

**ORLANDO SERVICE  
AREA (OSA) SERVICE  
STANDARDS FOR HIV  
SERVICES**

# *Service Standards for HIV Services*



**The Central Florida HIV Planning Council**



**Orlando EMA Ryan White HIV/AIDS Program Part A Office**



**Heart of Florida United Way**

**Area 7 Lead Agency for Ryan White HIV/AIDS Program (RWHAP) Part B**

For Medical Case Management, Non-Medical Case Management, Oral Health Care, Health Insurance Premium and Cost-sharing Assistance, Medical Nutrition Therapy, AIDS Pharmaceutical Assistance Program, Mental Health Services, Psychosocial Support Services (Peer Support), Outpatient Ambulatory Health Services (OAHS), Referral for Health Care and Support Services, Substance Abuse Outpatient & Residential Services, Medical Transportation, Emergency Financial Assistance, Early Intervention Services, and Food Bank/Home Delivered Meals.

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## Introduction

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The Service Standards in this document were developed by the Central Florida HIV Planning Council with coordination from the Orlando EMA Part A Recipient's Office and the Area 7 Lead Agency for Ryan White HIV/AIDS Program (RWHAP) Part B. These revised Standards are a consolidation of the existing Service Standards into a single set that apply to all sub-recipients funded for services through RWHAP Part A and RWHAP Part B. The full list of services covered by these standards is provided below.

The process to develop and maintain Service Standards is to utilize best practice standards where available for the relevant service categories. Recommendations from a committee of experts will be sought in the development of the Service Standards when applicable. The Recipient and Lead Agency takes the lead in this effort, with extensive Planning Council & Community involvement. The Recipient and Lead Agency is responsible for ensuring that these Service Standards are implemented through the service system.

RWHAP funding is available to individuals who have been diagnosed with HIV, reside in the Orlando Service Area (Brevard, Orange, Osceola, Seminole and Lake counties), and have a combined family income below 400% of the Federal Poverty Level (FPL). A RWHAP family is defined as a group of people related by birth, marriage, adoption, or a legally defined dependent relationship living together. Clients accessing RWHAP Services shall meet the eligibility guidelines of HIV status, income, residency and insurance status (ensuring payer of last resort)

Section I of the Service Standards applies to all funded service categories and is known as the System Wide Service Standards. Each section of the System Wide Service Standards begins with a specific standard and is followed by specific measures.

The following are the funded service categories within the Orlando Service Area

- Outpatient Ambulatory Health Services (OAHS)
- Early Intervention Services
- Emergency Financial Assistance
- Health Insurance Premium & Cost-Sharing
- Mental Health
- AIDS Pharmaceutical Assistance (APA)
- Oral Health Services
- Non-Medical Case Management
- Medical Case Management
- Food Bank/Home Delivered Meals
- Medical Nutritional Therapy
- Substance Abuse Services - Outpatient
- Medical Transportation
- Psychosocial Support
- Substance Abuse Residential
- Referral for Health Care & Support Services

In addition to the System Wide Standards, Section II contains additional standards that apply to each specific service category as defined by the HIV/AIDS Bureau (HAB) of the Health Resources Service Administration (HRSA). The Service-Category specific Standards apply to components of service delivery that vary by service category. Subrecipients of these services must comply with the System-Wide Standards in Section 1, as well as the Service-Category Specific Standards in Section II.

## Section I: System Wide Service Standards

Service Standards are the minimum requirements that subrecipients are expected to meet when providing HIV core and support services funded by the RWHAP.

The objectives of the System Wide Service Standards are to help achieve the goals of each service category by ensuring that programs:

- Have policies and procedures in place to protect clients' rights and ensure quality of care
- Provide clients with access to the highest quality services through experienced, trained and, when appropriate, credentialed staff
- Provide services that are culturally and linguistically appropriate
- Meet federal, state and local requirements regarding safety, sanitation, access, public health, and infection control
- Guarantee client confidentiality, protect client autonomy, and ensure a fair process of grievance review and advocacy
- Comprehensively inform clients of services, establish client eligibility, and collect client information through an intake process
- Effectively assess client needs and encourage informed and active client participation;
- Address client needs effectively through coordination of care with appropriate subrecipients and referrals to needed services
- Are accessible to all people with HIV in the Orlando Service Area (Brevard, Lake, Orange, Osceola and Seminole)

## 1.0 Agency Policies and Procedures

The objectives of the standards for agency policies and procedures are to:

- Guarantee client’s confidentiality, ensure quality care, and provide a fair process to address client’ grievances
- Ensure clients and staff safety and well-being
- Facilitate communication and service delivery
- Ensure that agencies comply with appropriate state and federal regulations.

All subrecipient agencies offering services must have written policies that address client confidentiality, release of information, client grievance procedures, and eligibility.

Confidentiality assures protection of release of information regarding HIV status, behavioral risk factors, or use of services. Each agency shall have a client confidentiality policy that is in accordance with state and federal laws. As part of the confidentiality policy, all agencies shall provide a “**Consent for Release of Medical Information Form**” describing under what circumstances client information can be released (name of agency/individual with whom information will be shared, information to be shared, duration of the consent, and client signature). Clients shall be informed that permission for release of information may be rescinded at any time either verbally or in writing. Releases must be dated and are considered no longer binding after three years. A signed consent must be obtained from the client granting permission to RWHPA monitoring/evaluation/quality staff to review client’s records. For agencies and information covered by the Health Insurance Portability and Accountability Act (HIPAA), the release of information form must be a HIPAA-compliant disclosure authorization as approved by the Recipient and the Lead Agency.

