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Part B Standards of Care: What's New in 2018

Navigating Care in a New Era: HIV Care Program Updates

August 2018

Part B Standards of Care: What's New in 2018

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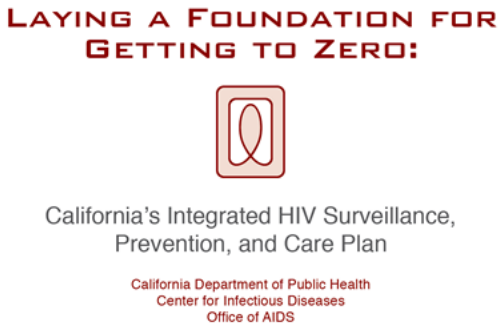
California's Integrated Plan



1 - Reducing New HIV Infections in California;
2 - Increasing Access to Care and Improving Health Outcomes for PLWH in California;
3 - Reducing HIV-Related Disparities and Health Inequities in California; and
4 - Achieving a More Coordinated Statewide Response to the HIV Epidemic.

Strategy F: Improve Overall Quality of HIV-Related Care

Activity F3: Explore Establishing Standards of Care for Services Provided through Ryan White HIV/AIDS Program Funding, and Take Other Actions to Ensure that High-Quality Care can be Measured and is Tracked

Background and Framing

- OA received a finding from HRSA in March, 2016

  "It is recommended that the recipient develop standards of care/service for every funded service category for all regions of the state. At a minimum, service standards/standards of care should include the service category definition; intake and eligibility; key services components and activities; personnel qualifications (including licensure); assessment and service plan; transition and discharge; case closure protocol; client rights and responsibilities; grievance process; cultural and linguistic competency; privacy and confidentiality (including securing records); and recertification requirements."

Background and Framing

- In March, 2017 OA sent an email to all HCP contractors requesting participation on an Advisory Group.

- Prashanta Janz-Navarro - Merced County
- Supriya Rao - Santa Clara County
- Mike Torres - Santa Clara County
- Adriana Almaguer - Santa Barbara County
- Libby Guthrie - MCAVHN
- Sara Brewer - Santa Rosa HC
- Kirk Bloomfield - County of San Diego
- Dale Weide - Queen of the Valley (Napa)
- Simon Paul - Specialty Health Center - Fresno
- Sam Monroy - Orange County
- Joseph Cecere - San Francisco DPH

We are grateful for all their hard work and input!!

Implementation Plan

Time Frame	Activities
July and August 2018	Trainings for HCP Contractors on the Standards of Care.
September 13, 2018 onward	OA to begin monthly office hours for HCP Contractors.
September 2018 to March 31, 2020	HCP Contractors begin making any necessary changes to policies and procedures, and issuing new RFPs (as needed) to “go live” with Standards by April 1, 2020.
September 2018 to March 2021	HCP Advisors will monitor for new aspects of the Standards for FY 2017-18, 2018-19, and 2019-20. They will provide feedback and recommendations on items needing to be addressed to be in compliance by April 1, 2020.
April 1, 2020 onward	HCP Contractors begin operating under the Standards. The Standards will also apply to HCP Contractors who receive Supplemental funds (X08).
August 2021 onward	HCP Advisors begin monitoring for compliance to the Standards with the FY 2020-21 monitoring cycle. Those HCP Contractors with subcontractors should also begin monitoring for compliance to the Standards.

So…
What Changes Are Coming?

Common Standards

Common Standards

- This is the document that provides the foundation for all services
- It means the specific service category standards are much shorter, but require you to be familiar with this document as well

Common Standards
Income requirements

- HCP financial eligibility matches the financial eligibility defined by ADAP in Health and Safety Code (HSC) § 120960.
- Currently, HSC § 120960 defines income eligibility as clients with modified adjusted gross income which does not exceed 500% of the federal poverty level per year based on family size and household income.

Common Standards Income requirements

- Acceptable income verification includes one of the following:
  - One pay stub from within the last 6 months
  - 1040 Form or W-2 from the previous year
  - Signed and dated letter from a source of earned income, including the client's name, rate, and frequency of pay
  - …

Common Standards Income requirements

- Acceptable income verification includes one of the following:
  - One bank statement showing income from applicable source(s) (i.e. through direct deposit)
  - Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI) letter, or dated screenshots of client benefit program
  - …

Common Standards
Income requirements

- Acceptable income verification includes one of the following:
  - Document confirming other gov't assistance (e.g., Medi-Cal military/veteran pension benefits, unemployment benefits, child support payments)
  - Investment statement showing interest earned
  - Letter of support signed and dated by a person providing financial and other living support (food, clothing, and/or shelter) to the client

Common Standards Income requirements

- Acceptable income verification includes one of the following:
  - If no other methods of verification are possible, letter, form, or affidavit signed and dated by the client that indicates zero income, or attests to earned income not otherwise confirmed by the above. For an example of an affidavit form see the ADAP form CDPH 8441/ CDPH 8441 SP.

Common Standards

Screening for service needs/acuity

- During intake and at least every 6 months, all clients must be assessed for service needs and acuity level.

(*Would the client benefit from any services other than those they came in for?*)

Common Standards

Screening for service needs/acuity

- Screening for services and client acuity can be done using the tools and/or scales of the local jurisdiction, but tools/scales must be standardized within the jurisdiction.
- Goal is to eventually provide a tool that would be standardized state-wide

Common Standards

Screening for service needs/acuity

- Referrals should be made for any services identified as needed but not offered by the screening agency; referrals should be performed utilizing a warm hand off when possible.
- All referrals must be documented.

Common Standards Exceptions

- In the case of clients with urgent/emergent service needs, it is acceptable to begin providing services having only obtained proof of HIV diagnosis (initial HIV screening test is acceptable per HRSA) and signed consents
- Full eligibility screening and all other requirements must be met within 30 days of service initiation.

Common Standards Exceptions

- If this occurs, documentation in the client chart of the circumstances around the need for urgent/emergent services is required.

Common Standards Notifications

- At intake, clients must be notified of the following (and receive a written copy):
  - **Case conferencing** occurs regularly
  - **Re-engagement services** are routinely provided, which requires sharing of contact information as needed for these services
  - **After-hours or weekend options** that are available to clients during an emergency
  - **HIPAA** protects client privacy rights where applicable
  - …

Common Standards Notifications

- At intake, clients must be notified of the following (and receive a written copy):
  - **Client Grievance Procedures**, including assurance that no negative actions will be taken toward them as a client in response to their filing of a grievance
  - **Client Rights and Responsibilities**, which must include the minimum rights and responsibilities outlined later in this Common Standards of Care document.

Common Standards Timeframe

- Unless otherwise specified, intake appointments must occur no later than 10 calendar days from the first client referral.
- A referral can be from another professional, or self
- Agencies must have a tracking method to record date of first contact, to enter it in to ARIES.
- Appointments made later than 10 days from first client referral must be documented with reason for delay in the client chart.

Common Standards
Client orientation

- Each new client enrolled must receive an orientation to the services
- This orientation must be documented in this orientation in the client file.
- Some of the individual standards highlight this, because it is easy to miss with some service categories

Common Standards
Client rights and responsibilities

All eligible clients have the right to:

- Request and receive approved services consistent with their care/treatment plan
- Receive services that are reliable, timely, respectful, and appropriate to their situation, culture, health status, and level of disability
- Receive accurate and easily understood information about their care plan, health care professionals, and health care facilities
- Participate in decisions about their care and obtain information about treatment options
- Refuse care
- Have their healthcare information be treated confidentially
- Review their client records (including medical records) and request that any inaccurate, irrelevant, or incomplete information be changed as per local policies and procedures.

Common Standards
Client rights and responsibilities

Clients are responsible for:

- Providing documentation to verify their eligibility for HCP services
- Being involved in their healthcare and adhering to their treatment plan
- Disclosing relevant information
- Clearly communicating their wants and needs
- Treating service providers appropriately and with respect at all times
- Arranging services in a way that avoids emergencies whenever possible
- Maintaining periodic contact with their relevant service provider
- Following provider written policies and procedures and guidelines
- Following written or verbal instructions regarding treatments, activities, safety policies, and utilization of services

Common Standards
Staff orientation and training

- **Initial:** All staff providing direct services to clients or making decisions about HIV service must complete an initial training session related to their job description and serving those with HIV.
- Training should be completed within 60 days of hire.

Common Standards
Staff orientation and training

Topics must include:

- General HIV knowledge (e.g. transmission, care, prevention)
- Navigation of the local HIV system of care, including ADAP
- Confidentiality and Security
- Cultural sensitivity, incl. but not limited to LGBTQ cultural competence, cultural humility, social determinants of health

Other topics may include:

- Psychosocial issues
- Health maintenance for people living with HIV
- Client service expectations

Common Standards
Staff orientation and training

- **Ongoing:** Staff must also receive ongoing annual HIV training as appropriate for their position.
- Confidentiality agreements by staff must be reviewed and re-signed annually.
- Training requirements, updated confidentiality agreements, and completed trainings must be clearly documented

Common Standards

Cultural and linguistic competency

- Compliance with National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS Standards) is required.
- According to the CLAS Standards, culturally and linguistically competent services are those that "provide effective, equitable, understandable and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy and other communication needs."

