

UNIVERSAL STANDARDS

IMPORTANT: Prior to reading service-specific standards, please read the [HRSA/HAB National Monitoring Standards](#), and the Universal Standards outline document and the Hartford Transitional Grant Areas Planning Council Directives.

STANDARD	MEASURE
1. Access to Services	
a. Services must be provided irrespective of age, physical or mental challenges, creed, criminal history, history of substance use, immigration status, marital status, national origin, race, sexual orientation, socioeconomic status, current/past health conditions and status neutral approach.	<ul style="list-style-type: none"> ● Policies and procedures ● Consumer grievances
b. Sub-recipients must make translator or interpreter services available for those consumers who need them.	<ul style="list-style-type: none"> ● Policies and procedures ● Program literature in applicable language
c. Services must be provided in accordance with the Americans with Disability Act guidelines. For more information, refer to: ADA Guidelines .	<ul style="list-style-type: none"> ● Policies and procedures
d. Sub-recipients must have written instructions for consumers on how to access the Sub-recipients after business hours.	<ul style="list-style-type: none"> ● Policies and procedures ● Informational flyers, handouts
e. Sub-recipients must deploy a status neutral approach to its services delivery model.	<ul style="list-style-type: none"> ● Policies and procedures ● Evidence of staff trainings
2. HIV/HCV Continuum of Care	
a. Sub-recipients must establish formal collaborative agreements with HIV/HCV and other service organizations.	<ul style="list-style-type: none"> ● Memoranda of Agreement or Memoranda of Understanding
b. Sub-recipients must inform consumers of the various HIV/HCV services and resources available throughout the Transitional Grant Areas (TGA).	<ul style="list-style-type: none"> ● Informational flyers, handouts, resource manuals, literature ● Documentation in consumer records of resources given

<p>c. Sub-recipients must have a resource referral and tracking system with identified HIV/HCV and other service Sub-recipients.</p>	<ul style="list-style-type: none"> ● Referral tracking system for each service category
<p>3. Staff Requirements</p>	
<p>a. Sub-recipients must have written personnel policies and procedures.</p>	<ul style="list-style-type: none"> ● Policies and procedures
<p>b. Sub-recipients must offer to staff and contracted service Sub-recipients their job descriptions that address minimum qualifications, core competencies, and job responsibilities.</p>	<ul style="list-style-type: none"> ● Position descriptions
<p>c. Sub-recipients must ensure that services are provided in an inclusively, linguistically, culturally-competent, compassionate, non- judgmental, age appropriate and comprehensible manner.</p>	<ul style="list-style-type: none"> ● Training/in-service certificates/sign-in sheets ● Staff interview ● Consumer satisfaction survey ● Consumer grievances
<p style="text-align: center;">STANDARD</p>	<p style="text-align: center;">MEASURE</p>
<p>d. Sub-recipients must ensure that staff and contracted service Sub-recipients delivering direct services to consumers must have knowledge of the:</p> <ul style="list-style-type: none"> ● HIV/AIDS/HCV disease process ● Effects of HIV/AIDS/HCV-related illnesses and co-morbidities on consumers ● Psychosocial effects of HIV/AIDS/HCV on consumers and their families/significant others ● Provide PrEP Education and Resources ● Current strategies for the management of HIV/AIDS/HCV ● HIV/HCV -related resources and services in Hartford TGA <p>For more information, refer to: DHHS Guidelines.</p>	<ul style="list-style-type: none"> ● Documentation of this knowledge via formal education, trainings, or other methods. Types of documentation may include, but is not limited to, medical degree, license/certification, training certificates, transcripts. ● Staff interview

<p>e. Sub-recipients must ensure that professional staff and contracted service Sub-recipients follow, at minimum, established codes of conduct for their discipline. For paraprofessional staff, Sub-recipients must ensure that an agency code of conduct is established and that staff follow the code.</p>	<ul style="list-style-type: none"> ● Codes of Conduct ● Trainings/in-service certificates/sign-in-sheets ● Staff interview
<p>f. Sub-recipients must ensure that staff and contracted service Sub-recipients receive ongoing supervision that is relevant and appropriate to their professional needs.</p>	<ul style="list-style-type: none"> ● Supervisory/case conference meeting logs ● Documentation of supervisory consumer record reviews
<p>g. Sub-recipients must ensure that staff and contracted service Sub-recipients conduct business in a manner that ensures the confidentiality of consumers and follows established protocols outlined in the Health Insurance Portability and Accountability Act (HIPAA) and the Connecticut Public Health Code.</p>	<ul style="list-style-type: none"> ● Policies and procedures ● Trainings/in-service certificates/sign-in sheets ● Staff signatures on agency's Confidentiality/HIPAA statements ● Staff interview
4. Safety and Emergency Procedures	
<p>a. Sub-recipients must ensure that services are provided in facilities that are clean, comfortable, handicap accessibility and free from hazards.</p>	<ul style="list-style-type: none"> ● Site visit observation
<p>b. Sub-recipients must have policies and procedures for the following</p> <ul style="list-style-type: none"> ● Emergency Procedures that include fire, severe weather, and intruder/weapon threat ● Medical/Health Care Crisis ● Infection Control and Transmission Risk ● Emergency disaster plan to address natural disasters 	<ul style="list-style-type: none"> ● Policies and procedures ● Site visit observation ● Training certificates and/or sign-in sheets ● Staff interview ● Copy of Emergency disaster plan
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<ul style="list-style-type: none"> ● Risk Assessment ● Accident / Incident Reporting <p>Sub-recipients must ensure that staff and contracted service Sub-recipients are trained and following the</p>	<ul style="list-style-type: none"> ● Copy of Incident report

