**Nassau-Suffolk EMA**
**Ryan White HIV/AIDS Part A Program**

# Service Standards

# Content

# Introduction

*Ryan White Part A*

Nassau and Suffolk Counties are recipients of Ryan White Part A Program funding.  Ryan White HIV/AIDS Program (RWHAP) is the largest federal program dedicated to improving the quality and availability of care for low-income, uninsured, and underinsured individuals living with HIV. The program is administered by the US Department of Health and Human Services (HHS), Health Resources and Services Administration (HRSA), and the HIV/AIDS Bureau (HAB). HRSA estimates that RWHAP provides core medical and support services to over a half million people a year; reaching over 50% of all persons diagnosed with HIV in the US!

As the RWHAP Recipient,  Nassau County Department of Health oversees and administers the program in the Nassau-Suffolk Eligible Metropolitan Area (N-S EMA) serving both Nassau and Suffolk Counties.

*Goals of Ryan White Part A*

The goals and activities of the N-S EMA align with the National HIV/AIDS Strategy (NHAS) and with HRSA-HIV/AIDS Bureau requirements and priorities. The goals of the program are to:

1. Identify and link to medical care people who were previously unaware of their HIV status
2. Re-engage people living with HIV who are not currently engaged in medical care
3. Support people living with HIV in maintaining ongoing HIV medical care
4. Provide resources to address social determinants of health and reduce HIV-related health disparities
5. Assist people living with HIV to achieve positive health outcomes, including HIV viral load suppression

To accomplish these goals, the N-S EMA provides funding for core medical services and essential support services. No less than 75% of Ryan White funds are utilized for core medical service categories, which includes services that directly focus on medical activities. No more than 25% of Ryan White funds are used for support service categories, defined as wrap-around services that address psychosocial barriers to medical care adherence.

*Application of Service Standards*

This document outlines the Service Standards for all Ryan White Part A and MAI funded priorities in the EMA. The purpose of these standards is to ensure the quality and consistency of Ryan White core medical and support services throughout the EMA, and to ensure that all clients of services receive the same quality of service regardless of where or by whom the service is provided. Standards are used as contract requirements, in program monitoring, and in Quality Management.

These standards apply to all agencies that are funded to provide Part A and/or Minority AIDS Initiative (MAI) services through the N-S EMA's Ryan White Part A Program. These standards should be used in combination with the HRSA/HAB Universal Service Standards that apply to any agency or provider funded to provide any Ryan White Part A and/or MAI services.

*Standards Development Process*

These standards were developed in partnership with the Nassau-Suffolk HIV Health Services Planning Council (the EMA's Ryan White Part A Planning Body) and Ryan White Program Staff/Quality Management Team. Standards are based on a review of the existing standards, extensive research on HRSA/HAB's Universal Service Standards, State requirements of New York, medical standards set forth by the US DHHS, and evidence-based approaches. This is a living document.  Service Standards will change as client needs arise, best practices develop and HRSA/HAB guidance changes.

HRSA RWHAP funds are intended to support only the HIV-related needs of eligible individuals. Recipients and subrecipients must be able to make an explicit connection between any service supported with HRSA RWHAP funds and the intended client's HIV care and treatment, or care-giving relationship to a person living with HIV (PLWH). HIV/AIDS Bureau Policy 16-02

# Universal Standards

*Universal Standards* outline the elements and expectations a Ryan White HIV/AIDS Program (RWHAP) provider follows when implementing RWHAP services. The purpose of universal standards is to ensure that all RWHAP service providers offer the same fundamental components across the region.  Universal standards establish the minimal level of service or care that a RWHAP funded agency or provider may offer within the N-S EMA.

Universal Standards include:

- Intake and Eligibility

- Client Contract

- Assessment and Reassessment

- Service Plan

- Key Services Components and  Activities

- Client Rights and Responsibilities

- Grievance Process

- Cultural and Linguistic Competency

- Privacy and Confidentiality (including securing records)

- Transition and Discharge

- Case Closure Protocol

- Personnel Qualifications (including licensure)

- Recertification Requirements*

- Fiscal


*\* Where Applicable*

Beginning on page three and continuing through page fifteen, universal standards are listed with definitions and required elements for all priorities.  Specific details are included in each priority section that follows.  Universal Standards apply to *all* HRSA RWHAP Part A & MAI funded services and providers.

# Universal Standards for all Services



## INTAKE & ELIGIBILITY

**Definitions:**

**Intake:**

The intake process is a meeting between the client and program to:
- assess client's immediate needs;
- inform the client of the services available and what the client can expect if they were to enroll;
- establish the client's eligibility for services, including HIV status and other criteria;
- establish whether the client wishes to enroll in a range of services or is interested only in a discrete service offered by the program;
- explain the program's policies and procedures;
- collect required state/federal client data for reporting purposes;
- collect basic client information to facilitate client identification and client follow up; begin to establish a trusting client relationship.

**Eligibility:**

In order for the program to provide services funded by Ryan White Part A to clients, clients must meet general eligibility criteria which include:
- Proof of HIV status
- Proof of income no greater than 500% of the Federal Poverty Level (FPL)
- Proof of residence in Nassau or Suffolk County
- Summary of medical benefits/insurance

| Intake & Eligibility | Measure(s) | Reference(s) |
|---|---|---|
| The intake process begins within 5* working days of the first contact with the client and is completed within 15 working days.<br><br>In emergency circumstances, appointments should be scheduled within 24 hours.  If this is not possible, a referral should be provided to another organization that can provide immediate care.<br><br>*For time sensitive services, the eligibility process should be completed as soon as possible. | Policies and Procedures<br><br>Documentation in client files | |
| Eligibility assessment is completed within 20 working days* of intake and includes:<br>1. Proof of HIV status<br>2. Proof of income no greater than 500% of the Federal Poverty Level (FPL)<br>3. Proof of residence in Nassau or Suffolk County<br>4. Summary of medical benefits/insurance<br><br>*For time sensitive services, the eligibility process should be completed as soon as possible. | Policies and Procedures<br><br>Documentation in client files | National Monitoring Standards (section B1) https://hab.hrsa.gov/sites/default/files/hab/Global/universalmonitoringpartab.pdf |
| Services are provided to all Ryan White Part A qualified clients without discrimination based on: HIV status, race, ethnicity, creed, age, sex, gender identity or expression, marital or parental status, sexual orientation, religion, physical/mental disability, immigrant status, or any other basis prohibited by law. | Policies and Procedures<br>Client Satisfaction Surveys | https://dhr.ny.gov/hivaids https://www.hiv.gov/hiv-basics/living-well- |

| | | with-hiv/your-legal-rights/civil-rights |
|---|---|---|
| Program accepts referrals from sources considered points of entry into the continuum of care across the N-S EMA. | MOUs/MOAs with partner agencies; Documentation of referrals/follow-up | Program Monitoring Standards Section F2 Page 54 https://hab.hrsa.gov/sites/default/files/hab/Global/programmonitoringparta.pdf |
| Eligibility Confirmation<br>To promote continuity of services and care:<br>• Programs should conduct periodic checks to identify any potential changes that may affect eligibility, and require clients to report any such changes.<br>• Programs should use electronic data sources (e.g., Medicaid enrollment, state tax filings, enrollment and eligibility information collected from health care marketplaces) to collect and verify client eligibility information, such as income and health care coverage (that includes income limitations), when possible.<br>• Programs should first use available data sources to confirm client eligibility before requesting additional information from the client. If the RWHAP client still meets the eligibility criteria based on recent, reliable, available data, programs may renew that client's eligibility without requesting additional information from the individual. | Documentation of changes in eligibility in client files<br><br>Current CD4/viral load documentation is not required for initial eligibility determination or recertification, but is required for quality management purposes. | HIV/AIDS Bureau Policy Clarification Notice #21-02 https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/pcn21-02-determining-eligibility-polr.pdf |
| Programs should identify opportunities to streamline eligibility determination policies and procedures across service categories and RWHAP parts within the service area. In addition, programs are encouraged to develop data-sharing strategies with other RWHAP recipients and relevant entities to reduce administrative burden across programs. | | HIV/AIDS Bureau Policy Clarification #21-02 https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/pcn21-02-determining-eligibility-polr.pdf |
| Providers must conduct annual eligibility confirmations to assess if the client's income and/or residency status has changed.<br>▪ Annual verification can include a signed client self-attestation documented in the client record.<br>▪ Full recertification including supporting documentation is required every two years.<br>*If a full recertification has not occurred within one year of the updated eligibility guidelines, than one must be conducted at the next annual confirmation. | Eligibility documented in client files annually.<br><br>Eligibility documents saved in client files every two years. | |

**CLIENT CONTRACT**

| Definition: An agreement between provider and client that details the service(s) to be provided and the client's responsibilities for receiving the service(s) | | |
|---|---|---|
| **Client Contract** | **Measure(s)** | **Reference(s)** |
| Providers must provide clients with a written contract that includes:<br>• Brief background of HRSA's RWHAP and the service(s) that is to be provided to the client<br>• Client's responsibilities for receiving the service(s), including participating in eligibility confirmation<br>• Client's signature signifying understanding and agreement<br>Note: Client contract and grievance policy may be included in one document to limit the number of documents requiring client signature | Signed contract in client files | |

**ASSESSMENT & REASSESSMENT**

| Definition: The objective of assessments/reassessments is to gather information to determine the client's needs, changes in needs and/or any new needs. | | |
|---|---|---|
| **Assessment & Reassessment** | **Measure(s)** | **Reference(s)** |
| Within 20 working days of initial client intake, an assessment must be conducted of client's needs. | Policies and Procedures<br><br>Documentation in client files | |
| All assessments need to include whether client is engaged in HIV primary care. | Documentation in client files | |
| Program staff should inquire about the following issues (that can affect client care, compliance and retention in care):<br>1. Health insurance<br>2. HIV primary and other medical care<br>3. Mental health issues<br>4. Transportation<br>5. Family/domestic concerns<br>6. Intimate partner violence<br>7. Substance use<br>8. Social supports<br>9. Confidentiality concerns<br>10. Finances<br>11. Housing<br>12. Legal issues<br>13. Nutritional needs<br>14. Language | Policies and Procedures<br><br>Assessments include all assessment components and is documented in client files | Section I. D. Assessing Needs, Gaps, and Barriers<br>https://www.health.ny.gov/diseases/aids/providers/reports/scsn/docs/integrated_hiv_prevention_plan.pdf |
| Reassessments are performed every six months, or more often as needed. During reassessment, the client and staff collaboratively reevaluate the service plan. The reassessment includes:<br>1. Assessment of continuing need and level of service | Complete reassessment form dated within six months in client files | |

2. Updating/revising service plan
3. Appointment status and referrals
4. Special intervention activities
5. Special needs

## SERVICE PLAN (care plan, treatment plan)

Definition: A service plan is a written record of the agreed care and treatment for an individual. The plan ensures that the client is looked after in accordance with their particular, individual requirements and describes the needs, views, preferences and choices of the client

| Service Plan | Measure(s) | Reference(s) |
|---|---|---|
| Each client service plan must:<br>• identify the client's service needs and develop measurable action steps to meet them;<br>• establish specific, action-oriented, and achievable goals with a specific timeframe for completion (3-12 months); and<br>• ensure resources to accomplish goals are available through coordination of care with appropriate providers and referral to needed services. | Policies and Procedures | https://targethiv.org/library/service-standards-guidance-ryan-white-hivaids-program-granteesplanning-bodies#:~:text=Assessment%20and%20Service%20Plan*%20%C2%A0 |
| All clients must have service plans based on the assessments and reassessments and the identified needs. | Policies and Procedures | |
| Program staff assess client understanding of service plan by asking client to repeat the plan back to the staff person ("teach back method"). | Policies and Procedures<br><br>Documentation in client files | https://www.aafp.org/fpm/2018/0700/p20.html |
| Services Plans should be completed within 10 working days of assessments/reassessments and are agreed on by both program staff and the client. | Signed and dated service plans in client files | |
| Program staff complete progress notes for activities related to the service plan and there is evidence of supervisory review. | Service plan should be signed off by staff and include name and title and notes should reflect activities | |