A subrecipient agency grievance procedure ensures that clients have recourse if they feel they are being treated in an unfair manner or do not feel they are receiving quality services. Each agency shall have a policy identifying the steps a client shall follow to file a grievance and how the grievance will be handled. The final step of the grievance policy shall include information on how the client may appeal the decision if the client’s grievance is not settled to their satisfaction within the subrecipient agency. The Recipient and/or the Lead Agency approved grievance form shall be utilized by all service providers in the network.

## 1.0 Agency Policies and Procedures

Standards		Measures	
1.1	Client Confidentiality/HIPAA policy.  At a minimum this policy should include: <ul style="list-style-type: none"> <li>• Annual staff training</li> <li>• Signed acknowledgement of the agency’s confidentiality practices</li> </ul>	1.1	Written policy on file at subrecipient agency.

<p>1.2 Grievance procedure policy.</p> <p>At a minimum this policy should include:</p> <ul style="list-style-type: none"> <li>• Step by step procedures for filing a grievance</li> <li>• Timeframe for each step</li> <li>• Grievance escalation if not resolved at agency level</li> </ul>	<p>1.2 Written policy on file at subrecipient agency.</p>
<p>1.3 Eligibility determination policy in compliance with the requirements of PCN 13-02.</p>	<p>1.3 Written policy on file at subrecipient agency.</p>
<p>1.4 Records Management policy.</p> <p>At a minimum this policy should include:</p> <ul style="list-style-type: none"> <li>• Establishment of client's record</li> <li>• Storage of record</li> <li>• Disposal of record</li> </ul>	<p>1.4 Written policy on file at subrecipient agency.</p>
<p>1.5 Client Consent for Release of Medical Information Policy.</p> <p><b><i>The Consent for Release of Medical Information Form</i></b> should allow on-site review of information by funders. Each release form indicates the destination of the client's information or from whom information is being requested before the client signs the release. Consent forms have an expiration date of three years.  <b>Note: A separate signed consent must be completed for each external subrecipient.</b></p>	<p>1.5 Written policy on file at subrecipient agency</p>
<p>1.6 Progress Notes Policy.</p> <p>At a minimum this policy should include:</p> <ul style="list-style-type: none"> <li>• Timeframe of documentation</li> <li>• Progress Note format</li> <li>• Progress Note content</li> </ul> <p>subrecipient</p>	<p>1.6 Written policy on file at subrecipient agency.</p>
<p>1.7 Policy on Crisis Management</p> <p>At a minimum this policy should include:</p>	<p>1.7 Written policy on file at subrecipient agency.</p>

<ul style="list-style-type: none"> <li>• Universal Precautions</li> <li>• Infection control (needle sticks, blood spills, etc.)</li> <li>• Behavioral health crises,</li> <li>• Dangerous behaviors by clients or staff</li> <li>• Medical emergencies</li> </ul>	
1.8 Policy and procedure for serving clients with limited English proficiency and/or a hearing impairment.	1.8 Written policy on file at subrecipient agency
1.9 Agency has procedures to ensure ADA compliance for programmatic accessibility.  <b>Note: In the case of programs with multiple sites offering identical services, at least one of the sites is in compliance with relevant ADA criteria.</b>	1.9 Procedure and/or supporting documentation on file
1.10 Agency has procedures to ensure compliance with all applicable local, state and federal workplace and safety laws and regulations, including fire safety.	1.10 Procedure and/or supporting documentation on file
1.11 Agency has written procedures that describes the process for involuntarily discharging clients from services (Due Process Procedure)	1.11 Written due process procedures on file.
1.12 Anti-Kickback Policy  At a minimum this policy should include: <ul style="list-style-type: none"> <li>• Employee Code of Ethics</li> <li>• Conflict of Interest</li> <li>• Prohibition on use of property, information or position without approval or to advance personal interest</li> <li>• Prohibition of employees (as individuals or entities) from soliciting or receiving payment <b>in kind</b> or cash for the purchase, lease, ordering, or recommending the purchase, lease, or ordering, of any goods, facility services, or items.</li> </ul>	1.12 Written policy on file at subrecipient agency



<p>1.13 Personal Information Protection Policy</p> <p>At a minimum this policy should include:</p> <ul style="list-style-type: none"> <li>• Notice of Privacy Practice</li> <li>• Collection, use and disclosure</li> <li>• Retaining information</li> <li>• Securing information</li> <li>• Access to information</li> <li>• Designation of Privacy Officer</li> </ul>	<p>1.13 Written policy on file at subrecipient agency</p>
<p>1.14 Whistleblower Protection Rights Policy</p> <p>At a minimum this policy should include:</p> <ul style="list-style-type: none"> <li>• Protection from retaliation</li> <li>• Protection of identity</li> <li>• Investigation process</li> <li>• Penalties for violation of the policy</li> </ul>	<p>1.4 Written policy on file at subrecipient agency</p>

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## 2.0 Client Rights and Responsibilities

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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 receiving HIV services in the design and evaluation of services
- Inform clients of their rights and responsibilities as clients of HIV services

HIV services funded by the RWHAP must be available to all clients who meet eligibility requirements and must be easily accessible.

A key component of the HIV service delivery system is the historic and continued involvement of clients in the design and evaluation of services. Client input and feedback must be incorporated into the design and evaluation of HIV services funded by the RWHAP; this can be accomplished through a range of mechanisms including client advisory boards, participation of clients in HIV program committees (Quality Management Committees) or other planning bodies, and/or other methods that collect information from clients to help guide and evaluate service delivery (e.g., needs assessments, focus groups, or satisfaction surveys).