Common Standards

Cultural and linguistic competency

Providers shall provide services that:

- Treat people living with HIV with respect, and are skilled and culturally-appropriate for the communities served
- Reflect the culture of the community served
- Comply with American Disabilities Act (ADA) criteria
- Are in a location and have hours that make it accessible to the community served
- …

Common Standards

Cultural and linguistic competency

Providers shall provide services that:

- Are provided in the client's primary language.
- Are provided in areas with posted and written materials in appropriate languages for the clients served
- Provide interpreters or access to real-time interpreter services (including phone, Skype, etc.)
  - For HIPAA covered services, interpretation services must follow HIPAA requirements; family and friends should not be used for interpretation.
  - For non-HIPAA covered services, family and friends should only provide interpretation as a last resort and with the prior permission of the client.

Common Standards
Client transfer and case closure

- If a client is transferred to another agency, the file should be closed at the first agency.
- In some cases a client file may be made “inactive,” able to easily be returned to “active” status when the client returns to services.
- A client file may be permanently “closed” under certain conditions; reasons must be documented in the client file and/or ARIES.

Common Standards
Client transfer and case closure

Acceptable reasons for client file closure are:

- The client has requested transfer of services to another agency
- The client has died or moved out of California
  - Strongly encouraged to report to the HIV surveillance coordinator at the local public health department.
  - Providers should attempt to assist the client with identifying a source of care in the jurisdiction they are moving to.

Common Standards
Client transfer and case closure

- The client cannot be located after at least three documented attempts per month over a period of three consecutive months (“lost to follow-up”). Attempts to contact the client must take place on different days and times of the day during this time period.
  - Providers are strongly encouraged to refer clients who are lost to follow-up to the local public health department for further outreach and re-engagement in care activities.

Common Standards
Client transfer and case closure

- The client is no longer eligible or has failed to provide updated documentation of eligibility status
  - Providers must be proactive in helping clients obtain this information. No client should be discharged before staff have assisted the client with gathering the required documentation.
- The client's actions have put the agency, staff, and/or other clients at risk

Common Standards
Client transfer and case closure

- There is evidence of client fraud or deliberate misuse of services

- Additional service-specific circumstances for closing a client file may be found in the Standard of Care for an individual service.

Common Standards
File closure

- **Prior to closure**, the agency must attempt to:
  - Inform the client of the appeal process and re-entry requirements into the system,
  - make clear the consequences of closing the case, and
  - offer to facilitate transfer of information to a new provider.

Common Standards
File closure

- **Prior to forced disenrollment and case closure due to evidence of abusive behavior, client fraud, deliberate misuse of services, or service ineligibility**, the client must:
  - Be given at least 10 days' notice before disenrollment, except in cases of abusive behavior that poses serious physical danger
  - Be sent a legible, signed, and dated letter that verifies the disenrollment date and reason for the action, along with information about the procedure for grievance/appeals. A copy must be kept in the client record

Common Standards
File closure

- Client files must be retained in a secure place for a minimum of three years, or later as is required by law for your facility type, after closure.

- After that time period, they must be disposed of securely through confidential means such as cross cut shredding and pulverizing.

Medical Case Management

Medical Case Management HRSA Definition

Medical Case Management is the provision of a range of client-centered activities focused on improving health outcomes in support of the HIV care continuum. Activities may be delivered 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).

Medical Case Management Priority Populations

- Populations that should be prioritized for Medical Case Management include those who are newly diagnosed with HIV, homeless or unstably housed, recently released from incarceration, pregnant women, youth ages 18-24, or others with high acuity.

Medical Case Management Key Activities

Key activities of Medical Case Management include:

- Initial assessment of the client's service needs;
- Development of a comprehensive, individualized care plan at the initial assessment, including client-centered goals/milestones;
- Timely and coordinated access to medically appropriate levels of healthcare and support services;
- Routine client monitoring to determine the efficacy of the care plan;

Medical Case Management Key Activities

Key activities of Medical Case Management include:

- Re-evaluation of the care plan at least every 6 months;
- Ongoing assessment of needs / personal support systems;
- Treatment adherence counseling;
- Client-specific advocacy / review of service utilization;
- Benefits counseling whereby staff assist eligible clients in obtaining access to other public and private programs for which they may be eligible

Medical Case Management Caseload

- Medical Case Managers are expected to maintain a caseload of between 40 and 65 clients at any given time, depending on the acuity of clients.

Medical Case Management Provider Qualifications

The minimum educational requirements for a Medical Case Manager include:

1) any health or human services bachelor's degree from an accredited college or university, or

2) certificate/licensure in any of the following categories:

- Physician's Assistant (PA)
- Nurse Practitioner (NP)
- Public Health Nurse (PHN)
- Registered Nurse (RN)
- Social Work
- Counseling
- Psychology
- Gerontology
- Clinical Pharmacy

Medical Case Management Provider Qualifications

- May substitute related direct consumer service experience under the supervision of a health or human services professional for a period of 3 years of f/t work.
- Contractors may choose to require additional education or licensure for Medical Case Managers, especially those in supervisory roles.
- Medical Case Managers without a valid certification or license in their field must receive clinical oversight and support by meeting with a licensed clinician monthly or more frequently for urgent situations.

Medical Case Management Staff Orientation and Training

Initial staff training must include:

- General HIV knowledge, such as transmission, care, and prevention
- Privacy requirements
- Navigation of the local HIV system of care including ADAP and HOPWA
- Basic case management skills

Other topics may include:

- Motivational Interviewing
- Trauma Informed Care

Medical Case Management Initial Appointments

- Appointments must occur no later than 10 calendar days after first client referral which can include self-referral.
- As clients may miss appointments, agencies must have a process in place to ensure timely follow up with clients, preferably within 24 hours.
- Missed appointments and case management attempts at rescheduling must be documented in the file.

Medical Case Management Referral

- Clients ineligible for Medical Case Management services through HCP must be referred to another community-based organization or safety net provider utilizing a warm handoff when possible.
- Documentation of that referral must be in the client file and available upon request.

Medical Case Management
Primary Case Manager

- Each client should always have a primary case manager who helps coordinate services with other members of the treatment / services team.
- This primary case manager will serve as the main point person for the client to streamline communication and maximize care coordination.

Medical Case Management Initial Assessment

- The Medical Case Manager must conduct a comprehensive face-to-face psychosocial needs assessment within 30 days of the start of Medical Case Management Services.
- Describe client's current status and identify strengths, weaknesses, resources, stressors
- Must be thoroughly documented, and client-centered (they may defer or decline any item)

Medical Case Management Initial Assessment

Topics for discussion during the assessment should include:

- Primary care connection;
- Connection with other care providers
- Current health status / medical history
- Oral health and vision needs
- Current meds / adherence;
- Immediate health concerns;
- Substance use history;
- Mental health / psychiatric history;
- Level of HIV health literacy;
- Awareness of safer sex practices;
- Sexual orientation and gender identity;
- Sexual history;
- Treatment adherence history;
- Self-management skills and history;
- Prevention and risk reduction issues;
- History of incarceration
- Family composition;
- Living situation;
- Languages spoken;
- History and risk of abuse, neglect, and exploitation;
- Social community supports;
- Transportation needs;
- Legal issues
- Financial / program entitlement;
- Emergency financial assistance needs and history;
- Nutritional status assessment;
- Partner Services needs;
- Cultural issues, including ethnic, spiritual, etc.; and
- Summary of unmet needs.

Medical Case Management QA and supervision

- All agencies must have a quality assurance plan in place to assess documentation of client's needs and if those needs were addressed.
- Annually, a representative sample of at least 10% of charts of active Medical Case Management clients must have a supervisor review.
- All clients who are discharged from Medical Case Management must also have a supervisor review within 3 months of discharge.

Medical Case Management QA and supervision

- Supervisors' reviews must be documented in the client chart with signature, date of review, and findings.
  - If staff supervisors are not licensed providers, the agency must have a review process by a licensed provider that meets the above requirements.
  - Licensed providers may not perform the review of their own clients' charts.

Medical Case Management
Case conferencing

- Formal case conferences must be held at least once per quarter for all clients to coordinate care among providers from different services, fields, and disciplines.
  - **Discussion:** Review of the care plan and evaluation of services the client is receiving, as well as discussion of the client's current status (coordinating care, troubleshooting problems with retention, strategies to re-engage client in care, etc.).
  - **Client Input:** The client and/or their legal representative must be given the opportunity to provide input to the Medical Case Manager about their care plan for discussion at the case conference.

Medical Case Management Follow-up and monitoring

- Individuals who are self-sufficient and do not need periodic follow-up related to their medical care or treatment adherence may not need Medical Case Management services, and may be discharged and/or referred to Non-Medical Case Management services
- Contact between Medical Case Manager and client must be made at least on a monthly basis, if not more, to prevent clients from falling out of care.

Medical Case Management Follow-up and monitoring

- In general, case managers are expected to respond to clients and providers within one working day.

- For newly diagnosed clients, Medical Case Managers should meet more frequently during the initial intake process in order to ensure clients are linked to HIV-related medical care within 30 days, at the latest. Ideally, linkage to care occurs within 24 hours of diagnosis.