## KEY SERVICE COMPONENTS AND ACTIVITIES

Definition: Programs are required to have specific policies about client education, access to services, promotion of the program, approach to care and clinical quality management that aids the program in removing barriers, improving access and ensuring high quality care that improves the health and well-being of clients.

| Key Service Components and Activities | Measure(s) | Reference(s) |
|---|---|---|
| **Client Education**<br>Programs provide information to clients that includes:<br>• Introduction to the Ryan White HIV/AIDS Program<br>• Responsibilities of both staff and clients<br>• What to expect from the program | Policies and Procedures<br><br>Documentation in client files | |

| | | |
|---|---|---|
| **Program Access:** Programs offers services that are accessible to clients including: non-traditional hours; non-traditional settings, including satellite offices and telehealth to meet the needs of clients with geographic, transportation, and/or scheduling barriers. | Policies and Procedures | National Monitoring Standards Section A4 https://hab.hrsa.gov/sites/default/files/hab/Global/universalmonitoringpartab.pdf |
| **Program Promotion:** Programs provide broad-based dissemination of information regarding the availability of services and eligibility requirements. | File documenting promotion activities, copies of promotional materials | National Monitoring Standards Section A5 https://hab.hrsa.gov/sites/default/files/hab/Global/universalmonitoringpartab.pdf |
| **Approach to Care:** Programs practice trauma-informed care for all direct services provided. | Policies and Procedures Documentation in client files. | https://targethiv.org/sites/default/files/supporting-files/11012_Kalokhe_Bennett_508%20%282%29.pdf |
| **Client Records:** Agencies will maintain current program records in a manner consistent with all state and federal laws and regulations. | Policies and Procedures | |
| **Clinical Quality Management (CQM)** Programs demonstrate commitment to quality and performance improvement and: <br>• Assesses the extent to which HIV health services provided to clients under the grant are consistent with the most recent Public Health Service guidelines (otherwise known as the HHS guidelines) for the treatment of HIV disease and related opportunistic infections; and <br>• Develops strategies for ensuring that such services are consistent with the guidelines for improvement in the access to and quality of HIV services. | Policies and Procedures CQM Work Plan | HIV/AIDS Bureau Policy 15-02 https://hab.hrsa.gov/sites/default/files/hab/Global/HAB-PCN-15-02-CQM.pdf |
| **Continuous Quality Improvement (CQI)** CQI activities are based on client satisfaction surveys and prior year's outcomes and are aimed at improving client care, health outcomes, and client satisfaction. | Policies and Procedures Evidence of defined approach or methodology for quality improvement. | HIV/AIDS Bureau Policy 15-02 Page 4 https://hab.hrsa.gov/sites/default/files/hab/Global/HAB-PCN-15-02-CQM.pdf |
| **Data Reporting** Programs must adhere to all reporting requirements as outlined in their contracts, including: <br>1) submission of monthly narrative and data reports, <br>2) entry of client level data into CAREWare, and <br>3) collection and reporting of data for use in measuring performance. | Policies and Procedures Report submissions | |

*Please refer to the service standards for each priority for other key services components and activities.*

## CLIENT RIGHTS & RESPONSIBILITIES

The objectives of establishing minimum standards for client rights and responsibilities are to:
• Ensure that services are available to all eligible clients;
• Ensure that services are accessible for clients;
• Involve clients of HIV/AIDS services in the design and evaluation of services; Inform clients of their rights and responsibilities as clients of HIV/AIDS services.

| Client Rights & Responsibilities | Measure(s) | Reference(s) |
|---|---|---|
| Program annually reviews Client Rights Statement with each client in a language and format the client understands. Program provides client with written copy of statement upon their request in the client's preferred language, which includes information on:<br>1. Informed consent<br>2. Confidentiality<br>3. Grievance procedures<br>4. Duty to warn or report certain behaviors<br>5. Scope of service<br>6. Criteria for termination of services | Policies and Procedures<br><br>Documentation in client files<br><br>Clients Rights Statement is posted | |
| All consent forms comply with state and federal laws, are signed by an individual legally able to give consent and include the Consent for Services form and a consent for release/exchange of information for every individual/agency to whom identifying information is disclosed. | Documentation in client files - signed and dated consent forms | |
| Providers must have the ability to provide services in the client's native language.  All written materials should be printed in a language that is understandable to the client and should be written at no higher than a 5th grade level. | Policies and Procedures<br><br>Language Access Services Information | |
| Program has Policies and Procedures in plan to ensure that PLWH are not denied services due to pre-existing health conditions. A file is maintained on all clients who are refused services and the reason for refusal. | Policies and Procedures<br><br>File on clients who have been refused services | National Monitoring Standards (section A3) https://hab.hrsa.gov/sites/default/files/hab/Global/universalmonitoringpartab.pdf |
| Agency demonstrates a commitment to assisting clients with special needs. | Policies and Procedures that indicate program compliance with the Americans with Disabilities Act | National Monitoring Standards (section A4) https://hab.hrsa.gov/sites/default/files/hab/Global/universalmonitoringpartab.pdf |

## GRIEVANCE PROCESS

Programs must have written policies and procedures that detail their conflict mediation/grievance process. These should contain the process for initiation, review and resolution of client complaints/grievances in a manner that the client can understand.

| Grievance Process | Measure(s) | Reference(s) |
|---|---|---|
| Agency annually reviews its Grievance Policy with each client in a language and format understandable to the client; a written copy of which is provided to, and reviewed with, each client every six months.<br><br>Grievance policy includes:<br>1. To whom complaints can be made<br>2. Steps necessary to file a grievance<br>3. Time lines and steps taken by the agency to resolve the grievance<br>4. Documentation by the agency of the process, including a standardized grievance form available in a language and format understandable to the client<br>5. An appeal process when services are terminated<br>6. All complaints or grievances initiated by clients are documented on the agency's standardized form<br>7. Resolution of each grievance is documented on the standardized form and shared with client<br>8. Confidentiality of grievance<br>9. Non-retaliation policy for clients who file a grievance<br>10. Addresses and phone numbers of licensing authorities and funding sources | Policies and Procedure<br><br>Signed receipt of program Grievance Policy in client files | |

## CULTURAL & LINGUISTIC COMPETENCY

Program must provide services that are culturally and linguistically appropriate. Culturally and linguistically appropriate services are those that:
- respect, relate, and respond to a client's culture, sexual orientation, gender expression or age, in a non-judgmental, respectful, and supportive manner;
- are affirming and humane, and rely on staffing patterns that match the needs and reflect the culture and language of the communities being served;
- recognize the power differential that exists between the provider and the client and seek to create a more equal field of interaction; and
- are based on individualized assessment and stated client preferences rather than assumptions based on perceived or actual membership in any group or class.

https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=53

| Cultural & Linguistic Competency | Measure(s) | Reference(s) |
|---|---|---|
| Program must demonstrate a commitment to providing services that are culturally sensitive and linguistically appropriate. | Program staff are trained in CLAS.<br><br>Training log<br><br>Policies and procedures demonstrate a commitment to the community and culture of the clients. | https://minorityhealth.hhs.gov/assets/pdf/checked/finalreport.pdf<br><br>https://thinkculturalhealth.hhs.gov/clas/standards |

| | Program has interpretive services. | https://www.lep.gov/executive-order-13166 |
|---|---|---|
| Program must have vital documents (such as consents, transfer of records, etc.) available to clients in their language and use qualified medical interpreters. | Procedures for obtaining translation services.<br><br>Program's documents are translated in languages used by clients. | https://www.federalregister.gov/documents/2003/08/08/03-20179/guidance-to-federal-financial-assistance-recipients-regarding-title-vi-prohibition-against-national |
| Program visibly posts its non-discrimination policy where clients have an opportunity to read it (i.e. waiting rooms). | Non-discrimination policy visibly posted in language(s) appropriate for program's clients. | https://www.hiv.gov/hiv-basics/living-well-with-hiv/your-legal-rights/civil-rights<br><br>https://www.eeoc.gov/employers/eeo-law-poster#:~:text=The%20law%20requires%20an%20employer,pay%2C%20disability%20or%20genetic%20information. |

| PRIVACY & CONFIDENTIALITY |
|---|
| Confidentiality refers to personal information shared with an attorney, physician, therapist or other individual that generally cannot be divulged to third parties without the express consent of the client. Privacy refers to the freedom from intrusion into one's personal information. |

| Privacy & Confidentiality | Measure(s) | Reference(s) |
|---|---|---|
| Each program must have evidence of a written policies and procedures on privacy and client confidentiality, including Article 27F. | Policies and Procedures | https://www.health.ny.gov/publications/9192.pdf |
| Program must comply with the Health Insurance Portability and Accountability Act (HIPAA) provisions and regulations (as applicable) and all federal and state laws concerning confidentiality of clients Protected Health Information (PHI). | Policies and Procedures<br><br>Observation of program's structural layout and information management system | https://targethiv.org/sites/default/files/file-upload/resources/ProtectingHealthInfo_2004.pdf |
| Printed documents with confidential information are stored in a locked cabinet or secure lock box when not in use. | Policies and Procedures<br><br>Observation of program's structural layout | |
| Staff do not email confidential information unless it is encrypted or the computer/device meets the program's minimum security standard. | Policies and Procedures | |

| | | |
|---|---|---|
| Staff have password protection on all electronic devices used to store / access confidential information, including phones, computers, laptops, tablets. | Policies and Procedures | |
| Individuals (clients, staff, volunteers, etc.) sign confidentiality agreements with specified date range and list of people with whom information can be shared before giving/receiving access to confidential health data and annually thereafter. | Policies and Procedures; Copy of signed agreements for all staff, volunteers, clients, etc. | https://regs.health.ny.gov/content/section-639-health-care-provider-and-health-facility-policy-and-procedures |
| Providers must implement mechanisms to ensure client's confidentiality in all processes throughout the agency/institution. | Policies and Procedures | https://www.hhs.gov/hipaa/for-professionals/security/index.html |

## TRANSITION & DISCHARGE

Definition: Transition is the process in which clients move from one service to another, from one program to another or from a service or program to self-sufficiency/independence.  Discharge is the process of removing clients from a service or program.

| Transition & Discharge | Measure(s) | Reference(s) |
|---|---|---|
| Programs should have a transition procedure in place that is implemented for clients leaving services to ensure a smooth transition and one that describes the process for discharging clients from the program. | Policies and Procedures | |
| Clients may be discharged from services because of reassessment or any form of client ineligibility. Clients or providers may initiate discharge. Conditions resulting in a client's discharge may include:<br>1. Attainment of goals<br>2. Change in income, residency or insurance status which results in program ineligibility<br>3. Client desire to terminate services<br>4. Death<br>5. Client's actions put the agency, staff, or clients at risk of harm<br>6. Client enters jail and/or cannot be contacted for 90 days<br>Programs must document 3 attempts to contact client by more than one method (phone, email, home visit, etc.), if program is discharging client because of non-compliance (including lost to care). | Policies and Procedures<br><br>Documentation in client files<br><br><br><br><br><br><br><br><br>Policies and Procedures<br><br>Documentation in client files | |
| Client is provided a written notice before involuntary discharge and has at least 30 days to appeal termination. | Documentation in client files | |
| If discharged before attainment of goals, the client is referred to another program and at least 3 community resources relevant to client's needs. | Documentation in client files | |
| Clients should be left with contact information and process for reestablishment, all documented in client record. | Documentation in client files | |