The quality of care and quality of life for people with HIV is maximized when clients are active participants in their own health care and share in health care decisions with their subrecipients. This can be facilitated by ensuring that clients are aware of and understand their rights and responsibilities as clients of HIV services. Subrecipients of HIV services funded by RWHAP Part A and/or RWHAP Part B must provide all clients with a Client Rights and Responsibilities document that includes, at a minimum, the OSA's confidentiality policy, the agency's expectations of the client, the client's right to file a grievance, the client's right to receive no-cost interpreter services, and the reasons for which a client may be discharged from services, including a due process for involuntary discharge. "Due process" refers to an established, step-by-step process for notifying and warning a client about unacceptable or inappropriate behaviors or actions and allowing the client to respond before discharging them from services. Some behaviors may result in immediate discharge.

Clients are entitled to access their files with some exceptions: agencies are not required to release psychotherapy notes, and if there is information in the file that could adversely affect the client (as determined by a clinician) the agency may withhold that information but shall make a summary available to the client. Agencies must provide clients with their policy for file access. The policy must at a minimum address how the client shall request a copy of the file (in writing or in person), the time frame for providing a copy of the file (cannot be longer than 30 days), and what information, if any, may be withheld.

## 2.0 Clients Rights and Responsibilities

### Standards

### Measures

<p>2.1 Services are available to any individual who meets RWHAP eligibility requirements.</p>	<p>2.1 Eligibility documentation including the Notice of Eligibility (NOE) in the approved electronic data management system (EDMS).</p>
<p>2.2 Programs include input from clients (and as appropriate, caregivers) in the design and evaluation of service delivery.</p>	<p>2.2 Documentation of Client Advisory Board (CAB) meetings or other mechanisms for involving clients in service planning and evaluation (e.g., satisfaction surveys, needs assessments) in regular reports to funder.</p>
<p>2.3 Services are accessible to clients.</p>	<p>2.3 Site visit conducted by funder includes, but is not limited to, review of hours of operation, location, proximity to transportation, and other accessibility factors.</p>
<p>2.4 Program provides each client a copy of the Client Rights and Responsibilities and Grievance document as well the Client Information check list that informs them of the following:</p> <ul style="list-style-type: none"> <li>• the OSA’s client confidentiality policy;</li> <li>• the OSA’s expectations of the client as a client of services;</li> <li>• the client’s right to file a grievance;</li> <li>• the client’s right to receive no-cost interpreter services;</li> <li>• the reasons for which a client may be discharged from services, including a due process for involuntary discharge; and,</li> <li>• the sub-recipients Notice of Privacy Practice</li> </ul>	<p>2.4 Copy of Clients Rights and Responsibilities and Grievance document and the Client Information check list is given to clients; a copy of the form (or a signature / acknowledgement page) is signed by the client and kept in Approved EDMS</p>
<p>2.5 Clients have the right to access their file, with the exception of psychotherapy notes and information that could adversely affect the client as determined by a clinician.</p>	<p>2.5 Copy of Clients Rights and Responsibilities and Grievance is signed by client and kept in approved EDMS</p>
<p>2.6 Operational procedures affecting client access to services shall be posted.</p>	<p>2.6 The following shall be posted in an area to which clients have free access: Hours of Operation including After Hours access, Grievance Procedures, Client’s Bill of Rights and Responsibilities, CAB meeting notices.</p>

## 3.0 Personnel

The objectives of the standards for personnel are to:

- Provide clients with access to the highest quality of care through qualified staff
- Inform staff of their job responsibilities
- Support staff with training and supervision to enable them to perform their jobs well

All staff and supervisors shall be given and shall sign a written job description with specific minimum requirements for their position. Agencies are responsible for providing staff with supervision, orientation and ongoing training to develop capacities needed for effective job performance. At a minimum, all staff shall be able to provide appropriate care to clients with or affected by HIV, be able to complete all documentation required by their position, and have previous experience (or a plan for acquiring experience) in the appropriate service/treatment modality (for clinical staff). Clinical staff must be licensed or registered as required for the services they provide. See the attached service specific standards for additional competencies for staff and supervisors.

Staff and program supervisors shall receive consistent administrative supervision. Administrative supervision addresses issues related to staffing, policy, client documentation, reimbursement, scheduling, training, quality enhancement activities, and the overall operation of the program and/or agency. In addition to administrative supervision, clinical staff shall also receive consistent clinical supervision. Clinical supervision addresses any issue directly related to client care and job related stress (e.g., boundaries, ethics, crises, and burnout).

### 3.0 Personnel

Standards	Measures
3.1 Staff members have the minimum qualifications expected for their job position, as well as other experience related to the position and the communities served.	3.1 Résumé and application in personnel file reflects the minimum requirements of the job description.
3.2 Staff members are licensed or certified as necessary to provide services.	3.2 Copy of current license or certification in personnel file.
3.3 Staff and supervisors know the requirements of their job description and the service elements of the program.	3.3 Documentation in personnel file reflects signed job description.
3.4 Newly hired staff is oriented and begin initial training in the first 30 days of hire. Ongoing training continues throughout staff's tenure	3.4 Documentation in personnel file of a) Completed orientation for in the first 30 days of hire b) Commencement of initial training within 30 days of date of hire c) Ongoing trainings with signed Training Plan and certificates for the each training completed.