Medical Case Management
Lost to follow-up

- The client is lost to follow-up if they cannot be located after at least three documented attempts per month over a period of three consecutive months.
- Attempts to contact the client must take place on different days and times of the day during this time period.
- Providers are strongly encouraged to refer clients who are lost to follow-up to the local public health department for further outreach and re-engagement in care activities.

Medical Case Management
Case closure

Beyond what is described in the Common Standards, additional circumstances for closing a Medical Case Management Case include:

- The client no longer demonstrates need for Medical Case Management due to their own ability to effectively advocate for their needs
  - Agency must have written policies and procedures for “graduating” clients, including determination of readiness
- A client is being incarcerated for more than 6 months and adequate care exists within the correctional setting

Medical Case Management Documentation Requirements

- Care plans can be documented in paper charts, EMR, or in ARIES under the “Care Plan” tab.
  - Copies of completed individualized care plans must be uploaded to ARIES and/or retained in the client file, signed by both client and provider if paper based.
  - Client and provider must also sign any updated plans if paper based.
  - Reassessments must also be documented.

Medical Case Management Documentation Requirements

- Missed appointments
- Rescheduling attempts
- Referrals of ineligible clients or to external services
- Case conferencing (MCM, subservice Case Conferencing)
  - Names and titles of who attended
  - Key information discussed
  - Whether client or legal representative had input

Non-Medical Case Management

Non-Medical Case Management HRSA Definition

Non-Medical Case Management services provide guidance and assistance in accessing medical, social, community, legal, financial, and other needed services. Non-Medical Case Management services may also include assisting eligible clients to obtain access to other public and private programs for which they may be eligible [list in standard].This service category can be delivered through several methods of communication including face-to-face contact, phone contact, and any other forms of communication deemed appropriate.

Non-Medical Case Management

Referral to Medical Case Management

- Clients with significant unmet medical needs should be referred to Medical Case Management for additional support in improving health outcomes.

Non-Medical Case Management Key Activities

Key activities of Non-Medical Case Management include:

- First appointment within 10 days of referral to screen for eligibility and assign a case manager
- Initial assessment of service needs within 30 days
- Development of a comprehensive, individualized care plan at the initial assessment visit, including client-centered goals/milestones;
- Ongoing client monitoring to determine the efficacy of the care plan;

Non-Medical Case Management Key Activities

Key activities of Non-Medical Case Management include:

- Re-evaluation of the care plan at least every 6 months;
- Ongoing assessment of client's and other key family members' needs and personal support systems

Non-Medical Case Management Caseload

- Non-Medical Case Managers are expected to maintain a caseload of between 30 and 75 clients at any given time, depending on the acuity of clients.

Non-Medical Case Management Provider Qualifications

- The educational requirements for a Non-Medical Case Manager include any health or human services bachelor's degree from an accredited college or university.
- Licensure is not required.
- Examples of health or human services fields include:
  - Nursing
  - Social Work
  - Counseling
  - Psychology
  - Gerontology
  - Clinical Pharmacy

Non-Medical Case Management Provider Qualifications

- May substitute related direct consumer service experience under the supervision of a health or human services professional for a period of 2 years of f/t work.
- All Non-Medical Case Managers must be trained and knowledgeable about HIV and familiar with available HIV resources in the area.

Non-Medical Case Management Staff Orientation and Training

Initial staff training must include:

- General HIV knowledge, such as transmission, care, and prevention
- Privacy requirements and HIPAA regulations
- Navigation of the local system of HIV care
- Basic case management skills

Non-Medical Case Management Initial Appointments

- Appointments must occur no later than 10 calendar days after first client referral which can include self-referral.
- As clients may miss appointments, agencies must have a process in place to ensure timely follow up with clients, preferably within 24 hours.
- Missed appointments and case management attempts at rescheduling must be documented in the file.

Non-Medical Case Management Primary Case Manager

- Each client should always have a primary case manager who helps coordinate services with other members of the treatment / services team.
- This primary case manager (who may or may not be the Non-Medical Case Manager) will serve as the main point person for the client to streamline communication and maximize care coordination.

Non-Medical Case Management Initial Assessment

- The Non-Medical Case Manager must conduct a comprehensive face-to-face psychosocial needs assessment within 30 days of the start of Non-Medical Case Management Services.
- Describe client's current status and identify strengths, weaknesses, resources, stressors
- Must be thoroughly documented, and client-centered (they may defer or decline any item)

Non-Medical Case Management Initial Assessment

Topics for discussion during the assessment should include:

- Current healthcare and social service providers (including Case Management offered elsewhere);
- Level of engagement in health care services;
- Current medications and adherence;
- Immediate health concerns;
- Substance use history and needs;
- Mental health / psychiatric history and needs;
- Level of HIV health literacy;
- Awareness of safer sex practices;
- Sexual orientation and gender identity;
- Sexual history;
- Self-management skills and history;
- History of incarceration;
- Family composition;
- Living situation and housing needs;
- History and risk of abuse, neglect, and exploitation;
- Social community supports;
- Food/clothing needs;
- Transportation needs;
- Legal needs;
- Financial / program entitlement;
- Emergency financial assistance needs and history;
- Partner services needs; and
- Summary of unmet needs.

Non-Medical Case Management QA and supervision

- All agencies must have a quality assurance plan in place to assess documentation of client's needs and if those needs were addressed.
- Annually, a representative sample of at least 10% of charts of active Non-Medical Case Management clients must have a supervisor review.
- All clients who are discharged from Non-Medical Case Management must also have a supervisor review within 3 months of discharge.
- Supervisors' reviews must be documented in the client chart with signature, date of review, and findings.

Non-Medical Case Management Follow-up and monitoring

- Non-Medical Case Management is ongoing
- Frequency of follow-up is dependent on client needs and may be done in-person, or by phone
  - However, follow-up should occur at least every six months at the time of re-certification.
- During monitoring, the Non-Medical Case Manager should follow-up on referrals and linkage and assess whether the client has further needs.

Non-Medical Case Management
Lost to follow-up

- The client is lost to follow-up if they cannot be located after at least three documented attempts per month over a period of three consecutive months.
- Attempts to contact the client must take place on different days and times of the day during this time period.
- Providers are strongly encouraged to refer clients who are lost to follow-up to the local public health department for further outreach and re-engagement in care activities.

Non-Medical Case Management Documentation Requirements

- Care plans can be documented in paper charts, EMR, or in ARIES under the “Care Plan” tab.
  - Copies of completed individualized care plans must be uploaded to ARIES and/or retained in the client file, signed by both client and provider if paper based.
  - Client and provider must also sign any updated plans if paper based.
  - Reassessments must also be documented.

Non-Medical Case Management Documentation Requirements

- Missed appointments
- Rescheduling attempts
- Referrals of ineligible clients or to external services
- Initial assessment findings

Referral for Health Care and Support Services

Referral for Health Care and Support Services

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. These services are provided outside of an Outpatient/Ambulatory Health Services, Medical Case Management, or Non-Medical Case Management visit. Services funded through this category are intended for low-acuity clients with sporadic service needs only. Those with ongoing need for referrals and support should be linked to non-medical care management. …

Referral for Health Care and Support Services

HRSA Definition

…

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., Medi-Cal, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, other state or local health care and supportive services, or health insurance marketplace plans).

Referral for Health Care and Support Services

Key Activities

Key activities of Referral for Health Care and Support Services include:

- Screening for client's overall service needs;
- Referrals to assist clients in obtaining access to public and private programs;
  - Benefits and entitlements counseling and referral
  - Other state or local health care supportive services
- Follow-up to assess client's access to referred services and progress in addressing needs.

Referral for Health Care and Support Services

Provider Qualifications

- There are no specific education or licensing requirements.
- Services may be provided informally by community health workers or support staff, or as part of an outreach program.
- However, services must be provided by persons who possess a comprehensive knowledge of:
  - Services and benefits available in the local area
  - HIV and related issues

Referral for Health Care and Support Services

Staff Orientation and Training

Initial staff training must include:

- General HIV knowledge, such as transmission, care, and prevention
- Privacy requirements and HIPAA regulations
- Navigation of the local system of HIV care, including ADAP

Referral for Health Care and Support Services

Initial Screening

- In addition to making a referral as requested by the client, providers in this service category must work with the client to screen for other service needs.
- Referrals should be made to all appropriate services within 30 days of initial orientation to this service category.
- Referrals should be provided via warm handoff when possible.

Referral for Health Care and Support Services

Follow-up

- Staff must follow-up with the client to assess the client's progress in addressing their needs.
- Follow-up appointments should include referrals to any additional services needed as determined during the session.

Referral for Health Care and Support Services

Documentation Requirements

- Missed appointments
- Rescheduling attempts
- Referrals made
- Benefits counseling
- Follow-up efforts and outcomes

Linguistic Services

Linguistic Services HRSA Definition

Linguistic Services provide interpretation and translation services to eligible clients. These services must be provided by qualified linguistic services providers as a component of HIV service delivery between the healthcare provider and the client. These services are to be provided when such services are necessary to facilitate communication between the provider and client and/or support delivery of other HCP services.

Linguistic Services Key Activities

Key activities of Linguistic Services include:

- Oral interpretation of conversations between clients and providers in the client's preferred language, and
- Written translation of documents to the client's preferred language whenever possible, including posted materials relevant to HIV services.
  - When an agency does not have capacity to translate written materials to a language not typically spoken in their jurisdiction, oral translation of these documents may be provided instead.

