "training."

**5.** Training hours for each staff member must be clearly documented and tracked for monitoring purposes.

**D. Client Access:** Service Providers will be responsible for planning and implementing services in a way that accommodates and facilitates an accessible environment to eligible users and potential users by taking affirmative steps to identify and meet the priority needs of clients, as well as providing adequate accommodation for actual or potential physical, psychological, and psychosocial disabilities and/or impairments. Clients must be able to utilize services regardless of age, gender, sexual orientation, race, ethnicity, disability, geographical location of residence within the TGA, or other factors unrelated to qualification for service.

**E. Service Management**

**1.** Services will be managed in a way that is transparent, fiscally responsible, and accepting of the needs of all clients and removes barriers to clients' ability to meet the requirements of their care/treatment plans.

**2.** Services will be managed to achieve accessibility, effectiveness, reliability, timeliness and appropriateness to the needs of clients.

**3.** Reasonable effort will be made to ensure clients are not receiving duplicate services at another agency.

**4.** Where service provision options are substantially equivalent in meeting the health support needs of clients, the least costly alternative is preferred.

**5.** Services should 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.** All clients must have, at a minimum, documented statements of need for all RW services delivered to the client that are updated annually and available for review. For clients requiring more intense, Medical Case Management coordination, service need for all care services (RW and non-RW) must be documented in a care/treatment plan that is shared with the client as well as all others involved in the client's care (e.g. physician, mental health provider, food voucher distributor, etc). Documentation must indicate, by client signature, that the care/treatment plan was discussed with the client annually and updated on an annual basis.

**7.** Case conferencing must occur annually for at least those clients requiring Medical Case Management care coordination.

**8.** Service providers will incorporate activities and educational resources that promote, facilitate, and encourage client self-management and self-sufficiency. These may include, but are not limited to:

- Referrals to non-RW funded services
- Resource guides to low-cost/free medical and support services (both RW and non-RW)

- Budgeting activities to assist the client with financial planning

**9.** Service Providers will immediately refer clients to other providers if they cannot provide a level of service that is medically, culturally, linguistically, or otherwise appropriate and adequate for the health maintenance needs of a particular group of clients.

**10.** Direct-service and administrative staff will provide adequate data collection and documentation of all services provided for accounting, reporting, compliance, and evaluation purposes.

**11.** Service directors and managers will ensure contract compliance with all relevant laws, regulations, policies, procedures, and other requirements designed to enforce service standards and quality.

**12.** Service providers are encouraged to maintain a "client advisory group" that is representative of the population served and that provides input to the delivery of services. If provider does not maintain a client advisory board, providers must provide a suggestion box or other client input mechanism and conduct a client satisfaction survey, or focus group at least annually.

### F. Service Documentation/Reporting

**1.** Service providers are responsible for documenting and keeping accurate records of service inputs, units of services, service outputs provided, client health outcomes, and complying with the collection of RWP minimum data elements as requirements for reimbursement of service expenses.

**2.** Reportable Units of Service (UOS): UOS are a component of each funded agency's contract. Please refer to the most current contract, including any amendments, for guidance regarding UOS.

**3.** Particular service performance indicators prescribed in the contract or presented in various policies throughout the contract period are considered integral to service contracts monitored by the RWP. Thus, all efforts to adhere to and collect data relating to these indicators are expected.

**4.** Summaries of anonymous service statistics from multiple service providers will be made available to the Planning Council by the Grantee for health service planning, budget oversight, and evaluation purposes.

**5.** All client records will be maintained in a confidential, locked location. Inactivated client records will be kept in a secure location for the period stipulated by law and by County contracts.

**6.** Documentation of all interactions, referrals and follow-up linkages with or on behalf of the client must be entered into ARIES and may also be kept in a

separate record/chart for each client. Exceptions to this request must be noted indicating the cause or reason for the exception.

**7.** Services will be delivered as prescribed by the Standards of Service and Care and policies adopted by the Inland Empire HIV Planning Council and referred to in the agency services contract.

## G. Service Evaluation

**1.** Each service provider is responsible for evaluating and reporting its performance relative to care standards.

**2.** Evaluation teams, operating under the authority of the RWP, will have access to various sources of service documentation in order to conduct client chart reviews, utilization review summaries, and other types of service audits, as needed.

**3.** Each Provider will comply with the process for the collection and examination of data related to client satisfaction. Each Agency will have a process to respond to the information obtained from clients and reported by the RWP.

**4.** Each Provider will develop an improvement process, as needed, based on the annual Client Satisfaction Survey and annual program monitoring.

**5.** All Providers shall maintain a grievance procedure, which provides for the objective review of client grievances and alleged violations of care and service standards. Clients will be routinely informed about, and assisted in utilizing this procedure and shall not be discriminated against for so doing.

**6.** The Provider will have a client complaint procedure, through which clients may address issues not appropriate to the grievance procedure. Complaints will be investigated, and responded to in a timely and respectful manner by the Agency.

### H. HIPAA Compliance

**1.** All providers will comply with the Health Insurance Portability and Accountability Act (HIPAA) of 1996. All HIPAA regulations must be followed when interacting with or on behalf of the client as well as in record maintenance. All clients must be apprised of their rights under HIPAA and this must be documented in ARIES and in each client's chart with a signed form.

**2.** Agency employees and volunteers shall sign a confidentiality statement following completion of staff orientation/training on the subject of confidentiality.

**3.** Clients will be educated regarding their right to confidentiality and provided with a document that expressly describes under what circumstances client information can be released and to whom.

### I. Minority AIDS Initiative (MAI) Funded Service Provision

In addition to items IV A – H above, agencies awarded contracts under the Minority AIDS Initiative must:

1. Be located in or near the geographic area(s) where services are provided.
2. Have a documented history of providing service to the target population(s) to be served.
3. Have documented linkages to the target population(s), to help close the gap in access to services for highly impacted communities of color.
4. Provide services in a manner that is culturally and linguistically appropriate.

## V. Client Inactivation

**A.** Clients may be inactivated from a service when an interdisciplinary case conference of relevant service providers has determined that the client can and/or should be inactivated. Examples of justification for inactivation include, but are not limited to the following:

1. Client is lost to follow-up after multiple documented methods to contact.
2. Client has failed to provide updated documentation of eligibility status after three (3) documented attempts.
3. Client's actions have put the agency, staff, and/or other clients at risk.
4. Client has requested to be inactivated.

**5.** Client is not actively engaged in seeking and remaining in medical care and has not been for one year or more.

**6.** Client no longer resides within the TGA.

**7.** Client is deceased.

**B.** Clients must be made aware of agency-specific policies regarding inactivation at intake.

**C.** Please refer to the RWP's Policy Letter regarding Case Inactivation.

**D.** Client should be referred to Outreach or some other equivalent program in an effort to bring the client back into care, before inactivation.

# AIDS PHARMACEUTICAL ASSISTANCE (LOCAL)

## INLAND EMPIRE HIV PLANNING COUNCIL STANDARDS OF CARE
## RIVERSIDE/SAN BERNARDINO TRANSITIONAL GRANT AREA
## RYAN WHITE HIV/AIDS PROGRAM

*This document offers a limited set of focused standards addressing key aspects specific to this service category. Other relevant standards, including the Common Standards, as well as other policies, recommendations and guidelines should be referenced in conjunction with this standard.*

### Purpose of Standards

These service and care standards are prescribed by the Inland Empire HIV Planning Council (IEHPC). The purpose of these standards is to establish a minimum set of quality expectations to ensure uniformity of service funded by the Health Resources and Services Administration (HRSA) under the Ryan White Program legislation (Part A and Part A MAI) across the Riverside/San Bernardino Transitional Grant Area (R/SB TGA).

These standards are to be monitored and enforced by means of incorporation into service provision contracts managed by the Ryan White Program (RWP) Office on behalf of the IEHPC, as provided by the Ryan White HIV/AIDS Program legislation and HRSA policies, guidance, and other requirements.

### Definition of Services (*HRSA*)

> ***AIDS Pharmaceutical Assistance (local)*** *includes local pharmacy assistance programs implemented by Part A or Part B Grantees to provide HIV/AIDS medications to clients. This assistance can be funded with Part A grant funds and/or Part B base award funds. Local pharmacy assistance programs are* ***not*** *funded with ADAP earmark funding.*

### I. Care and Treatment Goal(s)

The goal of AIDS Pharmaceutical Assistance (local) is to serve as a *stop-gap* by providing access to drug treatments as prescribed by a client’s physician in a timely and reliable manner to facilitate adherence to prescribed treatment regimens.