<p>safety and emergency procedures.</p>	
<p>c. Sub-recipients must follow recommended Occupational Safety and Health Administration (OSHA) and Connecticut Occupational Safety and Health Administration (CTOSHA) regulations.</p>	<ul style="list-style-type: none"> ● Policies and procedures ● Site visit observation ● Training certificates and/or sign-in sheets ● Staff interview
<p>d. Sub-recipients must follow the Association for Professional in Infection and Epidemiology Guidelines (APIC) and/or Society for HealthCare Epidemiology of America (SHEA) guidelines in caring for immune-compromised individuals.</p>	<ul style="list-style-type: none"> ● Policies and procedures ● Site visit observation ● Training certificates and/or sign-in sheets ● Staff interview
5. Consumer Eligibility and Recertification Requirements	
<p>a. Sub-recipients must ensure that Ryan White funds are used as a payer of last resort.</p>	<ul style="list-style-type: none"> ● Policies and procedures ● Documentation in consumer records of accessing resources from other payers
<p>b. Sub-recipients must verify proof of HIV status, income to determining eligibility status, residency, and insurance in accordance with the DHHS Ryan White Program Guidance #21-02</p>	<ul style="list-style-type: none"> ● Policies and procedures ● Documentation in consumer records of established eligibility and recertification within specified timeframes
<p>c. Proof of HIV status must be established within 30 business days of intake.</p>	<ul style="list-style-type: none"> ● Policies and procedures ● Documentation in consumer records of established HIV status within specified timeframe
<p>d. If a consumer is not enrolled in an insurance plan, Sub-recipients must assist the consumer with benefits counseling and enrollment into an appropriate insurance plan.</p>	<ul style="list-style-type: none"> ● Policies and procedures ● Documentation in consumer records of benefits counseling/enrollment
6. Intake	

<p>a. Sub-recipients must screen consumers into appropriate Ryan White service categories as determined by presenting needs.</p>	<ul style="list-style-type: none"> ● Documentation in consumer records of screening for appropriate Ryan White services
<p>b. Sub-recipients must complete an intake with consumers within 5 business days of initial contact.</p>	<ul style="list-style-type: none"> ● Documentation in consumer records of timely intake within specified timeframes
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<p>c. The intake form must include, at minimum, all the required data elements included in the most recent RSR Manual. The most recent version of this manual can be found at the HRSA/HAB Target Center.</p>	<ul style="list-style-type: none"> ● Intake form, with all the required data elements ● Documentation in consumer records of completed intakes
<p>7. Consents and Related Consumer Documentation</p>	
<p>a. Sub-recipients must obtain and document consumer’s informed consent for provision of Ryan White services.</p>	<ul style="list-style-type: none"> ● Consent to Serve form
<p>b. Sub-recipients must ensure that consumer records are maintained in a secure location.</p>	<ul style="list-style-type: none"> ● Policies and procedures ● Staff interview ● Site visit observation
<p>c. Sub-recipients must have policies and procedures to ensure that consumers’ medical records and other personal health information are:</p> <ul style="list-style-type: none"> ● Securely faxed, emailed, or phoned ● Safely transported during the course of conducting business ● Securely stored electronically with limited access ● Shared with third parties in accordance with HIPAA 	<ul style="list-style-type: none"> ● Policies and procedures ● Staff interview ● Site visit observation