## CASE CLOSURE PROTOCOL

Definition: The process that occurs when clients are no longer engaged in active services and have their cases closed. This includes a case closure summary and narrative documented with the following graduation criteria:
• Client completed service goals
• Client is no longer in need of services (client is capable of resolving needs independent of assistance)

| Case Closure Protocol | Measure(s) | Reference(s) |
|---|---|---|
| A client case should be closed through a systematic process that includes case closure justification and a transition plan to other services or other provider agencies, if applicable. | Policies and Procedures<br><br>Documentation in client files | https://www.health.ny.gov/diseases/aids/providers/standards/casemanagement/case_closures.htm |
| Progress notes clearly demonstrate efforts to contact the client, including number and types of attempts, and includes level of services provided, conferences notes and documentation of contacts. | Policies and Procedures<br><br>Documentation in client files | |
| Clients who are no longer engaged in program services will have their cases closed based on the criteria and protocol outlined in the agency's Policies and Procedures. | Policies and Procedures | |
| Upon discharge, a final case closure summary narrative is completed and approved by the supervisor before the case is considered closed and contains:<br><br>1. The services that were provided to the client,<br>2. Attempts to contact the client if lost to care, and<br>3. Referral(s), if any, made prior to closure. | Documentation in client files | https://www.health.ny.gov/diseases/aids/providers/standards/casemanagement/case_closures.htm |
| Programs should maintain a list of resources available for the client for referral purposes. | Resource List | https://www.health.ny.gov/diseases/aids/providers/standards/casemanagement/case_closures.htm |
| There is documentation of a case closure summary in the client record within 10 working days of case closure that contains the following information:<br>1. Date and reason for closure including but not limited to<br>    a. No contact<br>    b. Client request<br>    c. Client moved out of service area<br>    d. Client died<br>    e. Client ineligible for services<br>2. Summary of contact made with client regarding termination and client's response,<br>3. Referrals made (minimum 3), and/or instructions given to the individual at discharge (when applicable). | Documentation in client files | https://www.health.ny.gov/diseases/aids/providers/standards/casemanagement/case_closures.htm |

## PERSONNEL QUALIFICATIONS

| Definition: Personnel qualifications are standards to ensure that programs: | | |
|---|---|---|
| • Provide clients with access to the highest quality of care by qualified staff; | | |
| • Inform staff of their job responsibilities; and | | |
| • Support staff with training and supervision to enable them to perform their jobs well. | | |
| **Personnel Qualifications** | **Measure(s)** | **Reference(s)** |
| All personnel shall have sufficient education, knowledge, skills, appropriate licensure for their role or title, and experience to provide the services in the priority in which they work and to competently serve people living with HIV. | Copy of diploma or official transcripts<br><br>Documentation of relevant credentials or certifications | HIV/AIDS Bureau Policy #16-02 Page 5 https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN_16-02Final.pdf |
| All licensed staff must maintain current valid licensure and complete all required CEUs/CMEs. | Documentation of CEUs/CMEs in staff files. | |
| Staff receive an initial program orientation within twenty (20) working days of employment.   Primary areas to be covered, as applicable to position held, must include at a minimum:<br><br>• Confidentiality, Privacy and HIPAA (with signed confidentiality agreement)<br>• Programmatic requirements including applicable Service Standards, Program Policies & Procedures<br>• Eligibility verification process and policy<br><br>Within 2 – 3 months the following information needs to be covered (if applicable):<br><br>• HIV, STI, and Hepatitis C updates<br>• Client Rights and Responsibilities<br>• Cultural and Linguistic Competency<br>• Sexual Orientation, Sexual Identity and Gender Expression<br>• Emergency and safety procedures<br>• Grievance Procedures/Process<br>• HIV and Psychosocial Issues<br>• Infection control and universal precautions<br>• Listing of drug access programs<br>• Client Retention<br>• Social Determinants of Health<br>• Proper documentation in case records<br>• Clinical protocols and standards for pharmacological treatment of HIV, if appropriate<br><br>Providers must have documentation of Annual HIV Confidentiality, 1-2 HIV specific educational programs – in-services or trainings, and Cultural Competency Updates. | Policies and Procedures<br><br>Orientation documentation in staff files<br><br>Staff training documented in staff files<br><br>Training certificates in staff files | https://www.indeed.com/hire/c/info/new-employee-training?gclid=CjwKCAjwx8iIBhBwEiwA2quaq0Qs1SXhVopKossVgQ0nudCOgjGo3KcF4Q4YHgxkd7LObFNq7YuRGhoCW1EQAvD_BwE&aceid= |

## FISCAL

Definition: Programs must provide Part A services within the range of activities and uses of funds allowed under the legislation and defined in HRSA HAB Policy Notices including core medical and support services.

| Fiscal | Measure(s) | Reference(s) |
|---|---|---|
| Program must have policies and procedures on Imposition of Charges, including sliding fee scale, and Payor of Last Resort. | Policies and Procedures | PHS ACT 2605(a)(6) https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/legislationtitlexxvi.pdf <br><br> PHS ACT 2605(e) https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/legislationtitlexxvi.pdf |
| **Imposition of Charges** "Imposition of Charges" is a term used to describe all activities, policies, and procedures related to assessing RWHAP client charges as outlined in legislation." | Policies and Procedures | Section 2605(e) https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/legislationtitlexxvi.pdf |
| Imposition of Charges applies to those services for which a distinct fee is typically billed within the N-S EMA health care market. | Policies and Procedures | |
| **Schedule of Charges** Program imposes fees on the client for services based on the client's annual gross income. <br> • Prohibits fees imposed on individuals with income ≤ 100% of FPL <br> • Requires fees be imposed on individuals with income > 100% FPL. <br><br> No client shall be denied service due to an inability to pay. | Schedule of Charges <br><br> Documentation in client files | Section 2605(e)(2) https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/legislationtitlexxvi.pdf |
| ***Cap on Charges*** Programs impose a cap on charges that limits total charges during the calendar year. All fees are waived once the limit on annual aggregate charges is reached for the calendar year. <br> • Client is responsible for tracking their annual charges. | Policies and Procedures | |

| | | |
|---|---|---|
| **Payor of Last Resort**<br>Programs ensure that grant funds are not utilized to make payments for any item or service to the extent that payment has been made, or can reasonably be expected to be made, with respect to that item or service—<br>    ▪  (i)  under any State compensation program, under an insurance policy, or under any Federal or State health benefits program; or<br>    ▪  (ii)  by an entity that provides health services on a prepaid basis | Policies and Procedures<br><br>Documentation in client files | https://hab.hrsa.gov/sites/default/files/hab/Global/pcn1304privateinsurance.pdf |
| Programs ensure that Ryan White is the Payor of Last Resort (PLR) and has Policies & Procedures addressing strategies to enroll all eligible uninsured clients into Medicare, Medicaid, private health insurance, and other programs. | Policies and Procedures | National Monitoring Standards Section C1 https://hab.hrsa.gov/sites/default/files/hab/Global/fiscalmonitoringparta.pdf |
| **Sliding Fee Discount:**<br>All clients accessing services are provided with a clear description of their sliding fee charges at intake and annually during recertification | Sliding fee application consistent with Federal guidelines | |

## Service Standards by Priority

The following pages contain additional standards that are specific to each priority. The universal standards combined with these service standards describe the level of service or care that is expected of each RWHAP funded agency or provider.

Click on each priority to go directly to the specific service standards.

**Uninsured Care Programs**

# N-S EMA
# The AIDS Drug Assistance
# Program (ADAP)

Service standards outline the elements and expectations a RWHAP Service provider follows when implementing a specific service category. The purpose of service standards are to ensure that all RWHAP service providers offer the same fundamental components of the given service category across a service area. Service standards establish the minimal level of service or care that a RWHAP funded agency or provider may offer within a state, territory or jurisdiction.

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# AIDS Drug Assistance Program (ADAP)

**Definition**: The AIDS Drug Assistance Program (ADAP) is a state-administered program authorized under RWHAP Part B to provide U.S. Food and Drug Administration (FDA) - approved medications to low-income clients living with HIV who have no coverage or limited health care coverage.

HRSA RWHAP ADAP formularies must include at least one FDA-approved medicine in each drug class of core antiretroviral medicines from the U.S. Department of Health and Human Services' Clinical Guidelines for the Treatment of HIV.

HRSA RWHAP ADAPs can also provide access to medications by using program funds to purchase health care coverage and through medication cost sharing for eligible clients. HRSA RWHAP ADAPs must assess and compare the aggregate cost of paying for the health care coverage versus paying for the full cost of medications to ensure that purchasing health care coverage is cost effective in the aggregate.

HRSA RWHAP ADAPs may use a limited amount of program funds for activities that enhance access to, adherence to, and monitoring of antiretroviral therapy with prior approval.

**Program Guidance**: HRSA RWHAP Parts A, C and D recipients may contribute RWHAP funds to the RWHAP Part B ADAP for the purchase of medication and/or health care coverage and medication cost sharing for ADAP-eligible clients.

**The N-S EMA contributes RWHAP Part A funds to ADAP.  Clients in the region are eligible for ADAP services, but since they are funded under Part B, there are no Service Standards for the service under Part A.**

# N-S EMA Emergency Financial Assistance Service Standard

Service standards outline the elements and expectations a RWHAP Service provider follows when implementing a specific service category. The purpose of service standards are to ensure that all RWHAP service providers offer the same fundamental components of the given service category across a service area. Service standards establish the minimal level of service or care that a RWHAP funded agency or provider may offer within a state, territory or jurisdiction.

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# Emergency Financial Assistance

**Definition**: Emergency Financial Assistance provides limited one-time or short-term payments to assist the HRSA RWHAP client with an urgent need for essential items or services necessary to improve health outcomes, including*:

- Utilities,
- Housing,
- Food (including groceries & food vouchers),
- Transportation

- Medication not covered by ADAP or AIDS Pharmaceutical Assistance, or
- Other HRSA RWHAP-allowable cost needed to improve health outcomes

* The N-S EMA allows EFA funds to cover food cards/vouchers and utilities **only**.

EFA must occur as a direct payment to an agency or through a voucher program.  Direct cash payments to clients are not permitted. (HIV/AIDS Bureau Policy 16-02).  It is expected that all other sources of funding in the community for emergency financial assistance will be effectively used and that any allocation of RWHAP funds for these purposes will be the payer of last resort, and for limited amounts, uses, and periods of time. Continuous provision of an allowable service to a client must not be funded through emergency financial assistance.

| Program Intake & Eligibility | Measure |
|---|---|
| For EFA Providers, the EFA program will case conference with the referring program to review all eligibility documents and statement of need to ensure client meets eligibility for emergency financial assistance services. | Documentation in client files |
| For Non EFA Providers, in addition to general eligibility criteria, an assessment of need must be conducted and other referrals (i.e. food pantries) utilized prior to initiation of EFA.<br>• If food cards or utility payments are available, the referring provider must complete the RW Part A EFA Program Referral form and fax all eligibility documentation to the receiving EFA agency (including appropriate releases to ensure service delivery). | Documentation in client files |
| In addition to general eligibility requirements, EFA staff ensure that reasonable efforts to secure non-RWHAP funds were made, whenever possible. | Policies and Procedures<br><br>Documentation in client files |
| **Client Contract** | |
| Program staff provide overview of EFA services to be provided to client. | Policies and Procedures |
| Client acknowledges understanding of responsibilities for receiving the service, including participating in eligibility confirmation, by signing the contract.<br>Note: Client Contract is embedded in the EFA Client Form | Signed contract in client files |
| **Assessment & Reassessment** | **Measure** |
| EFA food voucher and utility assistance are limited emergency-based services. Clients with continuing need must be assessed for other programs and services. | CAREWare data and provider records |

| | |
|---|---|
| EFA provider assesses client's need for continued assistance and if necessary, refers client to other food resources and enrollment in SNAP and to utility assistance programs such as HEAP, Project Warmth and REAP. | Documentation in client files |
| Client is referred for nutritional services, including medical nutrition therapy, if assessment identifies a need. | Documentation in client files |
| **Service Plan** | **Measure** |
| Client and EFA staff collaboratively develop service plans, which include: <br> 1. Determination of type of emergency assistance needed (food cards or utilities assistance) and whether the assistance is needed for individual, couple or household. <br> 2. Linkage for eligible benefits, food banks, financial assistance programs and other resources, including medical case management. | Service plan signed and dated by client and staff in client files |
| **Key Services Components & Activities** | **Measure** |
| The EFA program will maintain a client file including referrals from Part A providers, eligibility documentation, completed RW Part A EFA Client Form, copy of food card and utility bills received and document all services provided in their client level data system (CAREWare) program. | Documentation in client files |
| A signed Client EFA Form acknowledging the receipt of services must be in the client file. | Signed form in client files |
| EFA occurs as a direct payment to an agency. HRSA/HAB does not permit direct payments to clients. | Policies and Procedures; Documentation in client files |
| Emergency funds are allocated, tracked and reported by type of assistance and the EFA Program has a system that ensures security of EFA cards. | Log of type of assistance dispensed |
| Program will adhere to the N-S EMA EFA Guidelines that are updated periodically to reflect the needs of clients. | Documentation of paid amounts / receipts in client file |
| Provider will contact client within 72 hours of client request for EFA. | Documentation in client files |
| Provider will assess client for engagement in other RWHAP services. | Documentation in client files |
| **Client Rights & Responsibilities:** See Universal Standards | |
| **Grievance Process:** See Universal Standards | |
| **Cultural & Linguistic Competency:** See Universal Standards | |
| **Privacy & Confidentiality:** See Universal Standards | |
| **Transition & Discharge:** See Universal Standards | |
| **Case Closure Protocol:** See Universal Standards | |
| **Personnel Qualifications** | **Measure** |
| EFA staff have a high school diploma, GED or appropriate training, and one year of experience working with PWH. | Documentation in staff files |
| **Recertification Requirements:** See Universal Standards | |