### II. Service Goal

To provide access to a continuum of drug treatments for all persons living with HIV/AIDS (PLWHA) in the TGA who have no other means to pay for therapies necessary to improve health and prolong life or PLWHA who are awaiting approval from another source such as the AIDS Drug Assistance Program (ADAP).

### A. Service Objectives

1. To provide antiretroviral prescriptions/medications and other HIV-related medications to eligible consumers that have no other source of payment as a measure to meet an emergent service gap for consumers.
2. To ensure that needed prescribed medications will be available on a continuing basis in the absence of all other resources.

### B. Description of Services

*Service Components*

1. Provide prescribed medication to clients, in accordance with the treatment plan prescribed by the client's medical care provider.
2. If a Care Plan is in place, the Care Plan should be reviewed and incorporated into the delivery of pharmaceutical assistance. If a client receiving pharmaceutical assistance presents with additional service needs, these needs should be incorporated into the clients Care Plan, if they are ever in need of Medical Case Management.
3. Provide and maintain thorough, detailed and accurate daily, weekly, and monthly program record keeping, including medication inventory control.
4. Meet federal and state requirements regarding safety, sanitation, access, public health, infection control, and proper storage of medications.

### C. Limitations

1. Clients must not be eligible for medication by any other payor source.
2. Prescriptions for alternative medicine therapies are not eligible for payment under this program.
3. Medications purchased by a clinic and administered or provided during the course of a regular medical visit are not reimbursable under this service category.
4. Medications provided under this service category are intended as a temporary source of payment for medications until eligibility in another program can be established.
5. Medication disbursement is limited to the following per client per program year:
   a. One 30 day or less supply of medication.
   b. Prescriptions must be signed by a licensed clinician.
   c. Medications must meet the current guidelines of the U.S. Public Health Service (PHS), National Institutes of Health (NIH), and the American Academy of HIV Medicine (AAHIVM) guidelines.
   d. Medications prescribed must be in accordance with the most recently established R/SB TGA Formulary Policy established by the RWP Office in collaboration with community stakeholders.

## III. Service-Specific Staff Qualifications

Staff must be experienced and trained and supervision must be provided by at least one individual who is licensed and accredited by an appropriate state/federal agency. *Please refer to the Common Standards of Care for general staff qualification requirements.*

## IV. Exceptions and Urgent Need

*Please refer to the Common Standards of Care for guidance concerning exceptions and urgent need.*

## V. Reportable Units of Service and Financial Eligibility

*Please refer to the current service contract for a description of the unit of service and financial eligibility thresholds for each service category.*

# INLAND EMPIRE HIV PLANNING COUNCIL STANDARDS OF CARE
# RIVERSIDE / SAN BERNARDINO TRANSITIONAL GRANT AREA
# RYAN WHITE HIV/AIDS PROGRAM

## CASE MANAGEMENT (NON-MEDICAL)

*This document offers a limited set of focused standards addressing key aspects specific to this service category. Other relevant standards, including the Common Standards, as well as other policies, recommendations and guidelines should be referenced in conjunction with this standard.*

### Purpose of Standards

These service and care standards are prescribed by the Inland Empire HIV Planning Council (IEHPC). The purpose of these standards is to establish a minimum set of quality expectations to ensure uniformity of service funded by the Health Resources and Services Administration (HRSA) under the Ryan White HIV/AIDS Program legislation across the Riverside/San Bernardino Transitional Grant Area (R/SB TGA).

These standards are to be monitored and enforced by means of incorporation into service provision contracts managed by the Ryan White Program (RWP) Office on behalf of the IEHPC, as provided by the Ryan White HIV/AIDS Program legislation and HRSA policies, guidance, and other requirements.

### Definition of Services (*HRSA*)

> ***Case Management (non-medical)*** *includes the provision of advice and assistance in obtaining medical, social, community, legal, financial, and other needed services. Case Management (non-medical) does not involve coordination and follow-up of medical treatments, as medical case management does.*

### I. Care and Treatment Goal(s)

Case Management (non-medical) is available to all clients in the TGA to ensure and improve coordination of supportive services and to help clients access and maintain their connection to HIV medical care.

### II. Service Goal

The goal of Case Management (non-medical) is to assist individuals in attaining and maintaining a maximum level of health and independent functioning through the coordination of resources. Staff assesses client needs; helps establish and evaluate goals and links clients to community resources, including partner services and testing. The Case Manager is also an advocate on behalf of their clients.

## A. Service Objectives

1. To ensure timely access to medical, social and other needed services through appropriate referrals.
2. To foster a sense of patient empowerment and responsibility for their own health.
3. To provide an opportunity to describe components of Medical Case Management services and referrals as appropriate to all HIV positive clients.

**B.** Description of Services:

Eligibility for Case Management (non-medical) services is dependent on client need.

**C.** Service Components

**Initial Intake/Assessment**

1. A brief initial intake/assessment is developed within 15 days from referral.
2. Initial and ongoing assessment of client's acuity level (minimum = upon intake and as needed to determine need for Medical Case Management. ).
3. When appropriate, this initial assessment should be made available for development of the client's Care Plan.
4. If a Care Plan is in place, the Care Plan should be reviewed and incorporated into the delivery of Case Management (non-medical). If a client receiving Case management (~~non medical~~non-medical) presents ~~with additional~~with additional service needs, these needs should be incorporated into the clients Care Plan, if they are ever in need of Medical Case Management.
5. Case Managers will discuss budgeting with ~~theirclients~~their clients~~, in~~, in order to maintain access to necessary services.

**Screening/Referrals**

1. Screening for domestic violence, mental health, substance use, advocacy needs, and other issues is conducted.
2. Clients are assisted with referrals and linkages to medical, mental health, substance abuse, psychosocial services, and other services as needed.
3. Whenever possible and appropriate, the Case Manager will provide clients a choice of referrals to address gaps in their support network.
4. Clients will be assisted with obtaining needed financial resources for daily living such as bus pass vouchers, gas cards and other emergency financial assistance.

**Education**

1. Educate clients regarding allowable services for family members, significant others and friends in the client's support system (i.e. education on HIV disease, care and treatment issues, prevention education) with the goal of developing and strengthening their support system to help maintain their connection to medical care.
2. Educate or provide referrals to agencies that educate clients about health education, risk reduction, and self-management.

3. Educate clients about their rights as well as their roles and responsibilities in the services system.

**D. Limitations:**

There are no service-specific limitations for Case Management (non-medical).

## III. Service-Specific Staff Qualifications

Case managers are trained and knowledgeable about HIV/AIDS and current resources.
All case managers will comply with agency standards and code of ethics.
*Please refer to the Common Standards of Care for general staff qualification requirements.*

## IV. Exceptions and Urgent Need

*Please refer to the Common Standards of Care for guidance concerning Exceptions and Urgent Need.*

## V. Reportable Units of Service and Financial Eligibility

*Please refer to the current service contract for a description of the unit of service and financial eligibility thresholds for each service category.*

# INLAND EMPIRE HIV PLANNING COUNCIL STANDARDS OF CARE
# RIVERSIDE / SAN BERNARDINO TRANSITIONAL GRANT AREA
# RYAN WHITE HIV/AIDS PROGRAM

## FOOD SERVICES

*This document offers a limited set of focused standards addressing key aspects specific to this service category. Other relevant standards, including the Common Standards, as well as other policies, recommendations and guidelines should be referenced in conjunction with this standard.*

### Purpose of Standards

These service and care standards are prescribed by the Inland Empire HIV Planning Council (IEHPC). The purpose of these standards is to establish a minimum set of quality expectations to ensure uniformity of service funded by the Health Resources and Services Administration (HRSA) under the Ryan White HIV/AIDS Program legislation across the Riverside/San Bernardino Transitional Grant Area (R/SB TGA).

These standards are to be monitored and enforced by means of incorporation into service provision contracts managed by the Ryan White Program (RWP) Office on behalf of the IEHPC, as provided by the Ryan White HIV/AIDS Program legislation and HRSA policies, guidance, and other requirements.

### Definition of Service *(HRSA)*

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

### I. Care and Treatment Goal(s)

The provision of “Food Services” in the R/SB TGA augments other public and private resources for food or meals available to individuals in an attempt to ensure that there will be no regression in health status or additional problems with daily living caused by inadequate or unbalanced nutrition.

### II. Service Goal

The overall goal of food services is to supplement eligible HIV/AIDS client’s ability to maintain continuous access to adequate caloric intake and balanced nutrition sufficient to maintain optimal health in the face of compromised health status due to HIV infection.