<p>3.5 Staff receives administrative and clinical (as required) supervision at least monthly.</p>	<p>3.5 Documentation in file indicating the date and length of supervision, type of supervision (administrative or clinical), and name of supervisor.</p>
<p>3.6 Volunteers/Interns must possess the necessary knowledge, skills and abilities as well as the capacity, capability and competence to provide quality services to the client.</p>	<p>3.6 Documentation in Personnel file</p>
<p>3.7 Staff/Volunteer annual training shall include each of the following:</p> <ul style="list-style-type: none"> <li>• Confidentiality/HIPPA</li> <li>• Age and Cultural Humility</li> <li>• Community Social Support Resources</li> <li>• Community HIV resources</li> <li>• Risk Management Process improvement (Quality Management/Quality Assurance)</li> <li>• Customer Service</li> <li>• Ethics</li> <li>• Child and Elder Abuse and Neglect</li> <li>• Domestic Violence</li> <li>• Sexual Harassment</li> <li>• Overview of the RWHAP</li> <li>• Service Standards</li> <li>• HIV Updates</li> <li>• Universal precautions</li> </ul>	<p>3.7 Training documentation in Personnel file.</p>

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## 4.0 Cultural Humility and Linguistic Competence

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The objective for establishing standards for cultural humility and linguistic competence is to provide services that are culturally and linguistically appropriate.

Culture is the integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, and values of individuals and groups, all which may be influenced by race, ethnicity, religion, class, age, gender, gender identity, disability, sexual orientation, and other aspects of life upon which people construct their identities. In our work with people with HIV, culture may also include past or current substance use, homelessness, mental health, and/or incarceration, among others.

Cultural humility is a set of behaviors, attitudes, and policies that come together in a system, agency, or among individuals that enables effective delivery of services. Linguistic competence is the ability to communicate effectively with clients, including those whose preferred language is not the same as the subrecipient's, those who are illiterate or have low literacy skills, and/or those with disabilities. Cultural humility and linguistic competence is a goal toward which all subrecipient shall aspire, but one that may never be completely achieved given the diversity of languages and cultures throughout our communities. However, all subrecipients shall be involved in a continual process of learning, personal growth, experience, education, and training that increases cultural humility and linguistic competence and enhances the ability to provide culturally and linguistically appropriate services to all individuals with HIV ***Culturally and linguistically appropriate services*** are services that:

- Respect, relate, and respond to a client's culture, 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 subrecipient and the client and seek to create a more equal field of interaction
- Are based on individualized assessment and stated client preferences rather than assumptions based on perceived or actual membership in any group or class

As part of the on-going process of building cultural and linguistic competence, subrecipient shall strive to develop:

- A comfort with and appreciation of cultural and linguistic difference
- Interpersonal behaviors that demonstrate and convey concern and respect for all cultures
- The comfort and ability to acknowledge the limits of personal cultural and linguistic competence and the skills to elicit, learn from, and respond constructively to relevant personal and cultural issues during service interactions
- A commitment to increasing personal knowledge about the impact of culture on health and specific knowledge about the communities being served

**Ongoing trainings** that help build cultural humility and linguistic competence may include traditional cultural and linguistic competency trainings, as well as a range of trainings that help build specific skills and knowledge to work and communicate more effectively with the

communities being served. The subrecipient is responsible for ensuring this training is provided to staff on an annual basis.

## 4.0 Cultural Humility and Linguistic Competence

<b>Standards</b>	<b>Measures</b>
4.1 Subrecipients recruit, retain, and promote a diverse staff that reflects the cultural and linguistic diversity of their community.	4.1 Subrecipients have a strategy on file to recruit, retain and promote qualified, diverse, and linguistically and culturally competent administrative, clinical, and support staff who are trained and qualified to address the needs of people with HIV.
4.2 All staff receive on-going training and education to build cultural humility and linguistic competence and/or deliver culturally and linguistically appropriate services.	4.2 All staff members receive appropriate training within the first six months of employment and complete required annual training as specified in the Training Plan for each service category service standard.. Copies of training verification in personnel file.
4.3 Subrecipients assess the cultural and linguistic needs, resources, and assets of its service area and population(s) of focus.	4.3 Subrecipients collect and use demographic, epidemiological, and service utilization data in service planning for population(s) of focus.
4.4 Subrecipients' physical environment and facilities are clean, well-maintained, and accessible to all populations served.	4.4 Observation during site visit.
4.5 All subrecipients ensure access to services for clients with limited English proficiency in one of the following ways (listed in order of preference): <ul style="list-style-type: none"> <li>• Interpreter trained bilingual staff who can communicate directly with clients in preferred language;</li> <li>• Face-to face interpretation provided by qualified staff, contract interpreters, or volunteer interpreters;</li> <li>• Telephone interpreter services (for emergency or needs for infrequently encountered languages); or</li> <li>• Referral to programs with bilingual/bicultural clinical, administrative and support staff and/or interpretation</li> </ul>	4.5 Subrecipients document access to services for clients with limited English proficiency through the following: <ul style="list-style-type: none"> <li>• For bilingual staff, résumés on file demonstrating bilingual proficiency and documentation on file of training on the skills and ethics of interpreting;</li> <li>• Copy of certifications on file for contract or volunteer interpreters;</li> <li>• Listings/directories on file for telephone interpreter services; or</li> <li>• Listings/directories on file for referring clients to programs with bilingual/bicultural clinical,</li> </ul>