# N-S EMA Medical Case Management Service Standard

Service standards outline the elements and expectations a RWHAP Service provider follows when implementing a specific service category. The purpose of service standards are to ensure that all RWHAP service providers offer the same fundamental components of the given service category across a service area. Service standards establish the minimal level of service or care that a RWHAP funded agency or provider may offer within a state, territory or jurisdiction.

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# Medical Case Management, including Treatment Adherence Services

**Definition**: Medical Case Management (MCM) is the provision of a range of client-centered activities focused on improving health outcomes in support of the HIV care continuum.

Activities provided under this service category may be provided by an interdisciplinary team that includes other specialty care providers. Medical Case Management includes all types of case management encounters (e.g., face-to-face, phone contact, and any other forms of communication).

In addition to providing the medically oriented services above, MCM may also provide benefits counseling by assisting eligible clients in obtaining access to other public and private programs for which they may be eligible (e.g., Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, other state or local health care and supportive services, and insurance plans through the health insurance Marketplaces/Exchanges) (HIV/AIDS Bureau Policy 16-02).

The purpose of MCM is to maintain the client in ongoing medical care and treatment; to assist the client with accessing needed services; to increase the client's adherence to their medical plan (i.e., medication regimen); to improve service delivery and client health outcomes.

| Program Intake & Eligibility | Measure |
|---|---|
| In addition to general eligibility criteria, programs should use additional screening criteria before enrolling a client in MCM services. Such criteria include: <br> 1. Newly diagnosed and/or new to ART <br> 2. Fluctuating viral loads and/or not virally suppressed (CD4 <200 and/or VL >200) <br> 3. Excessive missed appointments and/ or missed dosages of ART <br> 4. Mental health and/or substance use that hinders the client's ability to access and participate in medical treatment <br> 5. Food, housing and transportation instability <br> 6. Opportunistic infections <br> 7. Comorbidity with other STIs and/or Hepatitis <br> 8. Unmanaged chronic health problems <br> 9. Positive screening for intimate partner violence <br> 10. Clinician's referral | Review of program's screening criteria for medical case management <br><br> Documentation in client files |
| MCM provides the following information to the client: <br> 1. Program information <br> 2. Description of key activities, purpose, and goals of medical case management <br> 3. Availability of ancillary/subspecialty services on site or through referral <br> 4. As applicable, referrals to needed resources in the EMA | Documentation in client files |
| **Client Contract** | |
| Program staff provide overview of MCM services to be provided to client. | Policies and Procedures |

| | |
|---|---|
| Client acknowledges understanding of responsibilities for receiving the service, including participating in eligibility confirmation, by signing the contract. | Signed contract in client files |

| Assessment & Reassessment | Measure |
|---|---|
| Comprehensive assessment begins at intake, is completed annually thereafter, and includes:<br>1. Demographic information<br>2. Linkage and engagement with primary HIV medical services<br>3. Health history, including sexual, mental, and substance use (if change occurs)<br>4. Treatment adherence<br>5. Psychosocial needs and strengths<br>6. Resources, including financial and health insurance status<br>7. Perceived limitations / barriers to service<br>8. Risk / harm reduction counseling | Documentation in client files |
| MCM staff assess clients' need for Part A services including:<br>• Oral Health Care<br>• Medical Nutrition Therapy<br>• Mental Health Services<br>• Medical Transportation<br>• Legal<br>• Other supportive services<br>As well as the need for other services including<br>• Substance Use Disorder Treatment<br>• Housing | Documentation in client files |
| A reassessment is performed every six months to re-evaluate client functioning, health and psychosocial status; identify changes since the initial or most recent assessment; determine progress and new or ongoing needs. | Documentation in client files |

| Service Plan | Measure |
|---|---|
| Client and MCM collaboratively develop service plans, which include:<br>1. Methods for monitoring and tracking engagement in HIV care and treatment<br>2. List of client-identified service needs<br>3. Establishment of specific, action-oriented, and achievable goals with a specific timeframe for completion<br>4. Measurable objectives / action steps to accomplish goals<br>5. Resources to accomplish goals | Service plan signed and dated by client and MCM staff in client files |
| Service plan is re-evaluated at a minimum every 6 months by MCM and client to document client's progress, successes, and solutions to barriers. | Updated service plans signed and dated by client and MCM |
| MCM program must have linkages with community-based programs for needs such as housing, transportation and legal assistance. | MOUs/MOAs |

| | |
|---|---|
| MCM staff must track referral outcomes through coordinated efforts with other providers/agencies. | Documentation in client files |
| **Key Services Components & Activities** | **Measure** |
| MCM services include:<br>1. Linkage to available medical and support services, including referrals<br>2. Risk/harm reduction counseling | Documentation in client files |
| Key activities include:<br>1. Initial assessment of service needs<br>2. Development of a comprehensive, individualized service plan<br>3. Timely, coordinated access to medically appropriate levels of health & support services and continuity of care<br>4. Continuous client monitoring to assess the efficacy of the care plan<br>5. Re-evaluation of the service plan at least every 6 months with adaptations as necessary<br>6. Ongoing assessment of the client's and other key family members' needs and personal support systems<br>7. Treatment adherence counseling to ensure readiness for and adherence to complex HIV treatments<br>8. Education on U=U (Undetectable = Untransmittable)<br>9. Client-specific advocacy and/or review of utilization of services | Documentation in client files |
| MCM Programs provide health information to clients that includes:<br>• Types of treatment available<br>• Health literacy<br>• Behavioral health<br>• Secondary prevention<br>• Sexually transmitted infections (STIs)<br>• Pre-Exposure Prophylaxis (PrEP)<br>• Post-Exposure Prophylaxis (PEP)<br>• Side effects of treatment<br>• Psychosocial issues<br>• Client belief system<br>• Cultural beliefs<br>• Confusion and forgetfulness<br>• Provider relationship | |
| **Clients Rights & Responsibilities** | **Measure** |
| In addition to the Universal Standards the Rights & Responsibilities include:<br>1. Ensure that a client's decisions and needs drive the MCM process<br>2. Ensure a fair process of case review if the client feels they have been mistreated, poorly serviced, or wrongly declined/discharged from services<br>3. Clarifies the client's responsibility in facilitating communication and service delivery | Documentation in client files |
| **Grievance Process:** See Universal Standards | |

| | |
|---|---|
| **Cultural & Linguistic Competency:** See Universal Standards | |
| **Privacy & Confidentiality:** See Universal Standards | |
| **Transition & Discharge:** See Universal Standards | |
| **Case Closure Protocol**: See Universal Standards | |
| **Personnel Qualifications** | **Measure** |
| MCM staff are trained professionals, including both medically credentialed and other health care staff who are part of the clinical care team | Documentation in staff files and current licensure |
| All MCM personnel shall maintain a comprehensive understanding of the treatment, financial, and support services available to meet the needs of persons living with HIV in the EMA. | Documentation in staff files |
| In addition to training requirements in Universal Standards, MCMs and supervisors may receive training in one or more of the following topics: <br> 1. ADAP: How to access services <br> 2. Health insurance enrollment <br> 3. Case management skills building <br> 4. ART medical therapy | Training certificates in staff files |
| **Recertification Requirements:** See Universal Standards | |

# N-S EMA Medical Nutrition Therapy Service Standard

Service standards outline the elements and expectations a RWHAP Service provider follows when implementing a specific service category. The purpose of service standards are to ensure that all RWHAP service providers offer the same fundamental components of the given service category across a service area. Service standards establish the minimal level of service or care that a RWHAP funded agency or provider may offer within a state, territory or jurisdiction.

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# Medical Nutrition Therapy

**Definition**: Medical Nutrition Therapy (MNT) is nutrition-based treatment provided by a registered dietitian.

All activities performed under this service category must be pursuant to a medical provider's referral and based on a nutritional plan developed by the registered dietitian or other licensed nutrition professional.

The Medical Nutrition Therapy service category includes the following services for PWH:

- Nutrition assessment and screening;

- Dietary or nutritional evaluation;

- Food and/or nutritional supplements per a medical provider's recommendation;

- Nutrition education and/or counseling.

These services can be provided in individual or group settings, at community organizations or medical facilities.

| Intake & Eligibility | Measure |
|---|---|
| In addition to general eligibility criteria, Medical Nutrition Therapy must be pursuant to a medical provider's referral and based on a nutritional plan developed by a registered dietitian or other licensed nutrition professional. | Policies and Procedures Documentation in client files of medical provider's referral. |
| **Client Contract** | |
| Program staff provide overview of MNT services to be provided to client. | Policies and Procedures |
| Client acknowledges understanding of responsibilities for receiving the service, including participating in eligibility confirmation, by signing the contract. | Signed contract in client files |
| **Assessment & Reassessment** | **Measure** |
| Comprehensive assessment begins at intake, is completed annually thereafter.  Nutritional assessment includes baseline markers including:<br>1. Baseline Nutrition Screen – weight, loss/gain<br>2. Current HIV Medications/labs<br>3. Food Security Screen<br>4. Nutrition Education including: evaluation of labs, past nutrition, dietary recall,  available Community Food/Nutrition<br>5. Client's Body Mass Index (BMI)<br>6. Full Medical, Psychosocial Assessment History, Substance Abuse History, and STI history<br>7. Cooking Equipment (i.e. stove, microwave, hot plate, toaster oven, refrigerator) | Documentation in client files |
| A nutritional reassessment will be conducted every six months to identify changes since the initial or most recent assessment, determine progress and new or ongoing needs. | Documentation in client files |

| Service Plan | Measure |
|---|---|
| Client and MNT staff collaboratively develop nutritional plans that follow the medical care providers' treatment plan. The plan will include:<br>• Nutritional assessment with date of service to initiate<br>• Frequency and number of nutritional sessions (includes start/end dates)<br>• Nutritional diagnosis<br>• Nutrition intervention with recommended services and types of service (food, supplements as needed, etc.)<br>• Nutrition monitoring and evaluation (BMI and/or BIA)<br>• Food security analysis<br>• Signature of RD | Service plan signed and dated by client and MNT staff in client files |

| Key Services Components & Activities | Measure |
|---|---|
| Provide nutrition services for those metabolically challenged that addresses proper weight, weight distribution and nutritional needs. | Policies and Procedures<br>Documentation in client files |
| MNT includes:<br>• Consultation with a licensed, registered dietitian<br>• Comprehensive Nutritional Assessment – Baseline Screen & Food Security Analysis<br>• Clinical Nutrition Analysis<br>• Referral for Food Sources<br>• Medical Nutrition Therapy Service Plan<br>• Medical Nutrition Therapy Education<br>• Medical Nutrition Therapy Reassessment | Documentation in client files |
| Nutritional plans detail client goals in nutrition in relation to their medical treatment needs. | Documentation in client files |
| Individual/group education sessions will take place so that lasting behavioral changes that support medical compliance and overall viral suppression are achieved. | Documentation in client files<br><br>Participant lists for group sessions |
| **Clients Rights & Responsibilities**: See Universal Standards | |
| **Grievance Process:** See Universal Standards | |
| **Cultural & Linguistic Competency:** See Universal Standards | |
| **Privacy & Confidentiality:** See Universal Standards | |
| **Transition & Discharge:** See Universal Standards | |
| **Case Closure Protocol**: See Universal Standards | |
| **Personnel Qualifications:** See Universal Standards | Measure |
| In additional to Universal Standards, dietitian is licensed and registered by the State of New York. | Documentation in staff files |
| **Recertification Requirements:** See Universal Standards | |

# N-S EMA Medical Transportation Service Standard

Service standards outline the elements and expectations a RWHAP Service provider follows when implementing a specific service category. The purpose of service standards are to ensure that all RWHAP service providers offer the same fundamental components of the given service category across a service area. Service standards establish the minimal level of service or care that a RWHAP funded agency or provider may offer within a state, territory or jurisdiction.