#### A. Service Objectives

1. To provide access to healthy and nutritiously necessary food or meals for PLWH/A in the R/SB TGA through the distribution of actual food or food vouchers to help maintain caloric intake and balanced nutrition, consistent with each client's care plan.

### B. Description of Services

*Service Components*

1. Food Services in the R/SB TGA consist of the distribution of food vouchers, as well as the purchase of food and hot meals.
2. Licensure: Funded food service program will be licensed, if applicable, and meet inspection requirements for Food Service Sanitation in the city or county of operation.
3. Food Handling Policy: Provider must submit, post and show evidence of adherence to a policy to ensure disposal of perishable and non-perishable, damaged or package tampered goods.
4. Agencies providing food vouchers will make every effort to purchase quantities that provide for discounts.
5. Within each agency every client should receive an equal number of food vouchers each month.

### C. Limitations

1. Nutritional Assessment and Nutritional Counseling services are not a part of the Food Services Program.
2. Food Services are designed only as a supplemental or partial augmentation to other food sources available to clients.
3. Funds may not be used to purchase household appliances, pet foods or products.
4. Maximum of $40 per client per month (can be combination of vouchers and food bags).

## III. Service-Specific Staff Qualifications

There are no prescribed staff qualifications specific to Food Services. *Please refer to the Common Standards of Care for general staff qualification requirements.*

## IV. Exceptions and Emergent Need

*Please refer to the Common Standards of Care for guidance concerning exceptions and Emergent Need.*

## V. Reportable Units of Service and Financial Eligibility

*Please refer to the current service contract for a description of the unit of service and financial eligibility thresholds for each service category.*

**INLAND EMPIRE HIV PLANNING COUNCIL STANDARDS OF CARE**
**RIVERSIDE / SAN BERNARDINO TRANSITIONAL GRANT AREA**
**RYAN WHITE HIV/AIDS PROGRAM**

# HOUSING SERVICES

*This document offers a limited set of focused standards addressing key aspects specific to this service category. Other relevant standards, including the Common Standards, as well as other policies, recommendations and guidelines should be referenced in conjunction with this standard.*

## Purpose of Standards

These service and care standards are prescribed by the Inland Empire HIV Planning Council (IEHPC). The purpose of these standards is to establish a minimum set of quality expectations to ensure uniformity of service funded by the Health Resources and Services Administration (HRSA) under the Ryan White HIV/AIDS Program legislation across the Riverside/San Bernardino Transitional Grant Area (R/SB TGA).

These standards are to be monitored and enforced by means of incorporation into service provision contracts managed by the Ryan White Program (RWP) Office on behalf of the IEHPC, as provided by the Ryan White HIV/AIDS Program legislation and HRSA policies, guidance, and other requirements.

## Definition of Service *(HRSA)*

> ***Housing Services** are the provision of short-term assistance to support emergency, temporary or transitional housing to enable an individual or family to gain or maintain medical care. Housing-related referral services include assessment, search, placement, advocacy, and the fees associated with them. Eligible housing can include both housing that does not provide direct medical or supportive services and housing that provides some type of medical or supportive services such as residential mental health services, foster care, or assisted living residential services.*

## I. Care and Treatment Goal(s):

The goal of Housing Services is to augment other resources for housing assistance through the provision of housing referral services including housing assessment, short-term and emergency services designed to stabilize housing for clients in order to promote access to health care and supportive service. In combination with emergency assistance funds and other short-term intensive support, provide an environment that facilitates continuation of HIV medical care and appropriate medication adherence thereby improving quality of life and clinical health outcomes.

## II. Service Goal(s):

Enable HIV service clients at risk for loss of shelter to remain in, enter, or re-enter a stable living environment and assist in locating and placing eligible clients in emergency/temporary shelter, when necessary.

### A. Service Objectives

1. Assist in entry, re-entry, and maintenance in a stable living environment.
2. Provide shelter on an emergency or temporary basis to clients who are homeless or at risk for homelessness.

### B. Description of Services

*Service Components*

1. Conduct housing service assessment with client. According to *HRSA Policy Notice 08-01*, *"the necessity of housing services for purposes of medical care must be certified or documented by a case manager, social worker, or other licensed healthcare professional(s)."*
2. When appropriate, the housing assessment should be made available for development of the client's Care Plan.
3. If a Care Plan is in place, the Care ~~Plan should~~Plan should be reviewed and incorporated where appropriate. If the housing case manager identifies additional service needs, these needs should be incorporated into the Client's Care Plan if they are ever in need of Medical Case Management.
4. Provide temporary/emergency housing and make referrals to appropriate long term housing resources.
5. Provide housing, rental assistance, including housing units and group quarters that have supportive environments.
6. According to *HRSA Policy Notice 08-01*, emergency/short-term assistance *"must be accompanied by a strategy to identify, relocate and/or ensure progress towards long-term, stable housing OR a strategy to identify an alternate funding source for housing assistance."*
7. Other components may include but are not limited to the following, as they relate to housing needs: counseling, case management, life skills training, and education.
8. In the event that a property manager does not accept a third party check, the agency may provide Housing Assistance in the form of a money order or cashier's check.

### C. Limitations

1. See HRSA Policy Notice 08-01 for HRSA guidance concerning allowable RW-funded Housing Services.
2. Funds cannot be in the form of direct cash payments to recipients or services.
3. Mortgage payments are not allowable.

Local limitations are as follows:

1. Utility bill payments are not allowable
2. Eligible clients may receive up to thirty (30) nights of emergency motel or thirty (30) days of rent assistance annually.

## III. Service-Specific Staff Qualifications

According to *HRSA Policy Notice 08-01*, housing case management must be provided by case managers or other professional(s) who possess a comprehensive knowledge of local, State, and Federal housing programs and how they can be accessed
*Please refer to the Common Standards of Care for general staff qualification requirements.*

## IV. Exceptions and Urgent Need

*Please refer to the Common Standards of Care for guidance concerning Exceptions and Urgent Need.*

## V. Reportable Units of Service and Financial Eligibility

*Please refer to the current service contract for a description of the unit of service and financial eligibility thresholds for each service category.*

# INLAND EMPIRE HIV PLANNING COUNCIL STANDARDS OF CARE
# RIVERSIDE / SAN BERNARDINO TRANSITIONAL GRANT AREA
# RYAN WHITE HIV/AIDS PROGRAM

## MEDICAL TRANSPORTATION SERVICES

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### Purpose of Standards

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### Definition of Services (*HRSA*)

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

### I. Care and Treatment Goal(s)

To enable access to health care or support services as deemed necessary by clinician and/or medical case manager to maintain/improve health outcomes.

### II. Service Goal

To provide transportation services to necessary health care or support services for eligible individuals that also take into account the traveler's health-care needs. Transportation services may be provided routinely or on an emergency basis.

#### A. Service Objectives

1. To provide various modes of transportation to health care or support service appointments.
2. To provide a service that is safe, of high quality, and prompt.
3. To provide cost-effective transportation to health care or support service appointments.

#### B. Description of Services

*Service Components*

1. When appropriate, service provision plans must be made available for development of the client's Care Plan.
2. If a Care Plan is in place the Care Plan should be reviewed and incorporated into the delivery of Medical Transportation. If a client receiving Medical Transportation presents with additional service needs, these needs ~~should be~~should be ~~incorporated into~~incorporated into the clients Care Plan, if they are ever in need of Medical Case management.
3. Provide the most economical means of transportation whenever possible.
4. Allowable modes of transportation service include:
    a) Bus passes
    b) Gasoline vouchers
    c) Van trip
    d) Urgent taxi trip (only when no other option is available)
5. Documentation must be maintained for all modes to verify that transportation funds were received by the client and were used to access necessary health care and support service appointments. For instance, the provision of gasoline vouchers requires a log with client signature and date indicating that the client received the gasoline voucher as well as a consumer travel record showing dates, location of service appointments and mileage. Travel records must be signed by a staff member at the destination-agency (medical or support service staff) to verify that the individual made it to the intended appointment.
6. No-cost, non-profit or volunteer transportation services should be used as often as possible. Agency representatives must identify such resources with clients prior to provision of other options.
7. Taxi services may be used, but should be considered last resort.

### C. Limitations

1. Funds may not be used for client automobile maintenance or repairs or for tires.
2. Funds may not be used for ambulance service.
3. Funds may not be used to transport individuals outside the TGA except when needed services are unavailable within the TGA. Trips outside the TGA must be recommended by a physician, clinician, and a medical case manager, and authorized by the Ryan White Program Staff.
4. Funds may not be used to assist with participation in clinical trials.
5. Funds may not be used to transport individuals to Inland Empire HIV Planning Council meetings or other meetings not directly associated with maintaining/improving the individual's health care.