Linguistic Services Key Activities

- Linguistic services may be provided in group or individual settings
- Funds may also be used to pay for translating printed materials.
- Interpretation services may be provided by language lines.

Linguistic Services Provider Qualifications

- All services must be provided by trained and qualified individuals holding appropriate American Translators Association certification, State of California Court Interpreter certification, or local certification.
- Providers may utilize commercial interpretation services if existing staff are unable to perform these functions.

Linguistic Services Staff Orientation and Training

Initial staff training must include:

- General HIV knowledge, such as transmission, care, and prevention
- Privacy requirements and HIPAA regulations

Linguistic Services Documentation Requirements

- All client contacts and other information pertinent to services (including languages available and utilized) must be recorded in the client chart and documented in ARIES.

Other Professional Services

Other Professional Services HRSA Definition

Other Professional Services allow for 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. Such services may include:

(NOTE: CDPH-OOA has added some items to the HRSA-defined list!)

Other Professional Services HRSA Definition

- ***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), as well as legal assistance in obtaining health insurance coverage and challenging unlawful termination or denial of health insurance benefits*
  - *Eviction prevention, tenant/landlord disputes, or other housing concerns resulting from HIV discrimination or other issues arising from HIV disease*
  - *Assisting transgender clients with name changes, documentation, health insurance discrimination, and other related issues in order to facilitate HIV-related care*

Other Professional Services HRSA Definition

- ***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:*
  - *Interventions necessary to ensure access to eligible benefits, including discrimination or breach of confidentiality litigation as it relates to services eligible for funding under HCP*
  - *Client representation in HIV-related conservatorship cases*
  - *Preparation of:*
    - *Healthcare power of attorney*
    - *Advance healthcare directives*
    - *Durable powers of attorney*
    - *Living wills*

Other Professional Services HRSA Definition

- ***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*
- ***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*

Other Professional Services Unallowable Services

Services not allowed in this category are:

- Criminal cases where the issue is not related to HIV
- Class action suits unless related to access to services eligible for funding under the Ryan White HIV/AIDS Program
- Civil cases not related to HIV, such as divorces or other disputes

Other Professional Services Provider Qualifications

- Other Professional Services must be provided by professionals licensed and registered for these services in the State of California.
- Legal services must be coordinated, supervised, and provided by an attorney licensed by the state of California and members in good standing with the State Bar of California.
- Other professional and non-professional staff may provide legal services appropriate for their level of training/education under the supervision of a staff attorney.
  - These may include, but are not limited to:
    - Licensed volunteer attorneys
    - Law school graduates
    - Law students
    - Other legal professionals

Other Professional Services Documentation Requirements

- A case file should be maintained for each client.
- All client contacts, services, and referrals made must be recorded in the client file
- Privileged information should be kept in a separate file.
- Additional information recorded in the client file must include:
  - Verification of client eligibility;
  - A description of how the legal services are necessitated by the HIV status of the client;
  - Types of services provided; and
  - Hours spent in provision of such services.

Early Intervention Services

Early Intervention Services HRSA Definition

Early Intervention Services (EIS) for Part B is designed to identify individuals who are living with HIV and link them into care as quickly as possible. This is done through: outreach, counseling and testing, and information and referral. The elements of EIS often overlap with other service category descriptions; however, EIS is the combination of such services rather than a stand-alone service.

Early Intervention Services Key Activities

EIS *must* include all of the following four components. All of these components must be available, even if not directly provided by the HCP contractor or provider:

- **Targeted HIV testing**
  - Services must be coordinated with other HIV prevention and testing programs to avoid duplication
  - Testing paid for by EIS cannot take the place of testing efforts that could be paid for by other sources
- **Referral services** to improve HIV care and treatment services at key points of entry
- **Access and linkage** to HIV care and treatment services
- **Outreach Services and Health Education/Risk Reduction** related to HIV diagnosis

Early Intervention Services Priority Populations

- All EIS activities must be geared to priority populations, which should be identified by using surveillance and continuum of care data.

Early Intervention Services Provider Qualifications

- There are no minimum educational standards for EIS staff. Regardless of education/training, staff should be experienced in some or all of the following:
  - Outreach
  - HIV counseling and testing
  - Prevention case management
  - HIV case management
  - Health education

Early Intervention Services Provider Qualifications

- All EIS staff must be trained and knowledgeable about HIV, and familiar with available HIV resources in the area. They should have good communication skills and ideally be culturally and linguistically competent for the community served. Staff providing HIV testing must comply with all CA State rules and regulations, including:
  - Meeting state requirements for qualifications and/or certification
  - Obtaining informed consent
  - Appropriate test kit training and proficiency testing
  - Case reporting
  - Documentation

Early Intervention Services Staff Orientation and Training

Initial staff training must include:

- General HIV knowledge, including HIV transmission, care, and prevention
- HIV counseling and testing
- Privacy requirements and HIPAA regulations
- Navigation of the local HIV system of care, including access to PEP and PrEP
- Cultural sensitivity/competency trainings related to the delivery of HIV services

Early Intervention Services One-time / short-term basis

- EIS can be provided on a one-time-only or short-term basis only; longer-term services should be provided through other service categories.
- If EIS staff continue to have contact with the client following these initial services, the client must be screened for eligibility as described in the Common Standards of Care and transitioned to a different service category.

Early Intervention Services
HIV testing

- HCP will only fund HIV testing that is in compliance with OA Prevention Branch guidance.

Early Intervention Services Outreach

Outreach in the EIS category must:

- Utilize local HIV surveillance data to locate individuals who have not yet been linked to care
- Focus on priority populations known to be at disproportionate risk based on local epidemiologic data, including partners of people living with HIV

Early Intervention Services Client monitoring

- While EIS is intended to be short-term, staff should follow-up on referrals and linkages within 10 days to verify the client has been established in that service.
- At least three attempts should be made to verify linkage to the service before considering the client lost to follow up.
- Once successful linkage is verified, future follow-up should be conducted by other providers or under a different service category.
- These efforts must documented.

Early Intervention Services Documentation Requirements

- HIV testing, according to State of CA rules
- Referrals
- Partner Services
- Client follow-up/linkage

Outreach Services

Outreach Services
HRSA Definition

Outreach Services include the provision of the following three activities:

- *Identification of people who did not previously know they were living with HIV, and linkage into medical care*
- *Provision of additional information and education on health care coverage options*
- *Reengagement of people who already know they are living with HIV into medical care*

Outreach Services Program Guidance

Outreach programs must be:

- Conducted at times and in places where identified priority populations are likely to be present. Priority populations should be identified by using surveillance and continuum of care data.
- Planned and delivered in coordination with other local and state HIV prevention outreach and care programs in order to avoid duplication of effort.

Outreach Services Unallowable Activities

Outreach Services **may not:**

- Be used to pay for HIV counseling or testing
- Be used for outreach activities that exclusively promote HIV prevention education
- Be used for broad outreach activities, such as providing leaflets at a subway stop or posters at bus shelters
- Supplant funding for outreach activities funded by the CDC or other federal, state, or local sources

Outreach Services Provider Qualifications

- There are no minimum educational standards. All Outreach Services staff must be trained and knowledgeable about HIV and familiar with available HIV resources in the area. They should have good communication skills, and be culturally and linguistically competent.
- Regardless of education/training, staff should be aware of the demographics in the service area, and trained and experienced in the following:
  - Outreach
  - HIV transmission and prevention
  - Local HIV service delivery system
  - Motivational interviewing

Outreach Services
Staff Orientation and Training

Initial staff training must include:

- General HIV knowledge, such as transmission, care, and prevention
- Privacy requirements and HIPAA regulations
- Navigation of the local HIV system of care including HOPWA and ADAP

Outreach Services Documentation Requirements

- **Services must be quantifiable:** Providers should obtain client information and keep a record of each contact, including information/education provided and any referrals or linkages.

Health Education / Risk Reduction

Health Education/Risk Reduction HRSA Definition

Health Education/Risk Reduction is the provision of education to clients living with HIV about HIV transmission and how to reduce the risk of HIV transmission. It includes counseling and sharing information about medical and support services with clients living with HIV to improve their health status. Topics covered may include:

- *Education on risk reduction strategies to reduce transmission such as PrEP for clients' partners and treatment as prevention*
- *Education on health care coverage options*
- *Health literacy*
- *Treatment adherence education*

Health Education/Risk Reduction Key Activities

- Health Education/Risk Reduction may be provided in individual and group settings.
- These programs should be delivered only to clients; affected individuals (partners and family members not living with HIV) are not eligible unless receiving services concurrently with the client.
- Health Education/Risk Reduction may NOT be delivered anonymously.

Health Education/Risk Reduction Provider Qualifications

- There are no minimum educational standards for Health Education/Risk Reduction staff.
- All Health Education/Risk Reduction staff must be trained and knowledgeable about HIV and familiar with available HIV resources in the area. They should have good communication skills and be culturally competent.
- Regardless of education/training, staff should be experienced in all of the following:
  - Health education/risk reduction strategies and best practices
  - HIV transmission and prevention
  - Local HIV service delivery system, especially medical and support services and counseling

Health Education/Risk Reduction Staff Orientation and Training

Initial staff training must include:

- General HIV knowledge, such as transmission, care, and prevention
- Privacy requirements and HIPAA regulations
- Navigation of the local HIV system of care including ADAP

Health Education/Risk Reduction Documentation Requirements

- Referrals for medical and support services
- Client receiving services (not anonymous)

Medical Transportation

Medical Transportation HRSA Definition

Medical Transportation is the provision of nonemergency transportation services that enables an eligible client to access or be retained in core medical and support services.