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# Medical Transportation

**Definition**: Medical Transportation (MT) is the provision of ***nonemergency*** transportation services that enables an eligible client to access or be retained in core medical and support services ([HIV/AIDS Bureau Policy 16-02](#)).

| Intake & Eligibility | Measure |
|---|---|
| The provider referring the client screens for transportation services eligibility. Clients are eligible for services if the client:<br>1. Meets General Eligibility Standards,<br>2. Does not qualify for Medicaid Transportation,<br>3. Is not eligible for SCAT or Able-Ride, or needs assistance paying for SCAT/Able-Ride, and<br>4. Is not eligible for other existing transportation services. | Policies and Procedures<br><br>Screening tools/process<br><br>Documentation in client files |
| Provider makes appropriate referrals to other transportation resources if client does not meet eligibility criteria for medical transportation. | Policies and Procedures<br>Documentation in client files |
| **Client Contract** | |
| Program staff provide overview of MT services to be provided to client. | Policies and Procedures |
| Client acknowledges understanding of responsibilities for receiving the service, including participating in eligibility confirmation, by signing the contract. | Signed contract in client files |
| **Assessment & Reassessment** | **Measure** |
| Comprehensive assessment begins at intake, is completed annually thereafter, and includes the most appropriate transportation service for client based on:<br>• medical, mental health and psychosocial needs, or special needs<br>• cost (most cost effective should be utilized when possible) | Documentation in client files |
| A reassessment for continued transportation services will occur every six months to identify changes since the initial or most recent assessment; determine progress and new or ongoing needs. | Documentation in client files |
| **Service Plan** | **Measure** |
| Client and MT staff collaboratively develop service plans that ensure:<br>1. A client-centered plan that is based on client assessment and reassessment (taxi, cards, bus, etc.)<br>2. Confirmation of transportation service(s)<br>   a. Follow-up verification between transportation provider and destination service program confirming use of eligible service(s), or<br>   b. Client provides proof of service documenting use of eligible services at destination agency on the date of transportation, or scheduling of transportation services by receiving agency. | Service plan signed and dated by client and MT staff in client files<br><br>Documentation of confirmation from destination agency in client record; or client's original receipt from destination agency in client record; or documentation in case manager's progress notes |

| Key Services Components & Activities | Measure |
|---|---|
| Medical Transportation is meant to increase retention, decrease missed appointments and improve the client experience. | Documentation in client files |
| Medical Transportation may be provided through:<br>   • Contracts with taxi providers<br>   • Provision of Metro Cards, bus tickets or gas cards<br>A combination of these services may be utilized when providing a round trip for a client. | Policies and Procedures<br><br>Contracts<br><br>Reimbursement documentation for mileage (gas cards) |
| Program will follow the N-S EMA Transportation Guidelines that are updated periodically to reflect the needs of clients. | |
| **Subcontractor** oversight will include:<br>• Provision of N-S EMA confidentiality requirements for all PWH utilizing MT services,<br>• Verification of current Class E licensure for all taxi drivers,<br>• Compliance with all commercial insurance requirements<br>• Adherence to state regulations.<br>• Mechanical safety of the provider vehicles (i.e. inspections and all other safety protocol). | Program records of subcontractors |
| Unallowable costs include:<br>   • Direct cash payments or cash reimbursements to clients<br>   • Direct maintenance expenses (tires, repairs, etc.) of a privately owned vehicle<br>   • Any other costs associated with a privately-owned vehicle such as a lease, loan payments, insurance, license, or registration fees | Policies and Procedures<br><br>Documentation in client files |
| **Clients Rights & Responsibilities**: See Universal Standards | |
| **Grievance Process:** See Universal Standards | |
| **Cultural & Linguistic Competency:** See Universal Standards | |
| **Privacy & Confidentiality:** See Universal Standards | **Measure** |
| In addition to the General Standards, transportation vehicles are not marked with identifying labels indicative of HIV services (e.g. red ribbon, the words "HIV" or "AIDS"). | Review of vehicle during site visit, if possible |
| Programs will work with the transportation service providers to ensure they are not breaching clients' confidentiality during rides to and from appointments. | Policies and Procedures |
| **Transition & Discharge:** See Universal Standards | |
| **Case Closure Protocol**: See Universal Standards | |
| **Personnel Qualifications:** See Universal Standards | |
| **Recertification Requirements:** See Universal Standards | |

# N-S EMA Mental Health Services Service Standard

Service standards outline the elements and expectations a RWHAP Service provider follows when implementing a specific service category. The purpose of service standards are to ensure that all RWHAP service providers offer the same fundamental components of the given service category across a service area. Service standards establish the minimal level of service or care that a RWHAP funded agency or provider may offer within a state, territory or jurisdiction.

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# Mental Health Services

**Definition**: Mental Health Services are the provision of outpatient psychological and psychiatric screening, assessment, diagnosis, treatment, and counseling services offered to clients living with HIV. Services are based on a treatment plan, conducted in an outpatient group or individual session, and provided by a mental health professional licensed or authorized within the state to render such services. Such professionals typically include psychiatrists, psychologists, and licensed clinical social workers (HIV/AIDS Bureau Policy 16-02).

| Intake & Eligibility | Measure |
|---|---|
| In addition to general eligibility criteria, determination of program eligibility is based on client's mental health diagnosis. | Documentation in client record must include client's mental health diagnosis based on Diagnostic and Statistical Manual (DSM-5). |
| **Client Contract** | |
| Program staff provide overview of MH services to be provided to client. | Policies and Procedures |
| Client acknowledges understanding of responsibilities for receiving the service, including participating in eligibility confirmation, by signing the contract. | Signed contract in client files |
| **Assessment & Reassessment** | **Measure** |
| Comprehensive assessment begins at intake, is completed annually thereafter, and includes an initial mental health assessment that consists of:<br>1. Verification of enrollment in medical care<br>2. Medical history and primary care information<br>3. Intake Date<br>4. Complete mental status evaluation (including cognitive impairment, depression, anxiety, PTSD, suicide/homicide ideation, psychosocial status, sleep and appetite assessments)<br>5. Substance use disorder history<br>6. Psychiatric history<br>7. Existing barriers to treatment including legal, financial, or employment<br>8. Consideration of underlying Medical or Medical treatment reasons, such as dementia or drug reactions | Documentation in client record signed and dated by licensed professional conducting the assessment |
| Clients are assessed for care coordination needs, and referrals are made to case management programs as appropriate. | Documentation in client files |
| Clients are reassessed for treatment end dates based on progress of and change in treatment goals and to identify changes since the initial or most recent assessment; determine progress and new or ongoing needs. | Documentation in client files |

| Service Plan | Measure |
|---|---|
| Client and MH staff collaboratively develop service plans that include:<br>• Type of MH service (individual and/or group counseling, psychiatric visit, etc.) to be provided<br>• Treatment start and projected end dates<br>• HIV medical care engagement and referral information.<br>• Name of staff completing assessment<br>• Progress notes following each client session<br>• Evidence of supervisory review and staff monitoring of service plan documented in progress notes. | Service plan signed and dated by client and MH staff in client files |

| Key Services Components & Activities | Measure |
|---|---|
| • Comprehensive Assessment and Reassessments of mental health status.<br>• Intensive mental health therapy and counseling provided solely by Mental Health Practitioners licensed in the State of New York.<br>• Individual and group counseling sessions with qualified staff.<br>• Psychiatric/Psychological consultation (testing and medication) provided by a licensed, mental health practitioner.<br>• Coordination and linkage to medical and other necessary service providers. | Policies and Procedures<br><br>Documentation in client files |
| Program has provisions and mechanisms for urgent care evaluation and triage. | Policies and Procedures |
| Provider develops and maintains collaboration clients' primary care providers to ensure retention in care. | Documentation in client files |
| **Client Rights & Responsibilities:** See Universal Standards | |
| **Grievance Process:** See Universal Standards | |
| **Cultural & Linguistic Competency:** See Universal Standards | |
| **Privacy & Confidentiality:** See Universal Standards | |
| **Transition & Discharge:** See Universal Standards | |
| **Case Closure Protocol:** See Universal Standards | |

| Personnel Qualifications | Measure |
|---|---|
| All mental health professionals must be licensed and qualified within the laws of the State of New York to provide mental health services in one of the following professions:<br>• Licensed Clinical Social Worker (LCSW);<br>• Licensed Master Social Worker (LMSW);<br>• Psychoanalyst;<br>• Psychologist;<br>• Psychiatrist;<br>• Psychiatric Nurse;<br>• Psychotherapist;<br>• LMHC (Licensed Mental Health Counselor)<br>• LMFT (Licensed Marriage & Family Therapist) | Current License/Certification maintained in file.<br><br>Personnel records/resumes/applications for employment reflect requisite experience/education. |

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| Mental health staff, including license-eligible staff, receive individual or group clinical supervision by a qualified supervisor one hour per week or two hours every other week. | Documentation in staff files |
| In addition to the General Standards, providers need to be aware of NYS Mental Hygiene Law (which is different than HIPAA) | Policies and Procedures |
| **Recertification Requirements:** See Universal Standards | |

# N-S EMA Oral Health Care Service Standard

Service standards outline the elements and expectations a RWHAP Service provider follows when implementing a specific service category. The purpose of service standards are to ensure that all RWHAP service providers offer the same fundamental components of the given service category across a service area. Service standards establish the minimal level of service or care that a RWHAP funded agency or provider may offer within a state, territory or jurisdiction.