## III. Service-Specific Staff Qualifications

If staff is used to provide van transport, they must have a California Driver's License and the minimum required amount of Automobile Insurance as required by the law to transport

clients. *Please refer to the Common Standards of Care for additional general staff qualification requirements.*

## IV. Exceptions and Urgent Need

*Please refer to the Common Standards of Care for guidance concerning exceptions and Urgent Need.*

## V. Reportable Units of Service and Financial Eligibility

*Please refer to the current service contract for a description of the unit of service and financial eligibility thresholds for each service category.*

# PSYCHOSOCIAL SUPPORT SERVICES

## INLAND EMPIRE HIV PLANNING COUNCIL STANDARDS OF CARE
## RIVERSIDE / SAN BERNARDINO TRANSITIONAL GRANT AREA
## RYAN WHITE HIV/AIDS PROGRAM

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### Purpose of Standards

These service and care standards are prescribed by the Inland Empire HIV Planning Council (IEHPC). The purpose of these standards is to establish a minimum set of quality expectations to ensure uniformity of service funded by the Health Resources and Services Administration (HRSA) under the Ryan White HIV/AIDS Program legislation across the Riverside/San Bernardino Transitional Grant Area (R/SB TGA).

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### Definition of Service *(HRSA)*

> ***Psychosocial support service**s are the provision of support and counseling activities, child abuse and neglect counseling, HIV support groups, pastoral care, caregiver support, and bereavement counseling. Includes nutrition counseling provided by a non-registered dietitian but excludes the provision of nutritional supplements.*

### I. Care and Treatment Goal(s)

To provide support and counseling regarding the emotional and psychological issues related to living with HIV to those affected directly and indirectly by HIV and to promote problem solving, service access and steps towards diseases self-management.

### II. Service Goal:

To provide psychosocial support services through the delivery of individual and group counseling to persons living with HIV/AIDS and those otherwise affected by HIV/AIDS in the TGA in order to maintain them in the HIV system of care.

**A. Service Objectives:**

1. To provide a central and dedicated support contact in order to address and minimize crisis situations and stabilize clients' psychological health status so as to maintain their participation in the care system.

**B. Description of Services**

*Service Components*

1. Develop initial individual assessment.
2. When appropriate, this initial assessment must be made available for development of the client's Care Plan.
3. If ~~a Care~~a Care Plan is in place, the Care Plan ~~shouldbe~~should be reviewed and incorporated into the delivery ~~of Psychosocial~~of Psychosocial Support . If a client receiving Psychosocial Support presents ~~with additional~~with additional service needs, these needs should be ~~incorporated into~~incorporated into the clients Care Plan, if they are ever in need of Medical Case Management.
4. Provide individual counseling session(s). Document service provision, goals, and progress.
5. Provide group counseling sessions(s). Document group service provision such as: topics/focus, participant names and HIV status, group duration, group type (open/closed), general group goals.
6. Provide allowable, needed services to family members and significant others in the client's support system, with the goal of developing and strengthening the client's support system to help maintain their connection to medical care.
7. Facilitate successful case conferencing sessions through direct participation and the provision of appropriate information.
8. Coordinate with and make referrals to both interagency and outside mental health professionals, as appropriate.
9. Coordinate with and make referrals to both interagency and outside nutritional support services, as appropriate.

**C. Limitations**

1. Excludes the provision of nutritional supplements.

## III. Service-Specific Staff Qualifications

There are no prescribed staff qualifications specific to Psychosocial Support Services. *Please refer to the Common Standards of Care for general staff qualification requirements.*

## IV. Exceptions and Urgent Need

*Please refer to the Common Standards of Care for guidance concerning exceptions and Urgent Need.*

## V. Reportable Units of Service and Financial Eligibility

*Please refer to the current service contract for a description of the unit of service and financial eligibility thresholds for each service category.*

# Ryan White Program (Part A and Part A MAI)

## Financial Eligibility Criteria

***NOTE: Please refer to the entire set of Standards of Care for complete eligibility criteria.

| **CORE SERVICE CATEGORY** | **FINANCIAL ELIGIBILITY CRITERIA[1]** |
|---|---|
| Outpatient/Ambulatory Medical Care | Total income < 300% of Federal Poverty Level |
| AIDS Pharmaceutical Assistance (local) | Total income < 300% of Federal Poverty Level |
| Oral Health | Total income < 200% of Federal Poverty Level |
| Home and Community Based Health Services | Total income < 300% of Federal Poverty Level |
| Mental Health | Total income < 200% of Federal Poverty Level |
| Medical Case Mgmt. (Including tx adherence) | Total income < 300% of Federal Poverty Level |
| Substance Abuse Outpatient | Total Income < 200% of Federal Poverty Level |
| Early Intervention Services | Total Income < 300% of Federal Poverty Level |
| **SUPPORT SERVICE CATEGORY** | |
| Case Management (Non Medical) | Total income < 300% of Federal Poverty Level |
| Food | Total income < 150% of Federal Poverty Level |
| Health Education/Risk Reduction | Total income < 300% of Federal Poverty Level |
| Housing Services | Total Income < 150% of Federal Poverty Level |
| Medical Transportation | Total income < 200% of Federal Poverty Level |
| Outreach Services | Total income < 300% of Federal Poverty Level |
| Psychosocial Support | Total income < 200% of Federal Poverty Level |

[1] Federal Poverty Guidelines:

- Refer to the most current poverty guidelines at http://aspe.hhs.gov/poverty.
- In the Riv/SB TGA, the Federal Poverty Guidelines should be applied to a "family".
- "Family" is defined by the Department of Health and Human Services as "*a group of two or more persons related by birth, marriage, or adoption who live together; all such related persons are considered as members of one family. For instance, if an older married couple, their daughter and her husband and two children, and the older couple's nephew all lived in the same house or apartment; they would all be considered members of a single family.*"
- If an individual does not fit this definition, and is not in a legal, domestic partnership, their income may be considered a separate "family" income.

# ORAL HEALTH CARE

## INLAND EMPIRE HIV PLANNING COUNCIL STANDARDS OF CARE
## RIVERSIDE / SAN BERNARDINO TRANSITIONAL GRANT AREA
## RYAN WHITE HIV/AIDS PROGRAM

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### Purpose of Standards

These service and care standards are prescribed by the Inland Empire HIV Planning Council (IEHPC). The purpose of these standards is to establish a minimum set of quality expectations to ensure uniformity of service funded by the Health Resources and Services Administration (HRSA) under the Ryan White HIV/AIDS Program legislation across the Riverside/San Bernardino Transitional Grant Area (R/SB TGA).

These standards are to be monitored and enforced by means of incorporation into service provision contracts managed by the Ryan White Program (RWP) Office on behalf of the IEHPC, as provided by the Ryan White HIV/AIDS Program legislation and HRSA policies, guidance, and other requirements.

### Definition of Services (*HRSA*)

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

### I. Care and Treatment Goal(s):

To maintain and improve the oral health of persons living with HIV/AIDS (PLWH/A), thereby improving overall health outcomes.

### II. Service Goal(s):

To provide limited diagnostic, preventive, and therapeutic dental care to eligible, low-income PLWH/A.

#### A. Service Objective(s):

1. To reduce medical complications related to poor oral health.
2. To reduce dental disease through education to PLWH/A on the importance of good oral health.
3. To reduce dental disease through the provision of toothbrushes, toothpastes, floss and other necessary dental products necessary for good oral health.

## B. Description of Services:

*Service Components*

1. Initial assessment including complete health history and comprehensive oral exam provided within 60 days of initial visit.
2. Development a written Treatment and Oral Hygiene Plan in collaboration with the client, and signed by client. Including periodic updates and signed by client.
3. The referral for Oral Health Service (OHS) must be documented in the Individual Service Plan (ISP) ISP/Care Plan by the Case Manager. If a Care Plan is in place, the Care Plan should be reviewed by the Oral Health Care provider.
4. If the Dental Provider identifies additional service needs, these needs should be communicated to the Case Manager and included in the Care Plan if the client is ever in need of Medical Case Management.
5. Provide follow up prophylactic visit within 6 months of initial visit as specified in Treatment Plan.
6. Visits shall be at least annually or may be more frequent based on Treatment Plan. Provider will accommodate same day urgent care visits or referral as necessary.
7. Referrals will be made for Non Ryan White Program providers as necessary.
8. Ryan White HIV/AIDS Program Standards of Care shall be made available to consumers in a prominent place in dental clinics which receives Ryan White HIV/AIDS Part A Oral Health Care funding.