<p>services by a qualified bilingual/bicultural interpreter.</p>	<p>administrative and support staff, and/or interpretation services by a qualified bilingual/bicultural interpreter.</p>
<p>4.6 Clients are informed of their right to obtain no-cost interpreter services in their preferred language, including American Sign Language (ASL).</p>	<p>4.6 Copy of <i>signed Clients Rights and Responsibilities and grievance</i> document includes notice of right to obtain no-cost interpreter services (see Standard 2.4 above).</p>
<p>4.7 Clients have access to linguistically appropriate signage and educational materials.</p>	<p>4.7 Programs provide commonly used educational materials and other required documents (e.g., grievance procedures, release of information, rights and responsibilities, consent forms, etc.) in the threshold language of all threshold populations*.</p> <p>Programs that do not have threshold populations have a documented plan for explaining appropriate documents and conveying information to those with limited English proficiency.</p>
<p>4.8 Subrecipients conduct on-going assessments of the program and staff's cultural humility and linguistic competence.</p>	<p>4.8 Subrecipients integrate cultural humility measures into program and staff assessments (e.g., internal audits, performance improvement programs, patient satisfaction surveys, personnel evaluations, and/or outcome evaluations).</p>

\* A **threshold population** is a linguistic groups that makes up 15% or more of a program's clients and who share a common language other than English as a primary language. For example, if program XYZ serves 200 consumers and at least 30 of them speak Haitian-Creole as a primary language; that group would be considered a threshold population for that program and Haitian-Creole would be considered a **threshold language**. Some programs may target multiple groups, and therefore, may have multiple threshold populations and threshold languages; some programs may have no threshold populations



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## 5.0 Eligibility and Intake

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The objective of the standards for the eligibility and intake process is to ensure all clients meet the eligibility requirements of the OSA as well as receive all applicable services. The following are required to determine eligibility:

- Proof of HIV status, Proof of income
  - At or below 400 percent of the Federal Poverty Level (FPL)
- Proof of residency
- Proof of Payer of Last Resort

Documentation is required for determining eligibility for RWHAP-funded services. Examples of the types of documentation required for each item are listed below but is not exhaustive, when in doubt please contact the RWHAP Part A office or the RWHAP Part B Lead Agency for clarification.

### Proof of HIV Documentation

- A copy of a test approved by the U.S. Food and Drug Administration (FDA) for diagnosis of HIV such as:
  - A positive HIV Immunoassay (IA) test result from an initial antibody or combination antigen/antibody (Ag/Ab) test followed by a positive (reactive) HIV-1/2 type-differentiating test (Supplemental IA), qualitative Nucleic Acid Test (NAT)/Nucleic Acid Amplification Test (NAAT), Western Blot or Immunofluorescence Assay (IFA).
  - A positive qualitative HIV NAT (DNA or RNA) or HIV-1 p24 antigen test.
  - A detectable (quantitative) HIV viral load (undetectable viral load tests are NOT proof of HIV).
  - An HIV nucleotide sequence (genotype)

**Note: Presumptive eligibility (positive result from a Rapid Test) is acceptable proof of positivity in the first 30 days of service when the client presents a reactive rapid test**

**Proof of Income Documentation** – the gross household income before taxes and deductions; must be at or below 400% of the FPL.

- Pay stubs showing income before taxes and deductions may be used. Enough pay stubs should be collected to reasonably determine a person's annual income to be able to project forward. Generally, at least two paycheck stubs (eight weeks, if available) would suffice.
- A signed and dated employer statement on company letterhead may be used. It must state the name of client, rate and frequency of pay, a phone number, and whether the client is currently receiving or is eligible to receive health benefits from the employer.
- IRS 1040 Form or IRS W-2 Form for the most recent year.
- If self-employed:
  - IRS 1040 Form for the most recent year with corresponding attachments (Schedule C or Schedule SE).
  - Most recent IRS W-4 Forms.

- Company accounting books showing business revenue and expenses.
- Self-Employment Tracking Sheet; extenuating circumstances may call for supervisory approval.
- Retirement income statement from Social Security.
- Old-Age and Survivors Insurance (OASI) statement.
- Retirement pension statement from private or public fund.
- Trust fund income documentation.
- Military/veteran pension benefits statement.
- A recent Third-Party Query (TPQY) printout from Social Security.
- IRS 1040 Supplemental Income and Loss (Schedule E) for property rental income (net income is counted in this circumstance).
- Unemployment benefit statement.
- Alimony payments.
- Benefits from dependent children (i.e., survivor's benefits).
- Child support payments.
- Cash assistance by relatives and other individuals (included in letter of support).
- Monthly income from welfare agencies (public and private).
- Interest on investments.

**Residency Documentation**– clients must live within one of the four counties that comprise the EMA (Lake, Orange, Osceola and Seminole) for clients accessing RWHAP Part A funded services and the State of Florida for RWHAP Part B funded services.

- Current state or local Florida photo identification (includes driver's license)
- Utility bill with name and street address
- Housing, rental, or mortgage agreement in client's name
- Recent school records
- Bank statement with name and street address
- Letter from person with whom the client resides
- Property tax receipt or W-2 form for previous year
- Unemployment document with street address
- Current voter registration card
- Official correspondence (postmarked in last three months)
- Prison records (if recently released)
- Current documentation from the Florida Medicaid Managed Information System (FLMMIS) or the Medical Eligibility Verification System (MEVSNET) showing that the client is currently receiving Medicaid or assistance from the Supplemental Nutritional Assistance Program (SNAP), formerly known as food stamps
- Florida Department of Corrections offender search website photo print out
- Declaration of Domicile (Section 222.17, Florida Statutes)