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# Oral Health Care

**Definition:** Oral Health Care is a range of activities that include: outpatient diagnosis, prevention, and therapy provided by dental health care professionals, including general dental practitioners, dental specialists, dental hygienists, and licensed dental assistants (HIV/AIDS Bureau Policy 16-02).

| **Program Intake & Eligibility** | **Measure** |
| --- | --- |
| In addition to general eligibility criteria, program ensures that clients' oral health care needs are appropriate to the services provided. | Policies & Procedures<br>Documentation in client files |
| **Client Contract** | |
| Program staff provide overview of OHC services to be provided to client. | Policies and Procedures |
| Client acknowledges understanding of responsibilities for receiving the service, including participating in eligibility confirmation, by signing the contract. | Signed contract in client files |
| **Assessment & Reassessment** | **Measure** |
| Comprehensive assessment begins at intake, is completed annually thereafter. Providers will document health history before providing care, including:<br>1. Client's chief complaint, where applicable<br>2. Client's viral load and CD4 count<br>3. Client's linkage and engagement in primary HIV medical services<br>4. CBC lab test, Coagulants (PT/INR, aPTT, and if hemophiliac baseline deficient factor level [e.g. Factor VIII activity] and inhibitor titer [e.g. BIA]<br>5. Relevant health history including TB screening result, sexually transmitted infections, HIV associated illnesses, Hepatitis A, B, C status<br>6. Medication names<br>7. Allergies and drug sensitivities<br>8. Alcohol, tobacco, and recreational drug use<br>9. Neurological diseases<br>10. Usual oral hygiene and date of last dental examination<br>11. Involuntary weight loss or gain<br>12. Any predisposing conditions that may affect the prognosis, progression, and management of oral health condition. | Documentation in client files |
| Initial oral evaluation will include examination, bitewing x-rays, and diagnostics. | Policies & Procedures<br>Documentation in client files |
| Periodontal evaluation will include:<br>1. Assessment of medical and dental histories,<br>2. Quantity and quality of attached gingival bleeding, tooth mobility, radiological review of the status of the periodontium and dental implants. | Policies & Procedures<br>Documentation in client files |

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| Assessment may also include the evaluation and recording of dental caries (tooth decay), missing or unerupted teeth, restorations, occlusal relationships, and oral cancer evaluation. | Policies & Procedures Documentation in client files |
| Reassessment occurs every six months and assesses progress towards treatment goals and to identify changes since the initial or most recent assessment; determine progress and new or ongoing needs. | Documentation in client files |
| **Service Plan** | **Measure** |
| Client and OHC staff collaboratively develop service plans that include the following:<br>• Restorative treatment<br>• Basic periodontal therapy (non-surgical)<br>• Basic oral surgery (simple extractions and biopsy)<br>• Non-surgical endodontic therapy, such as root canals<br>• Maintenance of tooth space<br>• Tooth eruption guidance for transitional dentition (non-orthodontic) | Service plan signed and dated by client and OHC staff in client files |
| OHC treatment plan will include preventive care, maintenance, and elimination of oral pathology. As clinically indicated, treatment plan should include:<br>• Provision for the relief of pain<br>• Elimination of infection<br>• Preventive plan component<br>• Periodontal treatment plan if necessary<br>• Elimination of caries<br>• Replacement or maintenance of tooth space or function<br>• Consultation or referral for conditions where treatment is beyond the scope of services offered<br>• Determination of adequate recall interval<br>• Dental treatment plan will be signed by the oral health care professional providing the services<br>• Methods for monitoring and tracking engagement in oral care and treatment | Policies & Procedures Documentation in client files |
| When a client requires care beyond a standard cleaning, the provider and client collaboratively develop a comprehensive treatment plan, including:<br>1. Reason for dental visit / further treatment<br>2. All related oral health issues and action steps to address each issue<br>3. A timeline for completion of each action step<br>4. Client strengths and limitations to completing the plan | Treatment plan signed and dated by the provider and client in client files, including updated plans |
| **Key Services Components & Activities** | **Measure** |
| Dental:<br>• Dental and medical history<br>• Comprehensive oral evaluation/assessment<br>• Dental treatment planning<br>• Phase 1 treatment planning<br>• Oral health care education (including tobacco cessation education) | Documentation of last cleaning date in client files<br><br>Phase 1 treatment: Prevention, maintenance and/or elimination of oral pathology that results from dental caries or periodontal disease. This includes: restorative treatment; |

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| • Periodontal screening<br><br>Providers ensure clients are seen in a timely manner and emergent issues are seen within 24 hours and urgent within 48 hours. | basic periodontal therapy (non surgical); basic oral surgery that includes simple extractions and biopsy; non-surgical endodontic therapy; and space maintenance and tooth eruption guidance for transitional dentition. |
| Oral health care services including diagnostic, preventive, and therapeutic dental care complies with state dental practice laws and includes evidence-based clinical decisions that are informed by the American Dental Association Dental Practice Parameters. | Policies and Procedures |
| Treatment priority is given to pain management, infection, traumatic injury, or emergency conditions. Solely cosmetic treatments will not be reimbursed. | Documentation of presenting problems in client files |
| Oral health care primarily focuses on alleviating discomfort, keeping teeth and gums healthy, preventing infection, and maintaining the ability to eat nutritional foods with the goal of optimizing overall health. | Documentation in client files; Treatment plan (when applicable) |
| Regular oral health appointment includes a thorough examination, charting of caries, x-rays, periodontal screening, and cleaning. Applicable follow-up services include education, preventative home care instructions, written diagnoses, and a treatment plan. | Documentation in client files; Treatment plan (when applicable) |
| Oral health care education includes, but is not limited to the following:<br>• Daily brushing and flossing to remove plaque<br>• Daily use of over-the-counter fluorides to reduce or prevent cavities<br>• Smoking/tobacco cessation counseling as indicated | Documentation in client files |
| Oral health care navigators coordinate client's dental care needs to increase their retention in care (and improve their overall health).<br><br>Navigators:<br>1.  Schedule client appointments<br>2.  Provide referrals when indicated<br>3.  Identify barriers to care<br>4.  Provide support and education services<br>5.  Ensure coordination of dental care for all eligible clients | Policies and Procedures |
| **Client Rights & Responsibilities** | **Measure** |
| Before receiving Oral Health Care, clients are made aware of what services/treatments Ryan White does and does not cover. | Documentation and client signature in client files |
| **Grievance Process:** See Universal Standards | |
| **Cultural & Linguistic Competency:** See Universal Standards | |
| **Privacy & Confidentiality:** See Universal Standards | |
| **Transition & Discharge:** See Universal Standards | |
| **Case Closure Protocol:** See Universal Standards | |
| **Personnel Qualifications** | **Measure** |
| Licensed staff receive training adequate to maintain licensure. This training may overlap with universal training requirements. | Training certificates in staff files |

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| Dentists and oral hygienists are licensed to practice in NYS. | Licensure in personnel files |
| **Recertification Requirements:** See Universal Standards | |

# N-S EMA Other Professional Services Legal Service Standard

Service standards outline the elements and expectations a RWHAP Service provider follows when implementing a specific service category. The purpose of service standards are to ensure that all RWHAP service providers offer the same fundamental components of the given service category across a service area. Service standards establish the minimal level of service or care that a RWHAP funded agency or provider may offer within a state, territory or jurisdiction.

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# Other Professional Services

**Definition:** Other Professional Services (OPS) is the provision of professional and consultant services rendered by members of particular professions licensed and/or qualified to offer such services by local governing authorities. (HIV/AIDS Bureau Policy 16-02).

Such services may include:

1. Legal services provided to and/or on behalf of the individual living with HIV and involving legal matters related to or arising from their HIV disease including:
   - Assistance with public benefits such as Social Security Disability insurance (SSDI)
   - Interventions necessary to ensure access to eligible benefits, including discrimination or breach of confidentiality litigation as it relates to services eligible for funding under the RWHAP
   - Preparation of:
     - ✓ Healthcare power of attorney
     - ✓ Durable powers of attorney
     - ✓ Living wills

2. Permanency planning to help clients/families make decisions about the placement and care of minor children after their parents/caregivers are deceased or are no longer able to care for them, including:
   - Social service counseling or legal counsel regarding the drafting of wills or delegating powers of attorney
   - Preparation for custody options for legal dependents including standby guardianship, joint custody, or adoption

3. Income tax preparation services to assist clients in filing Federal tax returns that are required by the Affordable Care Act for all individuals receiving premium tax credits

| Intake & Eligibility | Measure |
|---|---|
| In addition to general eligibility criteria, Other Professional Services need to be directly necessitated by an individual's HIV status in order to engage and retain PWH in treatment and care, thereby serving to enhance immunological status, improve health outcomes, reduce disease transmission and achieve viral load suppression. | Documentation in client files |
| **Client Contract** | |
| Program staff provide overview of OPS - Legal services to be provided to client. | Policies and Procedures |
| Client acknowledges understanding of responsibilities for receiving the service, including participating in eligibility confirmation, by signing the contract. | Signed contract in client files |
| **Assessment & Reassessment** | Measure |
| Comprehensive assessment begins at intake, is completed annually thereafter, and includes identification of client legal needs | Documentation in client files |
| A reassessment is performed every six months to re-evaluate client functioning, health and psychosocial status; identify changes since the initial or most recent assessment; determine progress and new or ongoing needs. | Documentation in client files |

| Service Plan | Measure |
|---|---|
| Client and OPS staff collaboratively develop service plans that include the following:<br>    • Interventions needed to ensure access to eligible benefits<br>    • Preparation of legal documents regarding health care and decision-making<br>    • Legal advocacy<br>    • Legal representation | Service plan signed and dated by client and OPS staff in client files |
| **Key Services Components & Activities** | **Measure** |
| Services may include:<br>1. Preparation of advance directives including health care proxies, living will and powers of attorney;<br>2. Interventions necessary to ensure access to eligible benefits, including discrimination or breach of confidentiality litigation as it relates to services eligible for funding under Ryan White<br>3. Landlord/tenant advocacy<br>4. Assistance with public benefits including: Medicaid, SSI/SSD, SNAP, cash benefits through the Department of Social Services including but not limited to: E-5 rental enhancement, shelter allowance, etc.<br>5. Income tax preparation services are to assist clients in filing Federal tax returns that are required by the Affordable Care Act for all individuals receiving premium tax credits or when required as part of a legal allowable intervention.<br>6. Immigration issues including legal advocacy to assist clients with obtaining benefits to establish and maintain their care.<br>7. Permanency planning for an individual or family where the responsible adult is expected to pre-decease a dependent (usually a minor child) due to HIV/AIDS. Permanency planning includes the provision of social service counseling or legal counsel regarding:<br>a) drafting of wills or delegating powers of attorney; and<br>b) preparation of custody options for legal dependents including standby guardianships, joint custody or adoption. | Policies and Procedures<br><br>Client files |
| Funding for other professional services may not be used for any criminal defense or for class action suits unrelated to access to services eligible for funding under the Ryan White Program. | Policies and Procedures |
| **Client Rights & Responsibilities**: See Universal Standards | |
| **Grievance Process:** See Universal Standards | |
| **Cultural & Linguistic Competency:** See Universal Standards | |
| **Privacy & Confidentiality:** See Universal Standards | |
| **Transition & Discharge:** See Universal Standards | |
| **Case Closure Protocol:** See Universal Standards | |
| **Personnel Qualifications** | **Measure** |

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| Staff Attorneys will be licensed in the State of New York and members in good standing of the State Bar of New York and will possess a minimum education level of a doctorate in jurisprudence. | Documentation in staff files |
| Paralegals and other legal professionals will be supervised by a qualified licensed attorney. | Documentation in staff files |
| Agency staff are trained and knowledgeable and remain current in legal issues in accordance with the rules for the State Bar of New York. Staff shall maintain knowledge of legal issues that may impact the legal assistance needs of PWH. | Documentation in staff files |
| **Recertification Requirements:** See Universal Standards | |

# N-S EMA Outpatient Ambulatory Health Services Service Standard

Service standards outline the elements and expectations a RWHAP Service provider follows when implementing a specific service category. The purpose of service standards are to ensure that all RWHAP service providers offer the same fundamental components of the given service category across a service area. Service standards establish the minimal level of service or care that a RWHAP funded agency or provider may offer within a state, territory or jurisdiction.

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# Outpatient / Ambulatory Health Services

**Definition:** Outpatient/Ambulatory Health Services are defined as the provision of diagnostic and therapeutic-related activities directly to a client by a licensed healthcare provider in an outpatient medical setting. Outpatient medical settings may include: clinics, medical offices, mobile vans, using telehealth technology, and urgent care facilities for HIV-related visits.