## C. Limitations:

1. Eligible clients may receive a maximum of $1,800 worth of dental care per year. *Note: The IEHPC may amend this spending cap as a result of funding changes. The RWP Office will communicate any changes to the service providers.*
2. *Clients will receive CAP updates upon request.*

## III. Service-Specific Staff Qualifications

Professional Oral Health staff must be licensed as required by the State of California.
*Please refer to the Common Standards of Care for general staff qualification requirements.*

## IV. Exceptions and Urgent Need

*Please refer to the Common Standards of Care for guidance concerning exceptions and Urgent Need.*

## V. Reportable Units of Service and Financial Eligibility

*Please refer to the current service contract for a description of the unit of service and financial eligibility thresholds for each service category.*

# OUTPATIENT/AMBULATORY MEDICAL CARE

## INLAND EMPIRE HIV PLANNING COUNCIL STANDARDS OF CARE
## RIVERSIDE/SAN BERNARDINO TRANSITIONAL GRANT AREA
## RYAN WHITE HIV/AIDS PROGRAM

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### Purpose of Standards

These service and care standards are prescribed by the Inland Empire HIV Planning Council (IEHPC). The purpose of these standards is to establish a minimum set of quality expectations to ensure uniformity of service funded by the Health Resources and Services Administration (HRSA) under the Ryan White Program legislation (Part A and Part A MAI) across the Riverside/San Bernardino Transitional Grant Area (R/SB TGA).

These standards are to be monitored and enforced by means of incorporation into service provision contracts managed by the Ryan White Program (RWP) Office on behalf of the IEHPC, as provided by the Ryan White HIV/AIDS Program legislation and HRSA policies, guidance, and other requirements.

### Definition of Service *(HRSA)*

> **Outpatient/Ambulatory medical care (health services)** *is the provision of professional diagnostic and therapeutic services rendered by a physician, physician's assistant, clinical nurse specialist, or nurse practitioner in an outpatient setting. Settings include clinics, medical offices, and mobile vans where clients generally do not stay overnight. Emergency room services are not outpatient settings. Services includes diagnostic testing, early intervention and risk assessment, preventive care and screening, practitioner examination, medical history taking, diagnosis and treatment of common physical and mental conditions, prescribing and managing medication therapy, education and counseling on health issues, well-baby care, continuing care and management of chronic conditions, and referral to and provision of specialty care (includes all medical subspecialties). Primary medical care for the treatment of HIV infection includes the provision of care that is consistent with the Public Health Service's guidelines. Such care must include access to antiretroviral and other drug therapies, including prophylaxis and treatment of opportunistic infections and combination antiretroviral therapies.*

## I. Care and Treatment Goal(s)

To maintain and/or improve the health status of persons living with HIV/AIDS in the Riv/SB TGA, thus lengthening and improving their quality of life.

## II. Service Goal

To provide high quality, cost-effective outpatient/ambulatory care to PLWH/A who do not otherwise have access to medical care to maintain and improve their health status and quality of life.

### A. Service Objectives

1. Assess client health status and develop treatment plan, in collaboration with client.
2. Provide outpatient/ambulatory medical care services that result in an interruption or delay of HIV disease progression.

### B. Description of Services

*Service Components*

1. Development of Treatment Plan in collaboration with the client and other service providers.
2. Diagnostic testing
3. Documentation and tracking of viral loads and CD4 counts
4. Early intervention and risk assessment
5. Preventive care and screening
6. Practitioner examination
7. Medical history taking
8. Diagnosis and treatment of common physical and mental conditions in a manner consistent with the AAHIVM (American Academy of HIV Medicine) standards, USPHS (United States Public Health Service) guidelines, accepted industry patient safety standards as well as the AMA (American Medical Association) guidelines for general and chronic care
9. Prescribing and managing medication therapy
10. Education and counseling on health issues
11. Continuing care and management of chronic conditions
12. Provision of specialty care and referrals to specialty care when the needs exceed the provider capacity or scope
13. Treatment Adherence Counseling/Education
14. Participate in case conferencing
15. Annual peer reviews to ensure consistency with guidelines
16. Outpatient/Ambulatory providers shall have a client Advisory group

### C. Limitations

1. Outpatient/Ambulatory Medical Care funds may not be used to purchase HIV/AIDS medications or any other medications. AIDS Pharmaceutical Assistance (local) should be utilized to pay for HIV/AIDS medications only when no other source is available.

## III. Service-Specific Qualifications

- *Staff:* Medical Care personnel must be board certified and/or meet all credentialing requirements for their specialty/medical degree. Certification by the American Academy of HIV Medicine (AAHIVM), Association of Nurses in AIDS Care (ANAC), and/or other comparable organizations is strongly encouraged.

- *Facility:* The agency must be licensed and Medi-Cal certified by the State and must comply with current federal and state standards for such programs.

## IV. Exceptions and Urgent Need

*Please refer to the Common Standards of Care for guidance concerning Exceptions and Urgent Need.*

## V. Reportable Units of Service and Financial Eligibility

*Please refer to the current service contract for a description of the unit of service and financial eligibility thresholds for each service category.*

# EARLY INTERVENTION SERVICES

## INLAND EMPIRE HIV PLANNING COUNCIL STANDARDS OF CARE
## RIVERSIDE / SAN BERNARDINO TRANSITIONAL GRANT AREA
## RYAN WHITE HIV/AIDS PROGRAM

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### Purpose of Standards

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### Definition of Service *(HRSA)*

***Early intervention services (EIS)*** include counseling individuals with respect to HIV/AIDS; testing (including tests to confirm the presence of the disease, tests to diagnose to extent of immune deficiency, tests to provide information on appropriate therapeutic measures); referrals; other clinical and diagnostic services regarding HIV/AIDS; periodic medical evaluations for individuals with HIV/AIDS; and providing therapeutic measures.

### I. Care and Treatment Goal(s)

The goal of EIS is to decrease the time between the acquisition of HIV and entry into the medical care system, thereby ensuring early access to HAART, decreasing transmission rates, and improving health outcomes.

### II. Service Goal

Quickly link HIV infected individuals to testing services, core medical services, and support services necessary to support treatment adherence and maintenance in medical care.

## A. Service Objectives

1. Identify those that are unaware of their HIV infected status, placing emphasis on those known to be at disproportionate risk for HIV infection and those considered to be at high-risk, and informing them of their status
2. Identify those that are HIV infected that have fallen out of care ("unmet need")
3. Inform unaware and "unmet need" HIV infected individuals of service options
4. Refer unaware and "unmet need" HIV infected individuals to medical services
5. Link unaware and "unmet need" HIV infected individuals to medical services

## B. Description of Services

*Service Components*

1. Conduct in depth, one-on-one encounters that are planned and delivered in coordination with local HIV prevention outreach programs to avoid duplication of effort.
2. Connect/reconnect HIV infected individuals into care utilizing the "*Bridge*" program as the model.
3. Establish and maintain formal linkages with entities that perform effective outreach with persons found to be disproportionately impacted by HIV or with persons who, by virtue of geographic location or circumstance, have disproportionately less access to care (e.g. prisons, homeless shelters, substance abuse treatment centers, counseling and testing sites, and areas of high-risk sexual activity)
4. Establish and maintain formal linkages with entities that do <u>not</u> traditionally target high risk populations (e.g. community centers, faith based locations/organizations, hospitals, clinics, other nontraditional outlets).
5. Link unaware HIV infected individuals to HIV counseling and testing and, if found to be HIV infected, to other services necessary to maintain/improve health outcomes, including Medical/Non Medical Case Management
6. Identify barriers and refer "unmet need" HIV infected individuals to services necessary to maintain/improve health outcomes, including Medical/Non Medical Case Management.
7. Provide education and informative materials regarding the availability of testing and HIV/AIDS care services to individuals in need of HIV/AIDS information such as those at-risk, those who are HIV positive, those affected by HIV, and caregivers.
8. Utilize the standardized *Enrollment Form* and *Progress Form* to document entry into the EIS program and track and report progress.
9. Maintain up-to-date, quantifiable data that will accommodate local effectiveness evaluation and reporting. Evaluation, documentation, and reporting will demonstrate a continuum of client health outcomes improvement from initial encounter and identification to testing and counseling to entry and maintenance in care. Data will include

number of encounters by demographics including race/ethnicity, gender, age, risk category, insurance type(s)(when possible), service area(s), and linkages to care including linkages to programs that provide continued monitoring of client in care.