**Please note: Photo identification (photo ID) is not required, but encouraged (photo ID can be an expired document if it is used just as a way to visually identify a client; it must be current if you are also using it to show current living status). Photo identification should not be considered the only form of proof of living in the EMA, especially if it is not current.**

## **Proof of Insurance Status (or the lack there of)**

- Copy of the health insurance card (front and back) (private insurance, Medicare and/or Medicaid)
- Medicaid pre-screening for “Am I Eligible”
- Letter from Employer on Letterhead indication that Health Insurance is not offered as an Employee Benefit

To maintain eligibility for RWHAP services, clients shall be recertified at least every 366 days. The primary purpose of the recertification process is to ensure an individual's residency, income, and insurance status continues to meet the eligibility requirements and to verify RWHAP continues to be the payer of last resort. At least once a year, the recertification procedures must include the collection of more in-depth supporting documentation, similar to that collected at the initial eligibility determination. At one of the two required recertification's during a year, a client's self-attestation that their income, residency, and/or insurance status has not changed is allowed, this may be completed online where available. Self-attestation of a change in income, residency or insurance status requires appropriate documentation of the change, the documentation shall be collected at the client's next visit to the subrecipient or within 30-days whichever is sooner.

Intake is conducted by a Non-Medical Case Manager, Referral Specialist or Early Intervention Coordinator. The Non-Medical Case Manager/Referral Specialist/Early Intervention Coordinator shall review the clients income eligibility, client rights and responsibilities, explain the program and services to the client, explain the OSA and agency confidentiality and grievance policies to the client, assess the client's immediate service needs, and secure permission from the client to release information.

## **Rapid Eligibility Determinations**

For both initial/annual and 366 day recertification procedures, eligibility determinations may be performed simultaneously with testing and treatment. Agencies assume the risk of recouping any HRSA RWHAP funds utilized for clients ultimately determined to be ineligible, and instead shall charge an alternate payment source, or otherwise ensure funds are returned to the HRSA RWHAP program.

During intake, the following shall be accomplished and documented in the approved EDMS:

- Assessment of the client's immediate needs using the appropriate forms described in the Service Standards for specific Service Categories
- Encouragement of clients to apply for all resources for which they may be eligible
- Informing the client of all available services within the organization and (OSA) and what the client can expect if they were to enroll in a particular service
- Establishing whether the client wishes to enroll in a range of services or is interested only in a specific service offered by the subrecipient
- Explaining the OSA and subrecipient policies and procedures
- Collecting required client data for reporting purposes
- Collecting basic client information to facilitate client identification and client follow up
- Establishing rapport with client
- Collecting client name, address, social security number, phone, and email (if available)

- Scanning ID (if available)
- Enrolling clients in other 3rd party Insurance Program including Medicaid and Medicare, if applicable
- Preferred method of communication (e.g., phone, email, or mail)
- Recording emergency contact information
- Recording preferred language of communication
- Enrollment in other HIV services including case management and other HIV or social services
- Recording the primary reasons and need for seeking services at agency
- Developing a Care Plan, as applicable

A client who chooses to enroll in services and who is eligible shall be assigned a Non-Medical Case Manager or Referral Specialist who is responsible for ensuring the client maintains eligibility for services and link clients in need of Medical Case Management services to a Medical Case Manager Supervisor to set up a time for a more thorough assessment, and determine additional services that may be required. Referrals for other appropriate services shall be made if ineligible for RWHAP Part A or RWHAP Part B services (e.g., to a RWHAP Part C or RWHAP Part D subrecipient). The intake process shall begin within a minimum of 48 hours of the first client contact with the agency. Ideally, the client intake process shall be completed as quickly as possible; however, recognizing that clients may not have on hand the required documentation (e.g., documentation of HIV status), the intake process shall be completed within 30 working days of beginning the intake.

## 5.0 Eligibility and Intake

Standards		Measures	
5.1	Eligibility & Intake process is completed within 30 working days of initial contact with client by a Non-Medical Case Manager or Referral Specialist and documents client's contact information (including their emergency contact's name and phone number) and assesses their immediate service needs and connection to primary care and other services.	5.1	Completed intake, dated no more than 30 days after initial contact, in the approved EDMS
5.2	Clients meeting the eligibility requirement for Medical Case Management shall be linked to a Medical Case Manager (MCM).	5.2	Documentation of linkage to Medical Case Management in the approved EDMS.
5.3	To determine presumptive eligibility for services, clients reactive test result shall be received	5.3	Reactive test result uploaded in the approved EDMS

<p>5.4 To determine minimum eligibility for services, client's HIV status must be confirmed by one of the tests listed in this section, within 30 days of presumptive eligibility (if applicable).</p>	<p>5.4 HIV status documented in the approved EDMS.</p>
<p>5.5 Subrecipients shall assist clients in applying for other funding sources to confirm RWHAP as payer of last resort</p>	<p>5.5 Documentation of:</p> <ul style="list-style-type: none"> <li>• Application form or receipt of application</li> <li>• Appeal/denial letter</li> <li>• Communications from other funding sources</li> </ul>
<p>5.6 Subrecipient has standardized forms and up-to-date protocols shall be utilized across the system to promote and ensure uniform quality of care.</p>	<p>5.6 Required forms in client's the approved EDMS.</p>
<p>5.7 Self-attestation by the client that there has been no change in their income, residency or insurance status may be completed online, when available or during a visit that is in close proximity to their re-certification date.</p>	<p>5.7 Documentation of self-attestation form of "no change" shall be uploaded and reflected in the progress notes in the approved EDMS and a new "Notice of Eligibility" issued to the client.</p>
<p>5.8 Should the client indicate there has been a change in income, residency or insurance status, the eligibility worker shall ensure documentation of the change is received no later than the client's next scheduled appointment with the subrecipient or within 30 days of self-attestation of the change whichever is sooner.</p>	<p>5.8 Progress notes in the approved EDMS indicate the change(s) specified during the client's self-attestation. Documentation verifying the change(s) shall be uploaded into the approved EDMS no later than the next scheduled appointment or within 30-days from self-attestation of the change(s) whichever is sooner. Once documentation is received a new "Notice of Eligibility" shall be issued.</p>