Medical Transportation Key Activities

Medical Transportation services may be provided through:

- **Contracts with providers** of transportation services
- **Voucher or token** systems for ride-limited vouchers (i.e. not monthly unlimited passes) except in cases where it can be demonstrated that a monthly pass would be more cost-effective to enable access to medical and support services

Medical Transportation Key Activities

Medical Transportation services may be provided through:

- **Mileage reimbursement** (through a non-cash system) that enables clients to travel to needed medical or other support services
  - Reimbursement should NOT exceed the established rates for federal programs
- **Purchase or lease of organizational vehicles** for client transportation programs
  - The recipient must receive prior approval from OA and HRSA for the purchase of a vehicle
- **Organization and use of volunteer drivers**
  - Programs must specifically address insurance and other liability issues

Medical Transportation Unallowable Activities

Unallowable costs include:

- Direct cash payments or cash reimbursements to clients
- Direct maintenance expenses (tires, repairs, etc.) of a privately-owned vehicle
- Monthly unlimited public transportation passes, except in cases where it can be demonstrated and a necessary and more cost-effective option
- Any other costs associated with a privately-owned vehicle such as lease, loan payments, insurance, license, or registration fees

Medical Transportation Fiscal Management

There are additional requirements when utilizing vouchers, gas cards, taxi tokens, or bus tickets or passes.

- Providers must ensure that vouchers or store gift cards cannot be exchanged for cash or used for anything other than the allowable goods or services.
- General-use prepaid cards are considered equivalent to cash and are therefore unallowable. Gift cards that are cobranded with the logo of a payment network and the logo of a merchant or affiliated group of merchants are general-use prepaid cards, not store gift cards, and therefore are unallowable.

Medical Transportation Fiscal Management

There are additional requirements when utilizing vouchers, gas cards, taxi tokens, or bus tickets or passes.

- Providers must have systems in place to account for disbursed vouchers. The systems must track: client's name, staff person who distributed the voucher, date of the disbursement, voucher dollar amount, voucher serial number, and confirmation that the client went to their medical or support services appointment.
- Providers should only buy vouchers in amounts that are reasonable for use in the contract year. In no case should use of vouchers lead to monies being held over to future contract years.

Medical Transportation Provider Qualifications

There are no minimum educational standards. Agency staff providing medical transportation must:

- Have a valid California Driver's License with any endorsements required by California law (e.g., passenger endorsement if driving vehicles designed for >10 passengers)
- Hold the minimum required amount of automobile insurance as required by law, and be enrolled in the Employer Pull Notice program and affiliated with the agency's requester code.

Medical Transportation Staff Orientation and Training

Initial staff training must include:

- General HIV knowledge, including HIV transmission
- Universal precautions
- Privacy requirements

Initial and ongoing safety training must also be provided, including:

- Emergency equipment
- Defensive driving
- CPR and first aid (renewed every two years)
- Pre-trip inspections

Medical Transportation Vehicles

- Any agency or staff vehicles used for client transportation must be registered, insured, and in safe operating condition.
- They must be equipped with seat belts and other safety equipment as appropriate.
- **Children:** If children are transported, child safety seats must be provided and all staff and volunteers transporting children must be trained on how to properly install and use the seat. Seat type, installation, and use must comply with California state law.
- **Disabled clients:** Disabled clients must be transported in ADA-compliant vehicles, and all staff and volunteers transporting clients with disabilities must be trained on how to properly and safely transport these clients.

Medical Transportation Mileage Reimbursement

- Clients using their own vehicle to access HIV-related medical or support services may receive gas vouchers to help defray the cost.
- Clients must keep a record of trips to be reimbursed, including mileage and purpose.
- Reimbursement may NOT be provided by cash (or equivalent), nor exceed the established rates for federal programs as described in the Federal Travel Regulations.
- The following expenses are not eligible for reimbursement:
  - Parking
  - Tires, vehicle maintenance, or repairs
  - Lease or loan payments
  - Insurance
  - License or registration fees

Medical Transportation Documentation Requirements

- Safety training for drivers (initial and ongoing)
- Voucher disbursements
- Mileage and purpose of trips for reimbursement

Food Bank / Home-Delivered Meals

Food Bank / Home-Delivered Meals

HRSA Definition

Food Bank/Home-Delivered Meals refers to the provision of actual food items, hot meals, or vouchers to purchase food. This also includes the provision of essential non-food items. Nutritional services and nutritional supplements provided by a registered dietitian are considered a core medical service, covered under the Medical Nutrition Therapy standard.

Food Bank / Home-Delivered Meals

Allowable costs

Allowable costs in this category include:

- Food items
- Hot meals
- Vouchers used to purchase food
- Nutritional supplements, such as Ensure, may only be used in addition to food and not as the only offering to a client.

Allowable essential non-food items are limited to the following:

- Personal hygiene products
- Household cleaning supplies
- Water filtration/purification systems in communities where water safety issues exist

Food Bank / Home-Delivered Meals
Unallowable costs

Unallowable costs in this category include:

- Household appliances
- Pet food
- Alcohol, tobacco, or cannabis products
- Clothing
- Other non-essential products
- Cash payments to clients
- The provision of food is essential to well-being and must be based on need. It should not be used as an incentive to motivate clients to attend on-going appointments or take medication.

Food Bank / Home-Delivered Meals

Fiscal management

- Providers must have systems in place to account for disbursed vouchers.
- The systems must track the client's name, the staff person who distributed the voucher, the date of the disbursement, and serial number and the voucher dollar amount.
- These data elements can be tracked on the ARIES Services screen if no other tracking system is available.

Food Bank / Home-Delivered Meals Provider Qualifications

- There are no minimum educational standards. Staff preparing food must be familiar with safe food handling practices and meet any federal, state, or local requirements around food preparation.

Food Bank / Home-Delivered Meals
Staff Orientation and Training

Initial staff training must include:

- Safe food handling procedures
- Confidentiality
- Knowledge of key points of entry for other Ryan White services

Food Bank / Home-Delivered Meals Agency Requirements

- Any agency providing Food Bank/Home-Delivered Meals must comply with federal, state, and local regulations, including any required licensure or certification for the provision of food bank services and/or home-delivered meals. Where applicable, this also includes adherence to any necessary food handling standards or inspection requirements.

Food Bank / Home-Delivered Meals Documentation Requirements

- Screening for eligibility
- Orientation
- Referrals of ineligible clients to other food services

Medical Nutrition Therapy

Medical Nutrition Therapy HRSA Definition

Medical Nutrition Therapy, including nutritional supplements, is provided by a licensed, registered dietitian outside of an Outpatient/Ambulatory Health Services visit. Food may be provided pursuant to the recommendation of a health care professional (i.e., physician, physician assistant, nurse practitioner) with a nutritional plan developed by a licensed, registered dietician.

…

Medical Nutrition Therapy HRSA Definition

Nutritional counseling services and nutritional supplements not provided by a licensed, registered dietician shall be considered a support service and be reported under Psychosocial Support Services and Food Bank/Home-Delivered Meals, respectively. Food not provided pursuant to a health care professional's recommendation and nutritional plan developed by a licensed, registered dietician should also be considered a support service and is reported under Food Bank/Home Delivered Meals.

Medical Nutrition Therapy Key Activities

Key activities of Medical Nutrition Therapy include:

- Nutrition assessment and screening;
- Dietary/nutritional evaluation and development of a nutritional plan at the first visit;
- Food and/or nutritional supplements per medical provider's recommendation; and
- Nutrition education and/or counseling.

Medical Nutrition Therapy Provider Qualifications

Medical Nutrition Therapy services are provided by dietitians licensed and registered in the State of California.

Providers should be trained and knowledgeable in HIV-related issues.

Medical Nutrition Therapy Staff Orientation and Training

Initial staff training must include:

- General HIV knowledge, such as transmission, care, and prevention
- Privacy requirements and HIPAA regulations
- Navigation of the local HIV system of care including ADAP

Medical Nutrition Therapy Initial Appointments

- Appointments must occur no later than 30 calendar days after the first client referral, but should be scheduled sooner whenever possible.
- As clients may miss appointments, agencies must have a process in place to ensure timely follow up with clients, preferably within 24 hours.
- Missed appointments and case management attempts at rescheduling must be documented in the file.

Medical Nutrition Therapy Initial Assessments

- The Medical Nutrition Therapy provider must conduct a comprehensive face-to-face assessment within 30 days of referral.
- The nutritional assessment will describe the client's current status and inform the nutritional plan.
- Assessment of the client's nutritional status should use a validated tool, such as the HIV/AIDS Evidence-based Toolkit from the Academy of Nutrition and Dietetics.

Medical Nutrition Therapy Nutritional Plans

- Medical Nutrition Therapy providers must develop an individualized treatment plan
- The nutritional plan should be reviewed at each appointment, and revised when indicated or at least every six months.