10. For MAI-funded EIS, develop and implement specific, evidence based outreach strategies proven effective in the identification and linkage to and maintenance in care of individuals from Minority populations who may or may not be aware of their HIV status including individuals who may not perceive themselves to be at risk of HIV.
11. If referred to EIS due to missed appointments, discharge from EIS must be agreed upon by all parties involved. A minimum of two disciplines must "sign off" on the discharge (e.g. EIS worker and Medical/Non Medical Case Manager). Ideally would also include Physician and/or Medical/Non Medical Case Manager in case conference.

### C. Limitations

1. MAI EIS funds may only be utilized to serve HIV infected individuals that are Black/African American and/or Hispanic/Latino. See *Common Standards* for additional MAI requirements.
2. Cash payments or the use of cash incentives for clients is prohibited.
3. Activities that exclusively promote HIV prevention education are prohibited.
4. Broad scope awareness activities that address the general public (e.g. poster campaigns for display on public transit, billboards, TV or radio announcements, social marketing electronic media.) may be funded provided that they are targeted and contain HIV information with explicit and clear links to testing and HIV health care services.

## III. Service-Specific Staff Qualifications

1. EIS staff must be trained and knowledgeable about HIV/AIDS, current resources, and eligibility requirements.
2. EIS staff may be peer educators. See *Common Standards* for training requirements.
3. EIS staff must have significant experience in at least three of the following six: street based outreach; HIV counseling and testing; prevention case management; psychotherapy or counseling; health education; HIV based case management. General qualifications include the ability to understand HIV transmission and prevention. HIV disease progressions, the basis of HIV medication and treatments (including issues of adherence), sexual behaviors, the dynamics of substance abuse and addiction, and behavior change therapy and interventions. Equally important is the ability to communicate and to educate clients with regards to managing these issues. EIS Staff must be reflective of the community served (i.e. African American and/or Hispanic/Latino for MAI EIS)
4. EIS staff must be reflective of the community served (i.e. Black/African American and/or Hispanic/Latino for MAI EIS)
5. *Please refer to the Common Standards of Care for general staff qualification requirements.*

## IV. Exceptions and Urgent Need

*Please refer to the Common Standards of Care for guidance concerning exceptions and urgent need.*

## V. Reportable Units of Service and Financial Eligibility

*Please refer to the current service contract for a description of the unit of service and financial eligibility thresholds for each service category.*

# PROGRESS FORM: Ryan White EIS

Ryan White Program: Riverside/San Bernardino, CA TGA

1. **Client Name:** ______________________________________
2. **Original EIS Enrollment Date:** ____________________

*See original EIS Enrollment Form for detailed client and service "need" information.*

3. **EIS Services Provided (contacts, encounters, etc)**

| Date | Activity | Next Step |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

4. **Referrals:**

| Date | Service | Agency | Referral Status* | Link Date |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

* Optional Codes: IP=In Progress; D=Deferred; CP=Complete; U=Unattainable; O=Other

5. **Discharge: Client Discharged from EIS?** ☐ Yes ☐ No

**If "Yes", why is the client being discharged from EIS (*check one*)?**

☐ Client cannot be found
☐ Client has moved outside the TGA
☐ Client is incarcerated
☐ Client refuses service
☐ Client is deceased
☐ Client has been successfully linked / re-linked to care (transferred to MCM or CM)
☐ Other(s): ______________________________________

**If "Yes", justification for discharge agreed upon by:** 1. ____________________

*If referred to EIS due to missed appointments, discharge from EIS must be agreed upon by all parties involved. A minimum of two disciplines must "sign off" on the discharge (e.g. EIS worker and Medical/Non Medical Case Manager). Ideally would also include Physician and/or Medical/Non Medical Case Manager in case conference.*

2. ____________________

3. ____________________

6. **EIS Staff Member Name:** ______________________________ **Date:** ____________

7. **Copies of form sent to** (agency/name)**:** ______________________________

______________________________

______________________________

*Ryan White Program Office/ IEHPC Approved 02.24.2011*

# MEDICAL CASE MANAGEMENT (INCLUDING TREATMENT ADHERENCE)

## INLAND EMPIRE HIV/AIDS PLANNING COUNCIL STANDARDS OF CARE
## RIVERSIDE / SAN BERNARDINO TRANSITIONAL GRANT AREA
## RYAN WHITE HIV/AIDS PROGRAM

*This document offers a limited set of focused standards addressing key aspects specific to this service category. Other relevant standards, including the Common Standards, as well as other policies, recommendations and guidelines should be referenced in conjunction with this standard.*

### Purpose of Standards

These service and care standards are prescribed by the Inland Empire HIV Planning Council (IEHPC). The purpose of these standards is to establish a minimum set of quality expectations to ensure uniformity of service funded by the Health Resources and Services Administration (HRSA) under the Ryan White Program legislation (Part A and Part A MAI) across the Riverside/San Bernardino Transitional Grant Area (R/SB TGA).

These standards are to be monitored and enforced by means of incorporation into service provision contracts managed by the Ryan White Program (RWP) Office on behalf of the IEHPC, as provided by the Ryan White HIV/AIDS Program legislation and HRSA policies, guidance, and other requirements.

### Definition of Service *(HRSA)*

> ***Medical Case management services (including treatment adherence***) *are a range of client-centered services that link clients with health care, psychosocial, and other services. The coordination and follow-up of medical treatments is a component of medical case management. These services ensure timely and coordinated access to medically appropriate levels of health and support services and continuity of care, through ongoing assessment of the client's and other key family members' needs and personal support systems. Medical case management includes the provision of treatment adherence counseling to ensure readiness for, and adherence to, complex HIV/AIDS treatments. Key activities include: (1) Initial assessment of service needs; (2) Development of a comprehensive, individualized service plan (ISP); (3) Coordination of services required to implement the plan; (4) Client monitoring to assess the efficacy of the plan; and (5) Periodic re-evaluation and adaptation of the plan as necessary over the life of the client. It includes client-specific advocacy and/or review of utilization of services. This includes all types of case management including face-to-face, phone contact, and any other forms of communication.*

## I. Care and Treatment Goal(s)

- To assist clients in achieving an enhanced level of health and quality of life and maintain wellness and function.
- To assist clients to more appropriately and effectively self-direct care, self-advocate, and make informed healthcare decisions.

## II. Service Goal

Successfully implement a collaborative process of assessment, planning, facilitation and advocacy for options and services, to meet the health needs of clients who require intense coordination, through communication and available cost-effective resources to promote quality care and positive health outcomes.

### A. Service Objectives

1. To promote and facilitate client empowerment leading to self-management, as appropriate.
2. To coordinate the client's medical care and support services.
3. To work collaboratively with the client/family, the physician, providers of healthcare, and others in and out of the Ryan White system of care to develop and implement a plan that meets the individual's needs and goals.
4. To promote the utilization of and assist with locating available resources to achieve clinical and financial outcomes.
5. To ensure appropriate access to care for clients in need.
6. To interject objectivity, healthcare choices, and promotion of self-care.
7. To facilitate appropriate and timely benefit and treatment decisions.

### B. Description of Services

*Service Components*

1. Initial and ongoing assessment of client's acuity level and ~~of the client's~~ service needs.
2. Development of an individualized service plan in collaboration with the client. The plan must be developed with the client, primary care physician/provider and other healthcare/support service providers to maximize client healthcare responses and facilitate cost-effective outcomes.
3. Coordination and follow-up of medical treatments required to implement the plan.
4. Monitoring of client progress to assess the efficacy of the plan. This includes tracking of health outcomes and other indicators.
5. Periodic re-evaluation and adaptation of the plan as necessary (at a minimum, once every 6 months).
6. Provision of Medical Case Management advocacy on client's behalf.
7. Direct provision of or referrals to other service providers for advice, support, counseling on topics surrounding HIV disease, treatments, medications,

treatment adherence education, caregiver bereavement support, dietary/nutrition advice and education, and terms and information needed by the client to effectively participate in his/her medical care.

8. Ongoing coordination with internal programs and external agencies to which clients are referred for medical and support services.
9. Provision of all types of case management including face-to-face, phone contact, and any other forms of communication (e.g., email).
10. Co-location of Medical Case Management services with medical services. Case Managers delivering Medical Case Management are required to facilitate/participate in case conferencing for their Medically Case-Managed clients annually.

### C. Limitations

There are no service-specific limitations for Medical Case Management.