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<p>d. Sub-recipients must have a written statement outlining consumer rights that, at minimum, includes:</p> <ul style="list-style-type: none"> ● Nature of services offered. ● Conditions for service ● The ability to terminate service at any time. ● Transfer and discharge procedures ● Consumer progress review ● Access to consumer records 	<ul style="list-style-type: none"> ● Consumer Rights and Responsibilities form
<p>e. Sub-recipients must have a written statement outlining consumer responsibilities that, at minimum, includes:</p> <ul style="list-style-type: none"> ● Scheduling, rescheduling, and cancelling appointments ● Drug and alcohol use on premises ● Weapons on premises ● Acts of abuse towards staff, property or services 	<ul style="list-style-type: none"> ● Consumer Rights and Responsibilities form
<p>f. Sub-recipients must have an objective process to address and track consumers' grievances.</p>	<ul style="list-style-type: none"> ● Policies and procedures ● Documentation of resolution of grievance
STANDARD	MEASURE
<p>g. Sub-recipients must have releases of information that, at minimum, includes information regarding:</p> <ul style="list-style-type: none"> ● To what/whom information will be released, including name of organization or person (emergency contact), address, etc. ● What specific information will be released ● Time-limits for releases to not exceed 18 months ● Printed name and signature of consumer/legal guardian ● Signature of a witness <p>Releases of information are not valid once a consumer is discharged from services.</p>	<ul style="list-style-type: none"> ● Release of Information form ● Documentation in consumer records of signed and updated releases of information before third party disclosures are made

<p>h. Within 5 business days of completing intake, Sub-recipients must review with consumer and obtain signed documentation of the following consents and related documentation:</p> <ul style="list-style-type: none"> ● Consent to Serve form ● Confidentiality Procedures, including HIPAA ● Consumer Rights and Responsibility ● Grievance process 	<ul style="list-style-type: none"> ● Documentation in consumer records of signed documentation
<p>8. Progress Notes</p>	
<p>a. A progress note must be done on a client at least monthly</p>	<ul style="list-style-type: none"> ● Documentation in consumer records of ongoing assessment of needs and appropriate referrals
<p>b. Documentation of progress notes in consumer records at least monthly</p>	<ul style="list-style-type: none"> ● Documentation in consumer records of ongoing contact with other service Sub-recipients
<p>c. Documentation in consumer records of progress toward meeting the goals in the care plan</p>	<ul style="list-style-type: none"> ● Documentation in consumer service plans that needs are closed out when they are met/deferred
<p>d. Documentation in consumer records after each progress notes showing Sub-recipients full name/title; date; time; credentials within 3 days after interaction with client</p>	<ul style="list-style-type: none"> ● Documentation in consumer service plans that needs are closed out when they are met/deferred
<p>e. Documentation in consumer record of efforts to contact client</p> <p>f. Documentation in consumer records showing no black spaces between progress notes</p>	<ul style="list-style-type: none"> ● Documentation in consumer records of ongoing contact with other service Sub-recipients
<p>9. Discharge</p>	

<p>a. A discharge from services must occur if any of the following criteria is met:</p> <ul style="list-style-type: none"> ● Completion of services ● Consumer's death ● Achieving/Verifying SVR (sustained virologic response) ● Verification of HIV positive status cannot be obtained within 30 business days of intake ● Verification of eligibility cannot be obtained ● The consumer/legal guardian has requested the case be closed ● Relocation of consumer outside of the Sub-recipient's geographic service area ● Inability to contact the consumer for more than 90 calendar days ● The consumer's needs are more appropriately addressed through other Sub-recipients ● The consumer exhibits act of abuse towards staff, property or services 	<ul style="list-style-type: none"> ● Documentation in consumer records that discharge criteria was followed
<p>b. Sub-recipients must notify consumers when they are being discharged.</p>	<ul style="list-style-type: none"> ● Documentation in consumer records of consumers being notified of discharge
STANDARD	
MEASURE	
10. Consumer Satisfaction	
<p>a. Sub-recipients must establish evaluation methods to assess consumer satisfaction and receive feedback on services using any of the following methods:</p> <ul style="list-style-type: none"> ● Consumer Advisory Board ● Consumer satisfaction survey ● Suggestion box or other consumer input mechanism ● Focus groups and/or public meetings 	<ul style="list-style-type: none"> ● Consumer Advisory Board meeting notes/minutes ● Consumer satisfaction survey/results ● Visual verification of suggestion box or other consumer input mechanisms during site visit ● Notes or reports from focus groups and/or public meetings

<p>b. Sub-recipients must use results from evaluation methods to improve service delivery.</p>	<ul style="list-style-type: none"> ● Quality Improvement Plan ● Modification to service delivery policies and procedures based on feedback ● Inclusion of consumer feedback in internal training/staff communications
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EARLY INTERVENTION SERVICES

IMPORTANT: Prior to reading service-specific standards, please read the [HRSA/HAB National Monitoring Standards--Universal](#), [HRSA/HAB National Monitoring Standards--Part A](#), and the [Universal Standards outline document](#) and the [Hartford Transitional Grant Areas Planning Council Directives](#).

