

Referral for Health Care and Support Services

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Health Resources & Services Administration (HRSA) Definition: Referral for Health Care and Support Services directs a client to needed core medical or support services in person or through telephone, written, or other type of communication. This service may include referrals to assist eligible clients to obtain 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, and other state or local health care and support services, or health insurance Marketplace plans).

Program Guidance: Referrals for Health Care and Support Services provided by outpatient/ambulatory health care providers should be reported under the Outpatient/Ambulatory Health Services Category.

Referrals for Health Care and Support Services provided by case managers (medical and non-medical) should be reported in the appropriate case management service category (i.e., Medical Case Management or Non-Medical Case Management).

Eligibility: Clients shall meet eligibility requirements as defined in the System-Wide Service Standards. In the Orlando Service Area (OSA), this standard only applies to Ryan White HIV/AIDS Program (RWHAP) Part A Program.

1.0 Agency Policies and Procedures

The Agencies shall have Policies and Procedures to ensure the services are accessible to all eligible clients. The Agency policy and procedures shall ensure compliance with the following Standards.

1.0 Agency Policies and Procedures

Standards		Measures	
1.1	Referral Specialists and supervisors shall receive <u>fifteen (15)</u> hours of training annually and topics shall include: <ul style="list-style-type: none">• Client rights and responsibilities, including confidentiality/HIPAA guidelines;• Client grievance policies and procedures;	1.1	Documentation of the training subject matter, date(s) of attendance, and hours in training shall be in the training record. Training Certificates shall be in the personnel file.

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	<ul style="list-style-type: none"> Guidelines for language accessibility; Special issues relating to working with the HIV/AIDS affected/infected population; Knowledge of RWHAP program requirements for determining eligibility; Knowledge of public assistance programs and benefits; and, The Agency's emergency plan, disaster relief resources, and planning and procedures. 	
1.2	Supervisors shall have an additional six (6) hours of leadership training. Leadership training topics shall include, but not be limited to, the following: <ul style="list-style-type: none"> Cultural competency <u>responsiveness</u> for clients and staff; Ethics in managing staff; Research; and Clinical quality management in developing staff performance improvement plans for client needs. 	1.2 Documentation of the training shall be in the employee training record. Training certificates shall be in the employee file.
1.3	Agencies shall demonstrate active collaboration with other agencies and programs to provide referrals to the full spectrum of HIV-related or other needed services.	1.3 Current Memorandum of Agreements (MOA) on file.
1.4	Agency staff shall meet at least one of the following staff qualifications: <ul style="list-style-type: none"> Associate or Bachelor level degree in social science or health discipline and at least one (1) year of experience working with persons living with HIV (PLWH); Individual with an Associate or Bachelor degree in disciplines other than health 	1.4 Appropriate degrees, licensure, and/or certification in personnel file.

	<p>or social services shall have at least one (1) year experience of direct care coordination for target populations;</p> <ul style="list-style-type: none"> Two (2) years of verifiable experience in working with PLWH at an established agency can substitute on a year-for-year basis for an Associate degree. <p>NOTE: Use of this qualification must be pre-approved by the Recipient's Office.</p>	
1.5	<p>Agency supervisors must meet the following requirement:</p> <ul style="list-style-type: none"> Hold a Master level professional degree in the field of mental health, social work, counseling, social science, or nursing. <p>NOTE: This requirement may be waived by the Recipient.</p>	1.5 Appropriate degrees, licensure, and/or certification in personnel file.

2.0 Client Access to Care

Referral Specialists shall complete an Eligibility Assessment to determine which services a client is eligible to receive as well as assist in access to care and services.

2.0 Client Access to Care

Standards		Measures	
2.1	Referral Determination Assessment (RDA): Referral Specialists shall complete an RDA on all clients to determine need for referral to MCM care coordination and/or other services.	2.1	Documentation of completed RDA in the approved electronic database management system.
2.2	Clients shall be referred to OAHS services within <u>three (3)</u> business days.	2.2	Documentation of referral to OAHS services in the approved