## III. Service-Specific Staff Qualifications

- Case Managers delivering Medical Case Management must be licensed Registered Nurses (RN), Licensed Vocational Nurses (LVN), Master's degree (MA), Bachelor's degree (BA/BS) in human health services, or equivalent experience and/or education.
- *Please refer to the Common Standards of Care for general staff qualification requirements.*

Case Managers delivering Medical Case Management will seek to:

- Achieve and maintain current professional licensure, national certification, and/or higher education in a health and human services profession.
- Maintain continuing competence appropriate to medical case management and to professional licensure or professional certification.
- Provide only those medical case management services that the medical case manager is qualified to provide and refer the client to another source(s) for services outside the medical case manager's scope of practice.
- Maintain current knowledge of applicable laws, procedures, and legal guidelines associated with service issues such as: reporting abuse/neglect, consent to treat, privacy/confidentiality, client rights, power of attorney, advanced medical directives, and benefits.

## IV. Exceptions and Urgent Need

*Please refer to the Common Standards of Care for guidance concerning exceptions and urgent need.*

## V. Reportable Units of Service and Financial Eligibility

*Please refer to the current service contract for a description of the unit of service and financial eligibility thresholds for each service category.*

# INLAND EMPIRE HIV PLANNING COUNCIL STANDARDS OF CARE
# RIVERSIDE / SAN BERNARDINO TRANSITIONAL GRANT AREA
# RYAN WHITE HIV/AIDS PROGRAM

## MENTAL HEALTH SERVICES

*This document offers a limited set of focused standards addressing key aspects specific to this service category. Other relevant standards, including the Common Standards, as well as other policies, recommendations and guidelines should be referenced in conjunction with this standard.*

### Purpose of Standards

These service and care standards are prescribed by the Inland Empire HIV Planning Council (IEHPC). The purpose of these standards is to establish a minimum set of quality expectations to ensure uniformity of service funded by the Health Resources and Services Administration (HRSA) under the Ryan White HIV/AIDS Program legislation across the Riverside/San Bernardino Transitional Grant Area (R/SB TGA).

These standards are to be monitored and enforced by means of incorporation into service provision contracts managed by the Ryan White Program (RWP) Grantee's Office on behalf of the IEHPC, as provided by the Ryan White HIV/AIDS Treatment Modernization Act legislation and HRSA policies, guidance, and other requirements.

### Definition of Service *(HRSA)*

> ***Mental Health Services*** *are psychological and psychiatric treatment and counseling services offered to individuals with a diagnosed mental illness, conducted in a group or individual setting, and provided by a mental health professional licensed or authorized within the State of California to render such services. This typically includes psychiatrists, psychologists, and licensed clinical social workers.*

**I. Care and Treatment Goal(s):** The goal of Mental Health Care is not just the treatment of the symptoms of mental illness, but improving and sustaining a client's quality of life. The TGA places an emphasis on the inclusion of both medical services and support services in this effort.

**II. Service Goal:** Services available throughout the TGA to minimize crisis situations and stabilize clients' mental health status in order to maintain their participation in medical and support services, thereby maintaining and improving health outcomes and quality of life. Professional staff seeks to ensure coordination of mental health care for the client among the internal and external providers involved in the client's care.

**A. Service Objectives**

1. All clients referred to the program will receive an assessment and evaluation by a qualified mental health professional.

2. Individuals receiving mental health services will demonstrate a decreased level of pathology, including but not limited to depression and/or anxiety.
3. Individuals receiving mental health services will demonstrate an increased adherence to care through kept appointments and adherence to treatment plans/medications.

### B. Description of Services

*Service Components*

1. Initial individual mental health assessment in collaboration with client.
2. Comprehensive psychosocial assessment with historical data that result in a DSM IV diagnosis.
3. If the client is receiving Medical Case Management, a release of information must be obtained from the client and, at a minimum, the DSM IV diagnosis must be incorporated into the development of the client's Care Plan Ideally, all of the relevant portions of the treatment plan should be shared with the Case Manager delivering Medical Case Management to facilitate a comprehensive understanding of the client's health status and service needs.
4. If a Care Plan is in place, The Care Plan should be reviewed and incorporated into the delivery of Mental Health ~~Servies~~Services. If a client receiving Mental Health Services presents with additional service needs, these needs should be incorporated into the clients Care Plan, if they are ever in need of Medical Case Management.
5. Development of care/treatment plan specific to mental health.
6. Provide crisis intervention when necessary.
7. Individual counseling.
8. Group counseling.
9. Case conferencing.
10. Psychiatric assessment/evaluation.
11. Psychiatric medication management.
12. Referral to other mental health professionals if beyond the ability/scope of the agency.
13. Referrals to psychosocial support groups when appropriate.

### C. Limitations

1. Only PLWH/A with a diagnosed mental illness are eligible for ~~on going~~ongoing mental health services.
2. Service funds may not be used for the purchase of food.

## III. Service-Specific Staff Qualifications

*Mental Health Services are* provided by mental health professionals, licensed or certified by the State of California. This includes psychiatrists, psychologists, licensed clinical social workers and marriage and family therapists.

## IV. Exceptions and Urgent Need

*Please refer to the Common Standards of Care for guidance concerning exceptions and Urgent Need.*

### V. Reportable Units of Service and Financial Eligibility

*Please refer to the current service contract for a description of the unit of service and financial eligibility thresholds for each service category.*

# INLAND EMPIRE HIV PLANNING COUNCIL STANDARDS OF CARE
# RIVERSIDE / SAN BERNARDINO TRANSITIONAL GRANT AREA
# RYAN WHITE HIV/AIDS PROGRAM

## SUBSTANCE ABUSE SERVICES OUTPATIENT

*This document offers a limited set of focused standards addressing key aspects specific to this service category. Other relevant standards, including the Common Standards, as well as other policies, recommendations and guidelines should be referenced in conjunction with this standard.*

### Purpose of Standards

These service and care standards are prescribed by the Inland Empire HIV Planning Council (IEHPC). The purpose of these standards is to establish a minimum set of quality expectations to ensure uniformity of service funded by the Health Resources and Services Administration (HRSA) under the Ryan White HIV/AIDS Program legislation across the Riverside/San Bernardino Transitional Grant Area (R/SB TGA).

These standards are to be monitored and enforced by means of incorporation into service provision contracts managed by the Ryan White Program (RWP) Office on behalf of the IEHPC, as provided by the Ryan White HIV/AIDS Program legislation and HRSA policies, guidance, and other requirements.

### Definition of Service *(HRSA)*

> ***Substance Abuse Services*** *is the provision of medical or other treatment and/or counseling to address substance abuse problems (i.e., alcohol and/or legal and illegal drugs) in an outpatient setting, rendered by a physician or under the supervision of a physician, or by other qualified personnel.*

### I. Care and Treatment Goal(s)

To ensure the availability of services that minimize crisis situations and reduce/stabilize substance use of persons living with HIV/AIDS in the TGA that have no other means to obtain these services, thereby enabling them to remain in and/or reenter the medical care system.

### II. Service Goal

To maintain and increase participation in medical care as well as maximize the effectiveness of HIV-related medical care and treatment through cessation or reduction of substance abuse (including alcohol, legal and illegal drugs).

#### A. Service Objective(s)

Through substance use screening, assessment, treatment readiness counseling, and referrals to a full range of licensed substance use programs, the service will:

1. Maximize effectiveness of medical care/treatment;

2. Improve clients' social functioning;
3. Improve clients' self-esteem, insight, and awareness; and
4. Improve clients' ability to positively cope and live with HIV

### B. Description of Services

*Service Components*

1. Develop initial individual substance use assessments
2. Initial assessment may include, but is not limited to: presenting problem; duration and acuity; substance use history; psychiatric history including medications, education and employment history, risk assessment, social support and functioning, including client strengths, coping mechanisms and ~~self help~~self-help strategies; and recovery readiness assessment
3. **When appropriate,** this initial assessment should be made available for development of the client's Care Plan.
4. If a Care Plan is in place, the Care Plan should be reviewed and incorporated into the delivery of Substance Abuse Services. If a client receiving Substance Abuse Services presents with additional service needs, these needs should be ~~incorporated  into~~incorporated into the clients Care Plan, if they are ever in need of Medical Case Management.
5. Review and update treatment plan at least every 120 days or more frequently as necessary. Track and clearly document progress for each individual receiving Substance Abuse Services.
6. Provide individual counseling sessions.
7. Provide group counseling sessions.
8. Participate in and provide relevant information for case conferencing sessions.
9. Refer clients to other substance abuse professionals/programs and mental health professionals/programs as necessary.
10. On-site treatment includes short-term counseling that may be geared to: harm reduction, recovery readiness counseling with a behavior change approach, support recovery from less severe substance use where higher threshold treatment may not be necessary or acceptable to the client, and interim substance use counseling until a treatment slot becomes available.
11. Timely psychiatric consultation and management of psychiatric medications is available to all clients onsite or by referral.