Medical Nutrition Therapy Documentation Requirements

- Missed appointments
- Rescheduling attempts
- Physician's recommendation if food or nutritional supplements are to be provided
- Assessment findings
- Services provided, including any supplements and/or food provided

Mental Health Services

Mental Health Services HRSA Definition

Mental health services are outpatient psychological and psychiatric treatment and counseling services for individuals living with HIV who have mental illness. They are conducted in an outpatient group, couple/family, or individual setting and provided by a mental health professional licensed or authorized within California to render such services. Such professionals typically include psychiatrists, psychologists, and licensed clinical social workers. Services such as support groups provided by non-mental health professionals should be reported under Psychosocial Support Services.

Mental Health Services
Key Activities

Key activities of Mental Health Services include:

- Initial assessment of the client's service needs;
- Development of a comprehensive, individualized treatment plan, including client-centered goals and milestones;
- Treatment provision in individual, family, and/or group settings, crisis intervention, and psychiatric consultation;
- Referral/coordination/linkages with other providers to ensure integration of services and better client care;
- Re-assessment and re-evaluation of the treatment plan at least every six months with revisions and adjustments as necessary; and
- Development of follow-up plans.

Mental Health Services Substance Use

Clients who otherwise qualify for RWHAP Part B services may not be denied services on the basis of current substance use.

Mental Health Services Provider Qualifications

Professional diagnostic and therapeutic services under this service category must be provided by practitioners holding appropriate, current, and valid California licensure or certification, including:

- Psychiatrists
- Psychologists
- Psychiatric Nurse Specialists/Practitioners
- Marriage and Family Therapists (MFT)
- Licensed Clinical Social Workers (LCSW)

Mental Health Services Provider Qualifications

Other professional and non-professional (“waivered”) staff may provide services appropriate for their level of training/education as part of a care team under the supervision of a licensed or certified clinician.

Other professional staff include but are not limited to:

- Interns
- Assistants
- Fellows
- Associates

Non-professional staff include but are not limited to:

- Peer Navigators
- Trainees
- Community Health Workers

Mental Health Services Staff Orientation and Training

Initial staff training must include:

- General HIV knowledge, such as transmission, care, and prevention
- Privacy requirements and HIPAA regulations
- Navigation of the local HIV system of care

Mental Health Services
Initial Appointments

- Initial intake appointments should occur within 10 days of first referral to assess immediate needs; full comprehensive, face-to-face mental health needs assessments must occur no later than 30 calendar days after first client referral and should be scheduled sooner whenever possible.
- As clients may miss appointments, agencies must have a process in place to ensure timely follow up with clients, preferably within 24 hours.
- Missed appointments and case management attempts at rescheduling must be documented in the file.

Mental Health Services Treatment Plans

- An individualized treatment plan must be developed during the initial assessment and re-evaluated at least every six months with adaptations as needed.

Mental Health Services Treatment Plans

Mental health providers developing an individualized treatment plan should ensure that the plan, at a minimum:

- Incorporates client input
- Identifies and prioritizes the client's mental health care needs
- Includes a statement of the problems, diagnoses, symptoms, or behaviors to be addressed in treatment
- Sets realistic and measurable goals, objectives, and timelines based on client needs identified by the client and mental health team

…

Mental Health Services Treatment Plans

Mental health providers developing an individualized treatment plan should ensure that the plan, at a minimum:

- Identifies interventions, modalities, and resources to attain the goals and objectives, including referral and linkage to other relevant providers
- Details frequency and expected duration of services
- Is signed and dated by the provider unless documented via the Care Plan in ARIES (in which case the responsible staff person should be indicated in the record)

Mental Health Services Documentation Requirements

- Completed individualized treatment plans must be signed and dated by a provider; “waivered” staff must obtain signature of supervising clinicians where required under California law.

Mental Health Services Documentation Requirements

- Missed appointments
- Rescheduling attempts
- Assessment findings
  - All client contacts, findings, procedures, diagnoses, education, and other information pertinent to client care must be recorded in the client chart.
- Referrals of ineligible clients or to external services (including specialized care)

Substance Abuse Outpatient Care

Substance Abuse Outpatient Care Language

For clarity and consistency, the service category referenced throughout this document is Substance Abuse Outpatient Care, per PCN #16-02. However, in all other cases, HCP utilizes 2016 White House Office on National Drug Control Policy (ONDCP) language, including “substance use disorder” instead of “substance abuse.”

Substance Abuse Outpatient Care

HRSA Definition

Substance Abuse Outpatient Care is the provision of outpatient services for the treatment of drug or alcohol use disorders.
Services include:

- *Screening*
- *Assessment*
- *Diagnosis and/or treatment of substance use disorder, including:*
  - *Pretreatment/recovery readiness programs*
  - *Harm reduction*
  - *Behavioral health counseling associated with substance use disorder*
  - *Outpatient drug-free treatment and counseling*
  - *Medication assisted therapy*
  - *Neuro-psychiatric pharmaceuticals*
  - *Relapse prevention*

Substance Abuse Outpatient Care Key Activities

Key activities of Substance Abuse Outpatient Care include:

- Initial assessment of the client's service needs;
- Recovery readiness determination and relapse prevention strategies;
- Harm reduction including syringe access;
- Development of a comprehensive, individualized treatment plan including client-driven goals and milestones;

…

Substance Abuse Outpatient Care Key Activities

Key activities of Substance Abuse Outpatient Care include:

- Treatment provision, such as:
  - Behavioral health counseling in individual, family, and/or group settings
  - Crisis intervention
  - Medication-assisted therapy, including the use of disulfiram, acamprosate, naltrexone, methadone, buprenorphine, and others
  - Relapse prevention

…

Substance Abuse Outpatient Care Key Activities

Note: buprenorphine services may also be provided under the Outpatient/Ambulatory Health Services category if preferred.

Substance Abuse Outpatient Care Key Activities

Key activities of Substance Abuse Outpatient Care include:

- Referral/coordination/linkages with other providers to ensure integration of services and better client care;
- Re-evaluation of the treatment plan with the client at least every six months with revisions and adjustments as necessary; and
- Development of follow-up plans.

Substance Abuse Outpatient Care Key Activities

- **Acupuncture therapy** may be allowable under this service category only when it is included in an individualized treatment plan as part of a substance use disorder treatment program funded under the RWHAP.
- **Syringe access services** are allowable for HCP clients to the extent that they comport with current appropriations law and applicable US Health and Human Services guidance, including HRSA/ HAB-specific guidance. Syringes may not be purchased using Ryan White funds. Jurisdictions wishing to use RWHAP funds for syringe access services should consult with HCP.

Substance Abuse Outpatient Care Provider Qualifications

Professional diagnostic, therapeutic, and other treatment services under this service category must be provided by practitioners holding appropriate and valid California licensure or certification, including:

- Physicians (including Psychiatrists)
- Psychologists
- Nurse Specialists/ Practitioners
- Marriage and Family Therapists (MFT)
- Licensed Clinical Social Workers (LCSW)
- California Alcohol and Drug Abuse Counselors (CADAC)
- Acupuncturists

Substance Abuse Outpatient Care Provider Qualifications

Other professional and non-professional ("waivered") staff may provide services appropriate for their level of training/education as part of a care team under the supervision of a licensed or certified clinician.

Other professional staff include but are not limited to:

- Interns
- Assistants
- Fellows
- Associates

Non-professional staff include but are not limited to:

- Peer Navigators
- Trainees
- Community Health Workers

Substance Abuse Outpatient Care Staff Orientation and Training

Initial staff training must include:

- General HIV knowledge such as transmission, care, and prevention.
- Trauma and stigma for people living with HIV, and the effect of trauma and stigma on care/relapse
- Harm reduction principles and strategies
- Overdose education and prevention
- Privacy requirements and HIPAA regulations
- Navigation of the local system of HIV care

Substance Abuse Outpatient Care Recommended Best Practices

While not specifically required, other best practices recommended for this service include:

- Provision of low-threshold services; agency guidelines should avoid abstinence requirements tied to service provision
- Use of peer-based support strategies
- Use of a trauma-informed approach
- Use of reminder systems and flexible policies regarding missed appointments

Substance Abuse Outpatient Care
Initial Appointments

- Initial in-person contact (e.g., intake, initial screening, and scheduling of a full assessment) must occur no more than five business days after first client referral and must address immediate needs.
- Full assessments may occur later but no more than 30 calendar days after the initial in-person contact.

Substance Abuse Outpatient Care Treatment Plans

- Substance use disorder providers must develop an individualized treatment plan for each client within 30 calendar days of the initial assessment
- Treatment plans must be re-evaluated at least every six months thereafter, with adaptations as needed
- Plans must detail frequency and expected duration of services
- Plans must be signed and dated by the provider unless documented via the Care Plan in ARIES

Substance Abuse Outpatient Care Documentation Requirements

- Missed appointments
- Rescheduling attempts
- Assessment findings
  - All client contacts, findings, procedures, diagnoses, education, and other information pertinent to client care must be recorded in the client chart.
- Referrals of ineligible clients or to external services

Substance Abuse Services (residential)

Substance Abuse Services (residential) Language

For clarity and consistency, the service category referenced throughout this document is “Substance Abuse Services (residential)”, per PCN #16-02. However, in all other cases, HCP utilizes 2016 White House Office on National Drug Control Policy (ONDCP) language, including “substance use disorder” instead of “substance abuse.”