Allowable activities include:
- Medical history taking
- Physical examination
- Diagnostic testing (including HIV confirmatory and viral load testing), as well as laboratory testing
- Treatment and management of physical and behavioral health conditions
- Behavioral risk assessment, subsequent counseling, and referral
- Preventive care and screening
- Pediatric developmental assessment
- Prescription and management of medication and provision of education and tools to support treatment adherence
- Education and counseling on health and prevention issues
- Referral to and provision of specialty care related to HIV diagnosis
- Assessment of diet/nutritional status, measurement of BMI and provision of education on healthy eating

Non-HIV related visits to urgent care facilities are not allowable costs within the Outpatient/Ambulatory Health Services Category. Emergency room visits are not allowable costs within the Outpatient/Ambulatory Health Services Category.

| Intake & Eligibility | Measure |
|---|---|
| In addition to general eligibility criteria, OAHS are provided to clients who are newly diagnosed, out-of-care, uninsured, underinsured, those awaiting insurance, or those disproportionately impacted by HIV/AIDS. | Documentation in client file |
| Newly diagnosed and/or returning to care clients should be seen within 3 or fewer working days of receipt of referral. | Documentation of referral, first client contact, and first appointment date in client files |
| For underinsured, proof this service is not covered by other third-party insurance programs including Medicaid and Medicare is required. | Documentation from insurance that service is not covered. |
| **Client Contract** | |
| Program staff provide overview of OAHS services to be provided to client. | Policies and Procedures |
| Client acknowledges understanding of responsibilities for receiving the service, including participating in eligibility confirmation by, signing the contract. | Signed contract in client files |
| **Assessment & Reassessment** | **Measure** |

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| Clients receive a comprehensive medical evaluation, in accordance with the most current published guidelines, initially and at annual reassessment or when clinically indicated, and includes:<br>1. Chief complaint<br>2. Gender and Sexual Identity<br>3. History of Immunizations<br>4. Past medical and surgical history with detailed HIV/AIDS history, including route of exposure, history of HIV testing, past ARV used (if treatment experienced), CD4 counts (most recent and nadir) and VL test results, opportunistic/AIDS related conditions, sexual and reproductive health history, travel history, pets<br>5. Family and social history including substance use disorder and mental health histories, education, housing, employment, social support network, criminal justice history<br>6. Allergies and intolerances to medications<br>7. Complete current medications, including OTC and herbal therapies, and adherence status and challenges<br>8. Current nutrition, including supplements<br>9. Any present illnesses or concerns<br>10. Screening for diseases associated with risk factors (Hepatitis A, Hepatitis B, Hepatitis C, TB and Sexually Transmitted Infections)<br>11. Healthcare maintenance – cancer screening, bone density testing<br>12. Knowledge of Undetectable = Untransmittable | Documentation in client file |
| Initial assessments will include a comprehensive physical examination in accordance with the most current published guidelines. The physical examination shall include, but is not limited to the following:<br>1. Vital signs<br>2. Systems inspection, inclusive of a dermatological examination<br>3. Neurological examination, including neurocognitive assessment<br>4. Genital and rectal exams as appropriate<br>5. Breast examination as appropriate | |
| Appropriate baseline testing, including laboratory and radiology values, will be performed within the first two primary care visits scheduled with the primary care provider. Tests shall be inclusive of, but not limited to the following:<br>1. CD4+ lymphocyte count<br>2. HIV Quantitative Viral load measurement<br>3. HIV genotypic resistance testing ordered prior to initiation of therapy without treatment delay pending results<br>4. Complete Blood Count (CBC)<br>5. Chemistry profile, including BUN/creatinine (estimate of glomerular filtration, Hepatic panel (serum transaminases, alkaline phosphatase and Total bilirubin), lipid profile and blood glucose<br>6. Urinalysis | |

7. STI Screening: Gonorrhea/Chlamydia (oral, anal, urethral, and cervical sites for Men who have Sex with Men and Trans-Gender Women and others as indicated by individual exposure), Syphilis.
8. Cervical cancer screen for peoples with uteruses (begin screening at 21 years old or within one year of onset of sexual activity)
9. Hepatitis Serology: Hepatitis B S antigen, S Antibody, Hepatitis B Core IgG antibody; Hepatitis C antibody, Hepatitis A IgG/Total
10. TB screen (IGRA) and/or chest x-ray if indicated
11. Urine pregnancy test for all persons with pregnancy potential

Referrals to specialists (e.g. dentists, ophthalmologists) to be provided if indicated, including nutritional services as appropriate.

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| If client is still enrolled in OAHS at six months, a reassessment is performed to re-evaluate client functioning, health and psychosocial status; identify changes since the initial or most recent assessment; determine progress and new or ongoing needs. | |
| **Service Plan** | **Measure** |
| Client and OAHS staff collaboratively develop service plans that ensure prompt HIV care in accordance with the current treatment guidelines. | Policies & Procedures<br><br>Service plan signed and dated by client and OAHS staff in client files |
| **Key Services Components & Activities** | **Measure** |
| Primary medical care for the treatment of HIV includes the provision of care that is consistent with the most current treatment guidelines (https://hab.hrsa.gov/clinical-quality-management/clinical-care-guidelines-and-resources and NYS HIV clinical guidelines  HOME - AIDS Institute Clinical Guidelines (hivguidelines.org) | Policies and Procedures<br><br>Documentation in client files |
| Providers shall develop and initiate a client treatment adherence plan for clients who are being treated with an antiretroviral (ARV) medication regimen, at a minimum of every 6 months. | Documentation in client files |
| Clients have follow-up visits every 4 to 6 months, or as appropriate according to HAB/HRSA Standards or as clinically indicated, for treatment monitoring and to detect any changes in health status.<br><br>Client visits will include:<br>1. Evaluation of viral load measurements at least twice a year.<br>2. Assessment for opportunistic infections at each visit and OI prophylaxis if indicated.<br>3. Timely and appropriate offer of immunizations<br>4. Screens risk behaviors and provides risk reduction education, including PrEP (pre-exposure prophylaxis), nPEP (non-occupational post exposure prophylaxis) for sexual and injection partners, and Undetectable = Untransmittable (U=U) | Content of follow-up documented in client files;<br><br>Documentation of specialist referrals, including vision and dental in client files |

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| 5. Referrals for other medical and support services where indicated | |
| Clients will receive standardized screening for medical case management, mental health, substance use, and legal needs during a face-to-face contact from program staff during eligibility determination. | Documentation in client files |
| HIV primary care services include:<br><br>1. Diagnostic testing (including lab tests integral to the treatment of HIV infection and related complications)<br>2. Early intervention and risk assessment,<br>3. Preventive care and screening (including pap smear, if applicable)<br>4. Practitioner examination, medical history taking, diagnosis and treatment of common physical and mental conditions,<br>5. Physical examination (including breast, genital, rectal exams as appropriate)<br>6. Screening for diseases (TB, Hepatitis, STIs, etc.)<br>7. Prescription and management of medication therapy<br>8. Education and counseling on health and prevention issues<br>9. Child health maintenance and preventive care<br>10. Continuing care and management of chronic conditions<br>11. Referral to and provision of HIV-related specialty care (all medical subspecialties including ophthalmic and optometric services<br>12. Assessment and treatment of physical or behavioral health conditions<br>13. Behavioral risk assessment, subsequent counseling, and referral<br>14. Immunization status<br>15. Pediatric developmental assessment<br>16. Treatment adherence assessment and support<br>17. Reproductive counseling (when applicable)<br>18. Nutritional counseling (when applicable)<br>19. Assessment for medical case management and active referral<br><br>https://www.idsociety.org/practice-guideline/primary-care-management-of-people-with-hiv/ | Policies and Procedures<br><br>Documentation in client files |
| If clinically indicated, providers should offer the following to clients:<br>1. Screening for anal cancer (as indicated in NYS Medical Care Criteria Committee Guideline: www.hivguidelines.org)<br>2. TB prophylaxis<br>3. Pneumococcal vaccine<br>4. Influenza vaccine during peak flu season<br>5. HPV vaccine (if age appropriate)<br>6. Hepatitis A and B vaccines (when not already immune)<br>7. Covid-19 vaccine | Documentation in client files |

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| 8. Meningococcal Serotype Non-B ( MenACWY) vaccine (primary or every 5 years as indicated)<br>9. Varicella zoster virus vaccine, meningococcal vaccine and Tdap<br>10. Tobacco cessation counseling with resources provided | |
| Licensed clinicians provide comprehensive, documented education regarding client's most current prescribed ART regimen, including:<br>1. Names, actions, and purposes of all medications in the regimen<br>2. Dosage schedule<br>3. Food requirements, if any<br>4. Side effects and drug interactions<br>5. Adherence<br>6. How to pick up medicines and get refills<br>7. What to do and who to call when having problems taking medications | Documentation in client files, including affirmation that client demonstrated understanding of topics discussed |
| Agency has a policy regarding client retention in care, addressing:<br>1. Process for client appointment reminders (e.g. timing, frequency, position responsible)<br>2. Process for contacting clients after missed appointments (e.g. timing, frequency, position responsible)<br>3. Measures to promote retention in care<br>4. Process for reengaging those out of care | Policies and Procedures |
| In accordance with US DHHS recommendations, preconception care and counseling are a component of routine primary care for persons with childbearing potential. In addition to the general components of preconception counseling, providers, at a minimum should:<br>1. Assess clients pregnancy intentions on an ongoing basis and discuss reproductive options<br>2. Offer effective and appropriate contraceptive methods to people who wish to prevent pregnancy<br>3. Counsel on safer sexual practices<br>4. Counsel on eliminating alcohol, illicit drugs, and tobacco<br>5. Educate and counsel on risk factors for perinatal HIV transmission, strategies to reduce those risks, prevention, and potential effects of HIV and treatment on pregnancy course and outcomes<br>6. Interventions to prevent HIV transmission to an HIV-negative partner<br>Other preconception care considerations include:<br>1. The choice of appropriate ART effective in treating maternal disease with minimal teratogenicity or toxicity potential should pregnancy occur<br>2. Maximum viral load suppression prior to conception | Documentation in client files |
| **Client Rights & Responsibilities:** See Universal Standards | |
| **Grievance Process:** See Universal Standards | |
| **Cultural & Linguistic Competency:** See Universal Standards | |

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| **Privacy & Confidentiality:** See Universal Standards | |
| **Transition & Discharge:** See Universal Standards | |
| **Case Closure Protocol:** See Universal Standards | |
| **Personnel Qualifications** See Universal Standards | **Measure** |
| Providers are trained and knowledgeable about primary medical care, HIV disease and treatment and available resources that promote the continuity of client care. | Documentation in staff files |
| Provider will ensure that all staff, inclusive of, but not limited to, physicians, physicians' assistants, nurse practitioners, registered nurses, licensed practical nurses, medical assistants, health educators and peers providing primary care or assisting in the provision of primary care are licensed/certified to practice within their concentrated area consistent with New York State Law. | Copy of current licenses / certifications in staff files |
| **Recertification Requirements:** See Universal Standards | |