### C. Limitations

1. Ryan White funds under this category may not be used to provide substance abuse counseling in a residential health service setting and may not be used for inpatient detoxification in a hospital setting.

## III. Service-Specific Staff Qualifications

Service must be provided by a physician or under the supervision of a physician, or by other qualified personnel.

*Please refer to the Common Standards of Care for general staff qualification requirements.*

## IV. Exceptions and Urgent Need

*Please refer to the Common Standards of Care for guidance concerning exceptions and Urgent Need.*

## V. Reportable Units of Service and Financial Eligibility

*Please refer to the current service contract for a description of the unit of service and financial eligibility thresholds for each service category.*

# INLAND EMPIRE HIV PLANNING COUNCIL STANDARDS OF CARE
# RIVERSIDE / SAN BERNARDINO TRANSITIONAL GRANT AREA
# RYAN WHITE HIV/AIDS PROGRAM

## HOME AND COMMUNITY-BASED HEALTH SERVICES

*This document offers a limited set of focused standards addressing key aspects specific to this service category. Other relevant standards, including the Common Standards, as well as other policies, recommendations and guidelines should be referenced in conjunction with this standard.*

### Purpose of Standards

These service and care standards are prescribed by the Inland Empire HIV Planning Council (IEHPC). The purpose of these standards is to establish a minimum set of quality expectations to ensure uniformity of service funded by the Health Resources and Services Administration (HRSA) under the Ryan White HIV/AIDS Program legislation across the Riverside/San Bernardino Transitional Grant Area (R/SB TGA).

These standards are to be monitored and enforced by means of incorporation into service provision contracts managed by the Ryan White Program (RWP) Office on behalf of the IEHPC, as provided by the Ryan White HIV/AIDS Program legislation and HRSA policies, guidance, and other requirements.

### Definition of Service *(HRSA)*

***Home and Community-based Health Services (HCHS)*** *include skilled health services furnished to the individual in the individual's home based on a written plan of care established by a case management team that includes appropriate health care professionals. Services include durable medical equipment; home health aide services and personal care services in the home; day treatment or other partial hospitalization services; home intravenous and aerosolized drug therapy (including prescription drugs administered as part of such therapy); routine diagnostics testing administered in the home; and appropriate mental health, developmental, and rehabilitation services. Inpatient hospitals services, nursing home and other long term care facilities are* ***NOT*** *included.*

**I. Care and Treatment Goal(s):** To ensure PLWH/A in need of home based care have access to therapeutic, nursing, supportive and/or compensatory health services provided in a home setting in accordance with a written, individualized plan of care established by a case management team that assures service delivery by appropriate health care professionals.

**II. Service Goal:** The goal of HCHS is to supply stable and timely access to home-based medical care services, along with supportive assistance from community programs to enable clients to remain in their own homes, in preference to hospitals, residential or other health care facilities, as long as possible during illness.

### A. Service Objectives:

1. To address the medical, social, mental health, and environmental needs of the client.
2. To include on-going activities that promote self-reliance.
3. To assist clients in becoming actively engaged in their health care.

### B. Description of Services

*Service Components*

1. To address the medical, social, mental health, and environmental needs of the client.
2. To include on-going activities that promote self-reliance.
3. To assist clients in becoming actively engaged in their health care.
4. When appropriate, the initial assessment should be made available for development of the client's Care Plan.
5. If a Care Plan is in place, the Care ~~Plan should~~Plan should be reviewed and incorporated into the delivery of HCHS. If a client receiving HCHS presents with additional service needs, these needs should be ~~incorporated into~~incorporated into the client's Care Plan, if they are ever in need of Medical Case Management.
6. Assist clients with referrals and linkages to medical, mental health, substance abuse, psychosocial services, and other services as needed, either directly or by referring clients to Case Management (non-medical) or Medical Case Management.
7. When HCHS is no longer required, ensure client is maintained or connected to Case Management (Non-Medical) or Medical Case Management for continuing care coordination.

### C. Limitations:

Eligibility for the Home and Community-based Health Services is limited to those PLWH/A with chronic medical dependency due to physical or cognitive impairment from HIV infection as determined by a physician.

**III. Service Specific Staff Qualifications:** Staff qualifications are related to the individual's health care needs as established by the subcontracted agency in coordination with the individual's case management team.

*Please refer to the Common Standards of Care for general staff qualification requirements.*

## IV. Exceptions and Urgent Need

*Please refer to the Common Standards of Care for guidance concerning Exceptions and Urgent Need.*

## V. Reportable Units of Service and Financial Eligibility

*Please refer to the current service contract for a description of the unit of service and financial eligibility thresholds for each service category.*

120 Carousel Mall • San Bernardino, CA 92415-0475
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Riverside/San Bernardino California Transitional Grant Area

| **Cameron Kaiser, MD**<br>**Interim County Health Officer Co-Chair** | **Henry Nickel**<br>**Community Co-Chair** |
|---|---|

# Standards Committee

Thursday, April 12, 2012
12:30pm-2:00pm

Meeting Location*
Beaumont Civic Center
550 E. 6th Street
Beaumont, CA
(909) 388-0426/PCS Mobile (909) 693-0750
*Teleconferencing is not available

*These facilities are in full compliance with the Americans with Disabilities Act of 1992.*

# Minutes

**Attendees:** B. Contreras, T. Evans, L. Ford-Watson, B. Orr, D. Wahl, A. Ziven
**Guest:** D. Perez, M. Tona, S. White
**PCS:** A. Soria

| | | |
|---|---|---|
| **12:30** | **1. Call to Order**<br>▪ Roll Call*<br>▪ Introductions | T. Evans |
| | **2. Public Comments[1]**<br>M. Tona announced FAP's new clinic location in Victorville. | Members of the Public |
| | **3. Members Privilege**<br>None | PC Members |
| | **4. Approval of Agenda[2]**<br>Motion/Second: A. Ziven/B. Orr<br>Motion carried. | T. Evans |
| | **5. Approval of the Minutes[2]**<br>5.1 Minutes of March 01, 2012<br>Motion/Second: A. Ziven/B. Orr<br>Motion carried. | T. Evans |
| | **6. Old Business[2]**<br>6.1 Discuss Peer Counseling<br>• Peer Based Presentation<br>6.2 Review and Revise IEHPC Standards of Care | Committee Members |

- Common Standards (A-1)
  The goal is to create a list of Peer-Based Activities for PLWHA available in the Inland Empire. Once this list is created it will be updated on a regular basis.
  Under Consents and Notifications the Committee added, "Upon intake and bi-annually thereafter, all clients should be informed of peer based activities in the TGA."
  They also added the same language under Client Rights letter H.
  Motion to approve the language to the Common Standards.
  D. Wahl/B. Contreras
  Motion carried.
  The Committee will work with the Ryan White Program to gather and create a document of each agency's Peer Based Activity to distribute to clients.

| | | |
|---|---|---|
| | **7. Public Comments**<br>D. Perez acknowledged Katarina's work on Peer Based Activities. | Members of the Public |
| | **8. Members Privilege**<br>None | PC Members |
| | **9. Review of Action Items**<br>PCS will forward to PC. | PC Staff |
| | **10. Agenda Setting for Next Meeting** | PC Members/ T. Evans |
| | **11. Roll Call*** | PC Staff |
| **2:00** | **12. Adjournment** | T. Evans |

[1] Public Comments: Any member of the public may address this meeting on items of interest that relate to the Ryan White CARE Act by completing a speaker slip to indicate their interest in addressing the Planning Council. A three-minute limitation will normally apply to each member of the public who wishes to comment, unless waived by the Chair.
[2] The agenda item may consist of a discussion and a vote. Public comments can be made prior to each Planning Council vote.
* Members must be present at both roll calls to receive credit for meeting attendance.
** Attachment was not available at time of printing, but will be available at the meeting.

Requests for special accommodations (e.g., language translation) must be received 72 hours prior to the date of the meeting. Contact PC Support at (909) 388-0426.

All meetings of the Planning Council and its committees are open to interested parties from the general public. Notices are posted in compliance with the California Brown Act. Information regarding Planning Council meetings, and/or minutes of meetings are public records and are available upon request from the Planning Council Support Staff by calling (909) 388-0426 or by visiting the website http://www.iehpc.org.

Servicios en Español: Notificación para servicios de intérprete deben de someterse setenta y dos horas de anticipo. Por favor llame (909) 388-0426.