Substance Abuse Services (residential)

HRSA Definition

Substance Abuse Services (residential) is the provision of services for the treatment of drug or alcohol use disorders in a residential setting to include screening, assessment, diagnosis and treatment of substance use disorder. Services include:

- *Screening*
- *Assessment*
- *Diagnosis and/or treatment of substance use disorder, including:*
  - Pretreatment/recovery readiness programs
  - Harm reduction
  - Behavioral health counseling associated with substance use disorder
  - Medication-assisted therapy
  - Neuro-psychiatric pharmaceuticals
  - Relapse prevention
  - Detoxification, if offered in a separate licensed residential setting (including within the walls of an inpatient medical or psychiatric hospital)

Substance Abuse Services (residential)

Key Activities

Key activities of Substance Abuse Services (residential) include:

- Short-term room and board to support treatment of substance use disorder;
- Initial assessment of the client's service needs;
- Pretreatment/recovery readiness programs and relapse prevention strategies;
- Harm reduction, including syringe access;
- Development of an individualized treatment plan with client-driven goals and milestones;

Substance Abuse Services (residential)

Key Activities

Key activities of Substance Abuse Services (residential) include:

- Treatment provision, such as:
  - Behavioral health counseling in individual, family, and/or group settings
  - Crisis intervention
  - Medication-assisted therapy, including the use of disulfiram, acamprosate, naltrexone, methadone, buprenorphine, and others
  - Relapse prevention
  - Acupuncture, as part of a documented plan and with referral from primary care provider …

Substance Abuse Services (residential)

Key Activities

Key activities of Substance Abuse Services (residential) include:

- Referrals to detoxification services;
- Coordination/linkages with other providers to ensure integration of services and better client care;
- Re-evaluation of the treatment plan with the client at least every six months with revisions and adjustments as necessary; and
- Development of follow-up and discharge plans.

Substance Abuse Services (residential)

Provider Qualifications

Professional diagnostic, therapeutic, and other treatment services under this service category must be provided by practitioners holding appropriate and valid California licensure or certification, including:

- Physicians (including Psychiatrists)
- Psychologists
- Nurse Specialists/ Practitioners
- Marriage and Family Therapists (MFT)
- Licensed Clinical Social Workers (LCSW)
- California Alcohol and Drug Abuse Counselors (CADAC)
- Acupuncturists

Substance Abuse Services (residential)

Provider Qualifications

- At least 30% of program staff providing counseling services in a substance use treatment program must be licensed or certified pursuant to the requirements of California Code of Regulations, Title 9, Division 4, Chapter 8

Substance Abuse Services (residential)

Provider Qualifications

Other professional and non-professional (“waivered”) staff may provide services appropriate for their level of training/education as part of a care team under the supervision of a licensed or certified clinician.

Other professional staff include but are not limited to:

- Interns
- Assistants
- Fellows
- Associates

Non-professional staff include but are not limited to:

- Peer Navigators
- Trainees
- Community Health Workers

Substance Abuse Services (residential)

Staff Orientation and Training

Initial staff training must include:

- General HIV knowledge such as transmission, care, and prevention.
- Trauma and stigma for people living with HIV, and the effect of trauma and stigma on care/relapse
- Harm reduction principles and strategies
- Overdose education and prevention
- Privacy requirements and HIPAA regulations
- Navigation of the local system of HIV care including ADAP

Substance Abuse Services (residential)

Recommended Best Practices

While not specifically required, other best practices recommended for this service include:

- Provision of low-threshold services; agency guidelines should avoid abstinence requirements tied to service provision
- Use of peer-based support strategies
- Use of a trauma-informed approach

Substance Abuse Services (residential)

Treatment Plans

- An individualized treatment plan must be developed upon the client's admission, and re-evaluated at least every 90 days thereafter or more frequently if needed.

Substance Abuse Services (residential)

Documentation Requirements

- Assessment findings
  - All client contacts, findings, procedures, diagnoses, education, and other information pertinent to client care must be recorded in the client chart.
- Referrals of clients to external services (including specialized care)

Outpatient / Ambulatory Health Services

Outpatient / Ambulatory Health Services

HRSA Definition

Outpatient/Ambulatory Health Services are diagnostic and therapeutic services provided directly to a client by a licensed healthcare provider in an outpatient medical setting. Outpatient medical settings include clinics, medical offices, and mobile vans where clients do not stay overnight. Emergency department or urgent care services are not considered outpatient settings.

Outpatient / Ambulatory Health Services

HRSA Definition

Treatment Adherence services provided during an Outpatient/Ambulatory Health Service visit should be reported under the Outpatient/Ambulatory Health Services category, whereas Treatment Adherence services provided during a Medical Case Management visit should be reported in the Medical Case Management service category.

Outpatient / Ambulatory Health Services

Key Activities

Allowable activities in this service category include:

- Medical history taking
- Physical examination
- Diagnostic testing, including laboratory testing
- Treatment and management of physical and behavioral health conditions
- Behavioral risk assessment, subsequent counseling, and referral

Outpatient / Ambulatory Health Services

Key Activities

Allowable activities in this service category include:

- Preventive care and screening
- Pediatric developmental assessment
- Prescription and management of medication therapy
- Treatment adherence
- Education and counseling on health/prevention issues
- Referral to / provision of specialty care re HIV diagnosis
- Continuing care and management of chronic conditions

Outpatient / Ambulatory Health Services

Provider Qualifications

Professional diagnostic and therapeutic services under this service category must be provided by one of the following clinicians licensed by the State of California and operating within the scope of their license:

- Physicians (MD/DO)
- Physician's Assistant (PA)
- Nurse Practitioner (NP)

Outpatient / Ambulatory Health Services

Provider Qualifications

Other professional and non-professional staff may provide services appropriate for their level of training, education, and licensure as part of a care team in coordination with or under the supervision of a clinician in a manner consistent with State of California requirements for licensure or certification. These staff may include, but are not limited to:

- Nurses (RN, LVN/LPN)
- Medical assistants (MA)
- Pharmacists
- Pharmacy assistants

Outpatient / Ambulatory Health Services

Provider Qualifications

Any non-clinician staff providing services must be (1) supervised by a clinician; (2) hold current licensure as required by the State of California when applicable; (3) provide services appropriate for their level of training/education; and (4) be trained and knowledgeable about HIV.

Outpatient / Ambulatory Health Services

Staff Orientation and Training

Initial staff training must include:

- General HIV knowledge, such as transmission, care, and prevention
- HIV counseling and testing
- Privacy requirements and HIPAA regulations
- Navigation of the local HIV system of care

Outpatient / Ambulatory Health Services

Initial Appointments

- Appointments must occur no later than 10 calendar days after the first client request or referral from another provider, but should be scheduled sooner whenever possible.
- In order to facilitate rapid initiation of antiretroviral therapy, persons newly diagnosed with HIV should have their first appointment occur within 24 hours of diagnosis.
- Non-urgent appointments and appointments for existing patients must be scheduled as soon as feasible, but no more than 60 days after client request in order to minimize the need for urgent or emergency services, or the interruption of services.

Outpatient / Ambulatory Health Services

Documentation Requirements

- Missed appointments
- Rescheduling attempts
- Referrals of clients to external services (including specialized care)
- Assessment findings
  - All client contacts, findings, procedures, diagnoses, education, and other information pertinent to client care must be recorded in the client chart.

Housing Services

Housing Services
HRSA Definition

Housing services provide transitional, short-term, or emergency housing assistance (including hotel/motel vouchers) to enable a client or family to gain or maintain outpatient/ambulatory health services and treatment.

- **Note**: This standard pertains to the service category of Housing and does not address the additional requirements for those providing services under the Housing Plus Project.

Housing Services
HRSA Definition

Transitional, short-term, or emergency housing provides temporary assistance necessary to prevent homelessness and increase stability for clients, allowing them to gain or maintain access to medical care.

Housing services must also include the development of an individualized housing plan, updated at least every six months, to guide the client's linkage to permanent housing.

Housing Services
HRSA Definition

Housing services also can include housing referral services; assessment, search, placement, and advocacy services; as well as payment of fees associated with these services. Providers must have written policies and procedures that indicate the percentages of a client's monthly rent they can pay through this program.

Housing Services
Key Activities

Allowable activities in this service category include:

- Housing that provides some type of core medical or support services, i.e:
  - Residential substance use disorder services
  - Residential mental health services
  - Residential foster care
  - Assisted living residential services
- Housing that does not provide direct core medical or support services, but is essential for a client or family to initiate or maintain access to and compliance with HIV-related outpatient/ambulatory care and treatment. This includes paying or supplementing rent. In some cases this can include hotel/motel vouchers (limited basis / part of transition plan).
- Housing referral services to other (non-HCP) housing programs

Housing Services Unallowable Activities

Housing services **may not:**

- Be used for mortgage payments
- Be in the form of direct cash payments to clients
- Be used for rental or security deposits. Such deposits are typically returned to clients as cash which would violate the prohibition on providing cash payments to clients.

Housing Services Provider Qualifications

- There are no minimum educational standards for Housing staff. Housing-related referrals must be provided by persons who possess a comprehensive knowledge of local, state, and federal housing programs and how to access these programs.