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		electronic database management system.
2.3	RDA score 2: Clients shall be referred for MCM within <u>two (2)</u> business days of completed eligibility determination.	2.3 Documentation of referral for MCM services in the approved electronic database management system.
<u>2.4</u>	<u>Referral specialists shall contact clients without a Medical Case Manager (MCM) at least every ninety (90) days.</u>	<u>2.4 Documentation of client contact in the electronic database management system.</u>
<u>2.54</u>	Within 30 days of a client's <u>eligibility expiration date</u> expired eligibility , the Referral Specialist (RS) shall document <u>three (3)</u> different attempts to contact client.	2.54 Documentation of <u>three (3)</u> attempted contacts with client in the approved electronic database management system. <u>Documentation must reflect that there were attempts to contact on three (3) different dates and times.</u>
<u>2.65</u>	If RS is unsuccessful in contacting client after <u>the three (3)</u> documented attempts, RS to refer client information to EIS. <u>If RS is in contact with the client after referral to EIS, then the RS must notify EIS.</u>	2.65 Documentation of referral to EIS in the approved electronic database management system.
<u>2.76</u>	Referrals: RS shall facilitate Oral Health referrals for clients. RS shall determine the need for medical transportation and facilitate the appropriate conveyance. RS shall determine the need for food services and facilitate access to the appropriate method. RS shall assist and track referrals to other core medical, support and partner services as well as prevention to support identification of those unaware of their HIV status.	2.76 Documentation of referral to Oral Health in the approved electronic database management system. Oral Health purchase orders and treatment plans shall be documented in the approved electronic database management system. Documentation of bus passes and door-to-door vouchers shall be in the approved electronic database management system. All food vouchers and food cards shall be recorded in the approved electronic database management system.

	Documentation including forms and progress notes regarding assistance and outcomes of referrals in the approved electronic database management system.
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3.0 Access to Benefits/Resources

Referral Specialists' primary responsibility is to ensure clients are receiving all the benefits/resources for which they are eligible. Referral Specialists activities shall be client-centered facilitating access to and maintenance of health and disability benefits and services

3.0 Access to Benefits/Resources

Standards		Measures	
3.1	Referral Specialists (RS) shall educate clients about available benefit programs, assess possible eligibility, assist with applications and recertification; provide advocacy with appeals, denials, and in other areas relevant to maintaining benefits/resources.	3.1	Documentation of education provided to clients on benefit programs in the approved electronic database management system.
3.2	RS shall assist clients with completion of benefits applications as appropriate within fourteen (14) business days of intake.	3.2	Documentation of completed benefits applications in the approved electronic database management system.
3.3	RS shall follow-up with all benefit applications to ensure advocacy and assistance is provided in cases of denials/appeals or additional information is needed.	3.3	Documentation of follow-up to benefit application completion in the approved electronic database management system.
3.4	RS shall assist clients in accessing available resources, entry into and movement through the system of care.	3.4	Documentation of assistance navigating the system of care in the approved electronic database management system.
3.5	RS shall follow up on any referrals to other public benefit programs offered to clients.	3.5	Documentation of follow-up on referrals in the approved electronic database management system
3.6	RS shall document all client progress and contacts in progress notes within 72 hours of contact.	3.6	Documentation of a progress or lack thereof on referrals shall be noted within 72 hours in the approved electronic database management system.

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4.0 Discharge/Graduation from Referral for Health and Support Services

Clients who are no longer engaged in HIV treatment and care services within the Ryan White System of Care shall have their cases closed based on the criteria and protocol outlined in the agency's Referral for Health and Support Services Policies and Procedures Manual.

4.0 Discharge/Graduation

STANDARDS	MEASURES
4.1 Upon termination of active Referral for Health Care and Support Services, a client's case shall be closed, and the record shall contain a discharge summary documenting the case disposition and offer of an exit interview.	4.1 Upon discharge clients shall receive a transition plan that outlines available resources and instructions for follow-up. Documentation of discharge shall be in the approved electronic database management system.
4.2 All attempts to contact the client and notification about case closure shall be communicated to the Medical Case Manager, if applicable. Referral to EIS shall be completed.	4.2 Documentation of attempts to contact clients about case closure and referral to EIS in the approved electronic database management system.
4.3 Cases may be closed when the client: <ul style="list-style-type: none"> Has obtained healthcare insurance and is no longer accessing care through the Ryan White System; Has become ineligible for services; <u>Is incarcerated in a system other than Orange County Corrections Department;</u> Is deceased; No longer needs the services; Decides to discontinue the services; <u>When the client's referral to EIS exceeds The service provider is unable to contact the client</u> thirty (30) days; <u>or,</u> 	4.3 Documentation of case closure in the approved electronic database management system. <u>Documentation should include the reason for case closure.</u>

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Commented [WM1]: Part A doesn't include OCC clients in the incarcerated numbers because there is an RS in OCC

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	after expired eligibility and the EIS specialist report indicates case closure or, <ul style="list-style-type: none"> Is found to be improperly utilizing the service or is asked to leave the agency. 	
4.4	Supervisor approval is required for all case closures.	4.4 Documentation of supervisor approval in the approved electronic database management system.
4.5	All discharged or graduated clients shall be offered an exit interview via one of the following: <ul style="list-style-type: none"> Face-to-face visit; Telephone; or Written communication <i>Note: When the Referral Specialist is not able to conduct an exit interview, reason must be documented in the record</i>	4.5 Documentation that an exit interview was offered shall be recorded in the approved electronic database management system.