# Appendix A: Performance Measures

| Service Category | Measure | Numerator | Denominator | Relevant Data Elements |
|---|---|---|---|---|
| OAHS MCM EIS MT MNT | **1. HIV VIRAL LOAD SUPPRESSION** Percentage of patients, regardless of age, with a diagnosis of HIV with a viral load less than 200 copies/mL at last HIV viral load test during the measurement year | Number of patients in the denominator with a HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year | Number of patients, regardless of age, with a diagnosis of HIV with at least one medical visit in the measurement year | Last Quantitative Lab Value HIV Positive Any Outpatient/Ambulatory Visit -OR- MCM HIV Specialist Confirmed -OR- EIS Linkage to Medical Care Confirmed |
| OAHS MCM EIS | **2. PRESCRIPTION OF HIV ART** Percentage of patients, regardless of age, with a diagnosis of HIV prescribed antiretroviral therapy for the treatment of HIV infection during the measurement year | Number of patients from the denominator prescribed HIV antiretroviral therapy during the measurement year | Number of patients, regardless of age, with a diagnosis of HIV with at least one medical visit in the measurement year | # of ARV active ingredients HIV Positive Any Outpatient/Ambulatory Visit -OR- MCM HIV Specialist Confirmed -OR- EIS Linkage to Medical Care Confirmed |
| OAHS MCM EIS MH MNT MT OH | **3. HIV MEDICAL VISIT FREQUENCY** Percentage of clients, regardless of age, with a diagnosis of HIV who had at least one medical visit in each 6- month period of the 24-month measurement period with a minimum of 60 days between medical visits | Number of patients in the denominator who had at least one medical visit in each 6-month period of the 24- month measurement period with a minimum of 60 days between first medical visit in the prior 6-month period and the last medical visit in the subsequent 6-month period | Number of patients, regardless of age, with a diagnosis of HIV with at least one medical visit in the first 6 months of the 24 month measurement period *EXCLUDES clients that died during measurement year | HIV Positive Any Outpatient/Ambulatory Visit -OR- MCM HIV Specialist Confirmed -OR- EIS Linkage to Medical Care Confirmed Vital Status |

| Service Category | Measure | Numerator | Denominator | Relevant Data Elements |
|---|---|---|---|---|
| OAHS MCM EIS | **4. GAP IN HIV MEDICAL VISITS** Percentage of patients, regardless of age, with a diagnosis of HIV who did not have a medical visit in the last 6 months of the measurement year | Number of patients in the denominator who did not have a medical visit in the last 6 months of the measurement year | Number of patients, regardless of age, with a diagnosis of HIV who had at least one medical visit in the first 6 months of the measurement year *EXCLUDES clients that died during measurement year | HIV Positive Any Outpatient/Ambulatory Visit -OR- MCM HIV Specialist Confirmed -OR- EIS Linkage to Medical Care Confirmed Vital Status |
| OAHS MCM EIS | **5. Annual Retention in Care** Percentage of patients, regardless of age, with a diagnosis of HIV who had at least two (2) encounters within the 12-month measurement year | Number of patients in the denominator who had at least two HIV medical care encounters at least 90 days apart within a 12-month measurement year. At least one of the two HIV medical care encounters needs to be a medical visit with a provider with prescribing privileges | Number of patients, regardless of age, with a diagnosis of HIV who had at least one HIV medical encounter within the 12-month measurement year. An HIV medical care encounter is a medical visit with a provider with prescribing privileges or an HIV viral load test | Did the patient have at least two medical care encounters during the measurement year? Did the patient have a HIV viral load test within the measurement year? Did the patient have at least one additional medical visit encounter with a provider with prescribing privileges within the measurement year? Did the patient have two medical visit with provider with prescribing privileges within the measurement year? |
| MCM | **6. Medical Case Management: Care Plan** Percentage of medical case management patients, regardless of age, with a diagnosis of HIV who had a medical case management care plan developed and/or updated two or more times in the measurement year | Number of medical case management clients who had a medical case management care plan developed and/or updated two or more times which are at least three months apart in the measurement year | Number of medical case management patients, regardless of age, with a diagnosis of HIV who had at least one medical case management encounter in the measurement year | Did the patient have a medical case management encounter in the measurement year? If yes, is there a medical case management care plan developed and/or updated two or more times at least three |

| Service Category | Measure | Numerator | Denominator | Relevant Data Elements |
|---|---|---|---|---|
| | | | | months apart during the measurement year?<br><br>If yes, list the dates of these medical case management care plans and/or care plan updates. |
| MNT | **7. Medical Nutrition Therapy: Care Plan**<br>Percentage of clients receiving medical nutrition therapy who had a nutrition care plan developed and/or updated two or more times in the measurement year. | Number of medical nutrition therapy clients who had a medical nutrition therapy care plan developed and/or updated two or more times which are at least three months apart in the measurement year | Percentage of those receiving medical nutrition therapy that have a normal BMI or other anthropometric measures at end of measurement year. | Did the patient have a medical nutrition therapy encounter in the measurement year?<br><br>If yes, is there a medical nutrition therapy care plan developed and/or updated two or more times at least three months apart during the measurement year?<br><br>If yes, list the dates of these medical nutrition therapy care plans and/or care plan updates. |
| OHC | **8. Dental and Medical History**<br>Percentage of HIV-infected oral health patients who had a dental and medical health history (initial or updated) at least once in the measurement year. | Number of HIV-infected oral health patients who had a dental and medical health history (initial or updated) at least once in the measurement year. | Number of HIV-infected oral health patients that received a clinical oral evaluation at least once in the measurement year. | Did the patient have a clinical oral evaluation at least once in the measurement year?<br><br>If yes, did the patient have a dental and medical health history (initial or updated) in the measurement year? |

| Service Category | Measure | Numerator | Denominator | Relevant Data Elements |
|---|---|---|---|---|
| OHC | **9. Dental Treatment Plan** Percentage of HIV-infected oral health patients who had a dental treatment plan 1 developed and/or updated at least once in the measurement year | Number of HIV-infected oral health patients who had a dental treatment plan developed and/or updated at least once in the measurement year | Number of HIV-infected oral health patients that received a clinical oral evaluation at least once in the measurement year | Did the patient have a clinical oral evaluation at least once in the measurement year? If yes, did the patient have a dental treatment plan developed and/or updated at least once in the measurement year? |
| OHC | **10. Oral Health Education** Percentage of HIV-infected oral health patients who received oral health education at least once in the measurement year | Number of HIV-infected oral health patients who received oral health education at least once in the measurement year. once in the measurement year | Number of HIV-infected oral health patients that received a clinical oral evaluation at least | Did the patient have a clinical oral evaluation at least once in the measurement year? If yes, did the patient receive oral health education2 at least once in the measurement year? |
| OHC | **11. Periodontal Screening or Examination** Percentage of HIV-infected oral health patients who had a periodontal screen or examination at least once in the measurement year | Number of HIV-infected oral health patients who had a periodontal screen or examination at least once in the measurement year | Number of HIV-infected oral health patients that received a clinical oral evaluation at least once in the measurement year | Did the patient have a clinical oral evaluation at least once in the measurement year? If yes, did the patient have a periodontal screen or examination at least once in the measurement year? |
| OHC | **12. Phase 1 Treatment Plan Completion** Percentage of HIV-infected oral health patients with a Phase 1 treatment plan that is completed within 12 months. | Number of HIV-infected oral health patients that completed Phase 1 treatment within 12 months of establishing a treatment plan. | Number of HIV-infected oral health patients with a Phase 1 treatment plan established in the year prior to the measurement year | Did the patient have a Phase 1 treatment plan established in the year prior to the measurement year? If yes, was the Phase 1 treatment plan completed within 12 months of establishment? |

| Service Category | Measure | Numerator | Denominator | Relevant Data Elements |
|---|---|---|---|---|
| OAHS | **13. Waiting Time for Initial Access to Outpatient/Ambulatory Medical Care** Percent of Ryan White Program-funded outpatient/ambulatory care organizations in the system/network with a waiting time of 15 or fewer business days for a Ryan White Program-eligible patient to receive an appointment to enroll in outpatient/ambulatory medical care. | Number of Ryan White Program-funded outpatient/ambulatory medical care organizations in the system/network with a waiting time of 15 or fewer business days for a Ryan White Program-eligible patient to receive an appointment to enroll in outpatient/ambulatory medical care | Number of Ryan White Program- funded outpatient/ambulatory medical care organizations in the system/network at a specific point in time in the measurement year | In how many business days is the third next available appointment for a Ryan White Program-eligible patient to enroll in outpatient/ambulatory medical care at this organization? Is the third next available appointment < 15 business days? |
| EIS | **14. HIV Test Results for PWH** National Percentage of individuals who test positive for HIV who are given their HIV antibody test results in the measurement year | Number of individuals who are tested in the system/network who test positive for HIV and who are given their HIV antibody test results in the measurement year | Number of individuals who are tested in the system/network and who test positive for HIV in the measurement year | Did the patient have a positive confirmatory test1? If yes, was the patient given their confirmatory test result in the measurement year? |
| EIS | **15. Late HIV Diagnosis** Percentage of patients with a diagnosis of Stage 3 HIV (AIDS) within 3 months of diagnosis of HIV | Number of persons with a diagnosis of Stage 3 HIV infection (AIDS) within 3 months of diagnosis of HIV infection in the 12-month measurement period | Number of persons with an HIV diagnosis in the 12-month measurement period | Did the patient receive a diagnosis of Stage 3 HIV (AIDS) within 3 months of his/her initial diagnosis of HIV? |

| Service Category | Measure | Numerator | Denominator | Relevant Data Elements |
|---|---|---|---|---|
| EIS | **16. Linkage to HIV Medical Care** Percentage of patients, regardless of age, who attended a routine HIV medical care visit within 1 month of HIV diagnosis | Number of patients who attended a routine HIV medical care visit within 1 month of HIV diagnosis | Number of patients, regardless of age, with an HIV diagnosis in the 12- month measurement year | Did the patient have at least one routine HIV medical care visit within 1 month of a diagnosis of HIV? |
| **OAHS MCM** | **17. Housing Status** Percentage of patients who attended a routine HIV medical care visit within 3 months of HIV diagnosis | Number of persons with an HIV diagnosis who were homeless or unstably housed in the 12-month measurement period | Number of persons with an HIV diagnosis receiving HIV services in the last 12 months | Did the patient have at least one HIV service during the measurement year? If yes, was the patient homeless or unstably housed? |
| **EFA** | **18. Emergency Financial Assistance (EFA)** Percentage of clients who received essential services (food vouchers and personal hygiene packages) within 72 hours of request. | Number of persons who received a food voucher or personal hygiene items in the 72 hour time frame. | Number of persons with an HIV diagnosis receiving EFA services in the last 12 months | Did the client have at least one HIV service during the measurement year? If yes, did the client receive food vouchers or personal hygiene packets? |
| **OPS – Legal** | **19. Legal Services** Percentage of clients who received legal services. | Number of persons with an HIV diagnosis who received legal services in the 12-month measurement period | Denominator: Number of persons with an HIV diagnosis receiving HIV services in the last 12 months | Did the patient have a legal services encounter in the measurement year? If yes, is there documentation of the specific types of legal services provided? |

# Appendix B: Acronyms

ADAP – AIDS Drug Assistance Program

aPTT – activated Partial Thromboplastin Time

ART/ARV – Antiretroviral Therapy/Antiretrovirals

BIA - Bioimpedance Analysis

BMI – Body Mass Index

CEUs/CMEs – Continuing Education Units/Continuing Medical Education

CLAS – Culturally & Linguistically Appropriate Services

CQI – Clinical Quality Improvement

CQM – Clinical Quality Management

DSM-5 – Diagnostic Statistical Manual 5

EIS – Early Intervention Services

EFA – Emergency Financial Assistance

FDA – Food & Drug Administration

FPL – Federal Poverty Level

HAB – HIV/AIDS Bureau

HHS – Health and Human Services

HIPAA – Health Insurance Portability and Accountability Act

HRSA – Health Resources & Services Administration

IPV – Intimate Partner Violence

LFT – Liver Function Tests

MAI – Minority AIDS Initiative

MCM – Medical Case Management

MH – Mental Health Services

MNT – Medical Nutrition Therapy

MOU/MOA – Memorandum of Understanding/Memorandum of Agreement

MT – Medical Transportation

NHAS – National HIV/AIDS Strategy

nPEP – non occupational Post Exposure Prophylaxis

N-S EMA – Nassau – Suffolk Eligible Metropolitan Area

OH – Oral Health Services

OAHS – Outpatient Ambulatory Health Services

OPS – Other Professional Services

PCN – Policy Clarification Notice

PEP – Post Exposure Prophylaxis

PWH – People With HIV (includes AIDS)

PLR – Payer of Last Resort

PrEP – Pre Exposure Prophylaxis

PT/INR - Prothrombin Time /International Normalized Ratio

PTSD – Post Traumatic Stress Disorder

RD – Registered Dietician

RWHAP – Ryan White HIV/AIDS Program

SCAT – Suffolk County Accessible Transportation

SNAP – Supplemental Nutrition Assistance Program

SSD – Social Security Disability

SSDI – Social Security Disability Insurance

STIs – Sexually Transmitted Infections

TB - Tuberculosis

USPHS – United States Public Health Services

VL – Viral Load