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## 6.0 Assessment and Care Plan

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The objectives of the standards for assessment and Care Plan are to:

- Gather information to determine the client's needs
- Identify the client's goals and develop action steps to meet them
- Identify a timeline and responsible parties for meeting the client's goals
- Ensure coordination of care with appropriate subrecipients and referral to needed services

### **Assessment:**

All subrecipients shall assess the client's needs for the subrecipient's service(s) to develop an appropriate Care Plan. This is not the same as the basic and comprehensive case management assessment, which is the responsibility of the client's MCM (see service-specific standards for Medical Case Management Services) in collaboration with the client.

Service assessments include an assessment of all issues that may affect the client's need for the subrecipient service. The assessment is a cooperative and interactive information exchange between the staff and the client. The client shall be the primary source of information. However, with client consent, assessments may include additional information from case manager(s), medical or psychosocial subrecipients, caregivers, family members, and other sources of information, if the client grants permission to access these sources. The assessment shall be conducted face-to-face or by telehealth within thirty (30) working days of intake, with accommodations for clients who are too sick to attend the appointment at the subrecipient agency.

It is the responsibility of the staff to reassess the client's needs with the client as their needs change. The reassessment shall be done as needed, or as specified in the standards for specific service categories. If a client's income, housing status, or insurance status/resource has changed since assessment or the most recent reassessment, agencies shall ensure the data in **the approved EDMS** is updated accordingly. The staff member is encouraged to contact other service subrecipients/care givers with client consent involved with the client or family system in support of the client's well-being. Staff members shall comply with established agency's confidentiality policies (see Standard 1.1) when engaging in information and coordination activities.

### **Individual Care Plan (ICP)/Action Plan:**

The purpose of the ICP/Action Plan is to guide the subrecipient and client in their collaborative effort to deliver high quality care corresponding to the client's level of need. It shall include short-term and long-term goals, based upon the needs identified in the assessment, and action steps needed to address each goal. The ICP/Action Plan shall include specific services needed and referrals to be made, including clear time frames and an agreed upon plan for follow up.

As with the assessment process, service planning is an on-going process. It is the responsibility of the staff to review and revise a client's ICP/Action Plan as needed, or as specified in the standards for specific service categories.

As part of the ICP/Action Plan, subrecipients must ensure the coordination of services. Coordination of services requires identification of other staff or service subrecipients with whom the client may be working. As appropriate and with client consent, program staff shall act as a liaison among clients, caregivers, and other service subrecipients to obtain and share information that supports optimal care and service provision. If a program is unable to provide a specific service, it shall be able to make immediate and effective referrals. In case of referrals, staff shall facilitate the scheduling of appointments, transportation, and the transfer of related information.

## 6.0 Assessment and Individual Care Plan/Action Plan

Standards		Measures	
6.1	Within 30 days of client contact, initial assessment is conducted of client's need for particular service	6.1	Completed assessment form in the approved EDMS.
6.2	Within 30 days of client contact, ICP/Action Plan is developed collaboratively with the client that identifies goals and objectives, resources to address client's needs, and a timeline.	6.2	Completed ICP/Action Plan in the approved EDMS; Signed by the client and staff person.
6.3	Reassessment of the client's needs is conducted as needed, or as specified in the standards for specific service categories..	6.3	Documentation of reassessment in the client approved EDMS (e.g., progress notes, update notes on the initial assessment, or new assessment form).
6.4	ICP/Action Plan is reviewed and revised as needed, but no less than specified in standards for specific service categories.	6.4	Documentation of ICP/Action Plan review/revision in client's file (e.g., progress notes, update notes on initial ICP, or new ICP). Updated ICP/Action Plan shall be signed by client, staff person, and supervisor.
6.5	Subrecipient staff identifies and communicates as appropriate (with documented consent of client) with other service subrecipients to support coordination and delivery of high quality care and to prevent duplication of services.	6.5	Documentation in approved EDMS of communication with other staff within the agency or at another agency with whom the client may be working.

## 7.0 Transition and Discharge

The objectives of the standards for transition and discharge are to:

- Ensure a smooth transition for clients who no longer want or need services at the subrecipient agency
- Assist subrecipient agencies in more easily monitoring caseload; and
- Plan after-care and re-entry into service
- Ensure continuum of care with the agency

A client may be discharged from any service through a systematic process that includes a discharge summary in the client's record. The discharge summary shall include a reason for the discharge and a transition plan to other services or other subrecipient agencies, if applicable. Agencies shall maintain a list of resources available to the client for referral purposes. If the client does not agree with the reason for discharge, they shall be referred to the subrecipient agency's grievance procedure.

A client may be discharged from any service for any of the following reasons:

- Deceased
- Requests a discharge
- Incarcerated for 90 days or more
- Needs change and they would be better served through services at another subrecipient agency
- Actions put the agency, service subrecipient, or other clients at risk
- Relocates out of the service area
- Ineligible for services
- Agency is unable to reach a client, after repeated attempts including referral to Anti-Retroviral Treatment Access Strategy (ARTAS) or EIS for a period of 6 months.