Housing Services
Staff Orientation and Training

Initial staff training must include:

- General HIV knowledge, such as transmission, care, and prevention
- Local housing resources including HOPWA
- Privacy requirements
- Navigation of the local HIV system of care including ADAP

Housing Services
Initial Appointments

- Initial Housing Services appointments should be made as soon as possible to avoid housing disruptions.
- Appointments must occur no later than 10 calendar days after the first client referral, which can be a self-referral.
- Subsequent non-urgent appointments must be scheduled as soon as feasible, but no more than 30 days after a request.

Housing Services Duration

- Services are intended to be temporary in nature.
- The U.S. Department of Housing and Urban Development (HUD) defines transitional housing as lasting up to 24 months.
- Providers may extend services beyond 24 months if necessary based on individual client assessment, which must include a transition plan to permanent housing with a concrete timeline.
  - The HCP Advisor must be made aware of such an instance.

Housing Services Reassessment

- The client's housing plan must be updated at least every six months.

Housing Services Documentation Requirements

- All client contacts, as well as services, referrals, and other assistance provided to clients in order to help them obtain housing must be recorded in the client chart.
  - If the client is not placed in housing that also provides some type of core medical or support services, the necessity of housing services to support treatment plan adherence must be documented.
  - Documentation must include confirmed appointments to HIV-associated medical care, whether provided through their housing services provider or externally.
- Agencies will be asked to submit a policy related to orientation of new clients in this service category; documentation of these orientations will be monitored via site visit observation, discussion, and/or chart review.

Oral Health Care

Oral Health Care
HRSA Definition

Oral Health Care includes outpatient diagnostic, preventive, and therapeutic services by dental health care professionals, including general dental practitioners, dental specialists, dental hygienists, and licensed dental assistants.

Oral Health Care
Key Activities

Allowable activities in this service category include:

- Medical history taking
- Comprehensive oral exam
- Development of an individualized treatment plan, including referral to advanced dental care as needed
- Diagnostic dental care
- Preventive dental care
- Therapeutic dental care
- Oral health education
- Coordination of care with primary care provider and other services

Oral Health Care Provider Qualifications

Professional diagnostic and therapeutic services under this service category must be provided by clinicians licensed by the Dental Board of California. Clinicians can include:

- General Dentists
- Endodontists
- Oral and Maxillofacial Surgeons
- Periodontists

Oral Health Care Provider Qualifications

Other professional and non-professional staff may provide services appropriate for their level of training/education, under the supervision of a clinician. These may include, but are not limited to:

- Dental Hygienists (RDH)
- Dental Assistants (RDA, RDAEF)
- Dental Students
- Dental Hygiene Students
- Dental Assistant Students

Oral Health Care Staff Orientation and Training

Initial staff training must include:

- General HIV knowledge, such as transmission, care, and prevention
- Diagnosis and assessment of HIV-related oral health issues
- Privacy requirements and HIPAA regulations
- Navigation of the local HIV system of care including dental insurance through ADAP

Oral Health Care
Initial Appointments

- Emergency or urgent appointments should be provided as soon as possible, on the same day if feasible.
- Initial non-urgent appointments must occur no later than 90 calendar days after the first client referral.
- Subsequent non-urgent appointments must be scheduled as soon as feasible, but no more than 30 days after request in order to minimize the need for urgent or emergency services.

Oral Health Care Documentation Requirements

- Development and revision of individualized treatment plans that meet the requirements laid out in the Standards will be monitored via review of client charts and/or electronic health records during site visits.
- Care plans may be uploaded to ARIES; however, this is not required. Documentation of care plan development per ARIES will be reconciled with the existence of care plans in patient charts during site visits, as applicable.

Oral Health Care Documentation Requirements

- Missed appointments
- Rescheduling attempts
- Referrals to external services, including specialty care
- Assessment findings
  - All client contacts, findings, procedures, diagnoses, education, and other information pertinent to client care must be recorded in the client chart.

Oral Health Care Documentation Requirements

- HCP will pay for Oral Health Care services for clients not eligible for Denti-Cal or where there are no Denti-Cal providers within 30 minutes or 15 miles of a client's residence or workplace. Providers must show adequate documentation of the time/distance exception.
  - Providers must submit documentation to HCP that clearly demonstrates the absence of providers in this time/distance range per a recent review of Denti-Cal providers listed on the DHCS website.

Hospice Services

Hospice Services
HRSA Definition

Hospice Services are end-of-life care services provided to clients in the terminal stage of an HIV-related illness. Allowable services are:

- *Mental health counseling*
- *Nursing care*
- *Palliative therapeutics*
- *Physician services*
- *Room and board*

Hospice Services
Key Activities

Hospice care is intended to be palliative, rather than curative. Key activities of Hospice Services include:

- Initial assessment of the client's service needs;
- Mental health counseling, including treatment and counseling provided by mental health professionals licensed or certified in CA;
- Nursing care;
- Palliative therapeutics including symptom and pain control;
- Specialized equipment and supplies for in-home hospice care;
- Physician services; and
- Room and board for residential hospice services.

Hospice Services Provider Qualifications

All staff will possess the appropriate and valid licensure or certification as required by the State of California to perform their duties, including:

- Physicians (including Psychiatrists)
- Physician Assistants (PA)
- Nurse Practitioners (NP)
- Psychologists
- Registered Nurse (RN)
- Licensed Vocational Nurse (LVN)
- Licensed Clinical Social Workers (LCSW)
- Certified Nursing Assistants
- Home Health Attendants

- ***NOTE:*** *Drugs and biologicals may only be administered by individuals licensed to do so.*

Hospice Services
Staff Orientation and Training

Initial staff training must include:

- General HIV knowledge, such as transmission, care, and prevention
- Privacy requirements and HIPAA regulations
- Skills to provide end of life care

Hospice Services
Initial Assessment

The hospice provider must conduct a comprehensive initial assessment for services. The needs assessment will describe the client's current status and inform the needs and services plan. The assessment should include:

- Age
- Health status and comorbidities
- HIV prevention needs
- Psychological needs
- Spiritual needs
- Need for pain management/palliative care
- Current medications
- Ambulatory status
- Cognitive assessment
- Family composition and status
- Special housing needs
- Level of independence
- Available resources

Hospice Services
Needs and Services Plan

- An individualized needs and services plan must be developed upon the client's admission, and re-evaluated at least every six months thereafter, as needed.
- Written certification from their physician stating that they are terminally ill and have a defined life expectancy of six months or less must be signed again at six months.

Hospice Services
Needs and Services Plan

Hospice providers developing an individualized treatment plan should ensure that the plan:

- Incorporates client input – including a client's right to refuse aspects of this service
- Only includes allowable activities
- Includes a statement of the problems or symptoms
- Details expected duration of services
- Ensures coordination of care, through collaboration with the client's service providers (medical provider, case manager, mental health specialist, spiritual advisor, etc.)
- Is signed and dated by the hospice provider, unless documented via the Care Plan in ARIES

Hospice Services Documentation Requirements

- Assessment findings
  - All client contacts, findings, procedures, diagnoses, education, and other information pertinent to client care must be recorded in the client chart.

Psychosocial Support Services

Psychosocial Support Services HRSA Definition

Psychosocial Support Services provide group or individual support and counseling services to assist eligible people living with HIV to address behavioral and physical health concerns.

CDPH-OOA addition:

Funds under this service category may not be used to pay for services provided by a licensed mental health provider (see Mental Health Services service category.)

Psychosocial Support Services Key Activities

Key activities of Psychosocial Support Services include:

- HIV support groups
- Nutrition counseling provided by a non-registered dietitian (see Medical Nutrition Therapy Services for services provided by Registered Dietitians)
- Child abuse and neglect counseling
- Pastoral care/counseling services
- Bereavement counseling

Psychosocial Support Services Provider Qualifications

- Psychosocial Support Services practitioners are not required to be licensed or registered in the State of California.
- Providers should be trained and knowledgeable in HIV-related issues.
- Individual supervision and guidance must be available to all staff as needed.

Psychosocial Support Services Provider Qualifications

Exception: Pastoral care/counseling services must be provided by an institutional pastoral care program (e.g., components of AIDS interfaith networks, separately incorporated pastoral care and counseling centers, or as a component of services provided by a licensed provider, such as a home care or hospice provider).

Psychosocial Support Services Staff Orientation and Training

Initial staff training must include:

- General HIV knowledge, such as transmission, care, and prevention
- Privacy requirements and HIPAA regulations
- Navigation of the local HIV system of care

Psychosocial Support Services Initial Appointments

- Appointments must occur no later than 30 calendar days of first client referral, but should be scheduled sooner whenever possible.
- As clients may miss appointments, agencies must have a process in place to ensure timely follow up with clients, preferably within 24 hours.
- Missed appointments and case management attempts at rescheduling must be documented in the file.

Psychosocial Support Services Documentation Requirements

- Missed appointments
- Rescheduling attempts
- Presence of a written individual service plan for high-acuity clients outlining each client's needs and progress, including documentation of services provided.
- (If applicable) Documentation that the pastoral care/counseling program is provided by an institutional pastoral care program and that the program is available to all HCP-eligible clients without regard to religious affiliation.

Questions??

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