Service Definition

Early Intervention Services (EIS) is a combination of services that includes counseling individuals with respect to HIV/AIDS/HCV; testing (including tests to confirm the presence of the disease, tests to diagnose the extent of immune deficiency, tests to provide information on appropriate therapeutic measures); referrals; other clinical and diagnostic services regarding HIV/AIDS/HCV; periodic medical evaluations for individuals with HIV/AIDS/HCV; Outreach Services and Health Education/Risk Reduction related to HIV/HCV diagnosis; and providing therapeutic measures. Sub-recipients must Provide services that act as a bridge between testing and care by steering individuals from testing and linking them to primary medical care and medical case management, mental health, substance abuse treatment and support services.

EIS services should be designed to work closely with key points of entry thus facilitating easy access to the HIV/HCV care system once an individual learns of their status. Key points of entry are places where HIV/HCV testing/screening occurs. For the Hartford TGA these include, but are not limited to, public health departments, HIV/HCV counseling and testing sites, emergency rooms, substance

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abuse and mental health treatment programs, detoxification centers, detention facilities, STD clinics and homeless shelters. EIS Sub-recipients must have referral/linkage agreements with key points of entry that should be monitored by the Recipient to ensure effective linkage mechanisms are in place and active. EIS shall provide benefit/entitlement counseling and referral activities to assist new clients with access to programs for e.g. Medicaid, Medicare or Marketplace/Exchange etc.

STANDARD	MEASURE
1. Assessment of needs	
a. During initial contact with consumer, the early intervention services (EIS) Sub-recipients must assess: <ul style="list-style-type: none"> ● HIV/HCV status ● Barriers to medical care ● Psychosocial needs ● Health education, risk reduction, and health literacy needs 	<ul style="list-style-type: none"> ● Documentation in consumer records of the assessment of identified areas
b. All EIS Sub-recipients must complete HIV/HCV Test training	<ul style="list-style-type: none"> ● Training certificates/records for appropriate EIS staff
2. Linkage to medical and social services resources	
a. The EIS Sub-recipients must link consumers to, at minimum, one HIV/HCV medical care visits.	<ul style="list-style-type: none"> ● Documentation in consumer records of verification of HIV/HCV medical care visits. Acceptable methods of verification include: 1. EIS Sub-recipients physically attended appointment with consumer and/or 2. EIS Sub-recipients confirmed appointment attendance with medical Sub-recipients.
b. The EIS Sub-recipients must link consumers to health insurance, medication access, and/or AIDS Drug Assistance Program (ADAP) resources.	<ul style="list-style-type: none"> ● Documentation in consumer records of being successfully linked to appropriate insurance/medication access resources

<p>c. The EIS Sub-recipients must link consumers to psychosocial resources that address barriers to establishing medical care.</p>	<ul style="list-style-type: none"> ● Documentation in consumer records of being successfully linked to appropriate psychosocial resources
<p>3. Health education, risk reduction, and health literacy</p>	
<p>a. The EIS Sub-recipients must offer ongoing education to consumers on the identified health education, risk reduction, and health literacy needs. At minimum, the Sub-recipients must ensure that consumers have knowledge of:</p> <ul style="list-style-type: none"> ● HIV/HCV 101 (including CD4 and viral load count), ● Insurance and health system navigation ● Medical care and medication adherence. 	<ul style="list-style-type: none"> ● Documentation in consumer records of education sessions that include, at minimum, the identified topics
<p>4. Documentation</p>	
<p>a. The EIS Sub-recipients must document any and all efforts to work with consumer and provide services, such that progress notes and units of services match in CAREWare.</p>	<ul style="list-style-type: none"> ● Documentation in consumer records of progress notes that correspond to the units of service
<p>a. The EIS Sub-recipients may work with consumers for a maximum of 6 months to facilitate linkage to care. This timeframe may be extended with supervisor approval.</p>	<ul style="list-style-type: none"> ● Documentation in consumer records of timely discharge ● If consumer needs EIS services beyond 6 months, Documentation in consumer records of supervisory consultation and approval
<p>b. The EIS Sub-recipients must ensure a consumer-centered discharge plan that includes connection to other resources along the HIV continuum of care.</p>	<ul style="list-style-type: none"> ● Documentation in consumer records of discharge plan

Performance Measures:

Early Intervention Services:

.05% of early intervention service HIV positive persons test in the 12-month measurement period

85% of early intervention service persons will attend a routine HIV medical care visit within 3 months of HIV diagnosis

Service Unit(s):

Face to face consultation, advocacy

CAREWare Data Reporting:

Part A service sub- recipients are responsible for documenting and keeping accurate records of Ryan White program data/client information, units of service, and client health outcome.