## 7.0 Transition and Discharge

Standards	Measures
<p>7.1 Subrecipient has a transition and discharge procedure in place implemented for clients leaving or discharged from services for any of the reasons listed in the narrative above.</p>	<p>7.1 Completed transition/discharge summary on file. Summary shall include:</p> <ul style="list-style-type: none"> <li>• Reason for discharge</li> <li>• Plan for transition to other services, if applicable, with confirmation of communication between referring and referral agencies, or between client and agency.</li> </ul>



<p>7.2 Subrecipient has a due process policy in place for involuntary discharge of clients from services; policy includes a series of verbal and written warnings before final notice and discharge.</p>	<p>7.2 Due process policy on file as part of transition and discharge procedure; due process policy described in the Client Rights and Responsibilities and Grievance document (see Universal Standard 2.4).</p>
<p>7.3 Subrecipient has a process for maintaining communication with clients who are active and identifying those who are inactive.</p>	<p>7.3 Contacts and/or attempted contacts are documented via Progress notes in the client record in the approved EDMS</p>
<p>7.4 Agencies shall close client records in the approved EDMS within one month of being notified of the discharge/transition reason.</p> <p>If the client has relocated out of the service area, is deceased, or has transferred their medical care to a non-RWHAP funded subrecipient, the case management agency shall notify all other subrecipients with whom the client maintained a relationship of the change in status.</p>	<p>7.4 Case closure date documented in the approved EDMS</p> <p>Progress notes indicate the date subrecipients were notified of the relocation.</p>

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## 8.0 Data and Quality Management

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### Data Collection and Reporting:

The Orlando Service Area utilizes Provide Enterprise (PE) and CAREWare to collect and report data; The Agency shall designate individuals to serve as Registered Users A Registered User is an individual who is an employee of the Agency and who is designated by the Agency and agreed to by the Recipient and/or Lead Agency. This term shall not include volunteers as they shall not have access to the Electronic Data Management System (EDMS). No employee of the Agency shall be permitted access to the EDMS without having duly executed a Confidentiality Agreement, a copy of which shall be retained on-site by the Agency. The Agency shall take all reasonable steps to protect the database server. The agency shall inform the Recipient and/or Lead Agency, via email immediately, of any misuse by a Registered User or change of positions within the Agency resulting in a discontinued need for access to the system(s).

The following is a list of some of the reporting requirements:

- Monthly invoices and expenditure reports
- Monthly narrative report
- Quality outcomes and outcome measures
- Quality Improvement initiatives and their outcomes
- Women, Infants, Children and Youth (WICY) reports
- Ryan White Services Report (RSR) Client level Data
- Utilization/demographic data

### Quality Management (QM)

The objective of QM is:

- To identify available HIV-related quality measures and how they are used
- To monitor the delivery of HIV care network service subrecipients.
- To support the implementation of HIV quality measures across public and private insurers and health care systems as health care coverage is expanded.
- To support adherence to current HIV clinical guidelines and federal guidelines.
- To track a standardized set of quality measures across patient populations and public and private insurers to monitor access to high quality HIV care
- To ensure the highest quality of care for clients

Implementation of a Clinical Quality Management (CQM) Program to:

- Assess the extent to which HIV health and support services provided to clients under the grant are consistent with the most recent HHS Guidelines for the treatment of HIV and related opportunistic infections
- Develop strategies for ensuring that services are consistent with the guidelines for improvement in the access to and quality of HIV health services CQM program to include:
  - a. A Quality Management Plan
  - b. Quality expectations for subrecipients and services

- c. A method to report and track expected outcomes
- d. Monitoring of subrecipient compliance with HHS Guidelines and the OSA's approved Service Standards

Network Service Subrecipients are expected to:

- Participate in quality management activities as contractually required; at a minimum:
- Comply with relevant service category definitions and OSA service standards and collection and reporting of data for use in measuring performance.

## 8.0 Data and Quality Management

<b>Standards</b>		<b>Measures</b>	
8.1	All eligibility documents shall be scanned into the approved EDMS within 3 business days.	8.1	Date stamp in the approved EDMS is no later than 2 business days after the date of eligibility determination.
8.2	Subrecipient shall notify Recipient/Lead Agency of changes in access to the approved EDMS for a staff member immediately upon identifying the need for the change (e.g. separation, change in position etc.)	8.2	Notification via email provided within the specified timeframe.
8.3	On-going Quality Management and Assurance with regular staff feedback to promote performance improvement and quality care. Quality Management issues shall be addressed through a Quality Management Committee and staff meetings.	8.3	Documentation of at least quarterly Quality Management meetings recording attendance, date, subject matter, steps taken to resolve identified problems with time frames for resolution.
8.4	At least Semi-Annual Client Satisfaction Surveys shall be conducted and results utilized as appropriate to improve service delivery	8.4	Client Satisfaction Surveys to include: •Rating of services, perception of treatment by staff, satisfaction with services provided, fair access to services provided. Incorporate results from client satisfaction surveys into written goals and objectives
8.5	Assess the extent to which HIV health services provided to clients are consistent with the most recent HHS Guidelines for the treatment of HIV and related opportunistic infections.	8.5	Monitor CQM/HAB outcome measures.

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8.6 Quality Management Plan includes quality expectations for subrecipients and services, a method to report and track expected outcomes and is in compliance with HRSA's PCN 15-02.

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8.6 Visit and review/sub-recipients to monitor compliance with the Quality Management Program.

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