[1]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.	• Policies and procedures • Consumer grievances
b. Sub-recipients must make translator or interpreter services available for those consumers who need them.	• 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.	• Policies and procedures
d. Sub-recipients must have written instructions for consumers on how to access the Sub-recipients after business hours.	• Policies and procedures • Informational flyers, handouts
2. HIV Continuum of Care	
a. Sub-recipients must establish formal collaborative agreements with HIV and other service organizations.	• Memoranda of Agreement or Memoranda of Understanding
b. Sub-recipients must inform consumers of the various HIV services and resources available throughout the Transitional Grant Areas, (TGA)	• Informational flyers, handouts, resource manuals, literature • Documentation in consumer records of resources given

[1] *RWPAP does not require individual's immigration status or documents to be notarized Updated 10/25/acm

*RWPAP does not require individual's immigration status or documents to be notarized Updated 10/25/acm

c. Sub-recipients must have a resource referral and tracking system with identified HIV and other service Sub-recipients.	• Referral tracking system for each service category
3. Staff Requirements	
a. Sub-recipients must have written personnel policies and procedures.	• Policies and procedures
b. Sub-recipients must offer to staff and contracted service Sub-recipients their job descriptions that address minimum qualifications, core competencies, and job responsibilities.	• Position descriptions
c. Sub-recipients must ensure that services are provided in an inclusively, linguistically, culturally-competent, compassionate, non- judgmental, age appropriate and comprehensible manner.	• Training/in-service certificates/sign-in sheets • Staff interview • Consumer satisfaction survey • Consumer grievances
STANDARD	**MEASURE**
d. Sub-recipients must ensure that staff and contracted service Sub-recipients delivering direct services to consumers must have knowledge of the: • HIV/AIDS disease process • Effects of HIV/AIDS-related illnesses and co-morbidities on consumers • Psychosocial effects of HIV/AIDS on consumers and their families/significant others Provide PrEP Education and Resources • Current strategies for the management of HIV/AIDS • HIV-related resources and services in Hartford TGA For more information, refer to: DHHS Guidelines.	• 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
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	• Codes of Conduct • Trainings/in-service certificates/sign-in-sheets • Staff interview

follow th[2]e code.	
f. Sub-recipients must ensure that staff and contracted service Sub-recipients receive ongoing supervision that is relevant and appropriate to their professional needs.	● Supervisory/case conference meeting logs ● Documentation of supervisory consumer record reviews
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.	● 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	
a. Sub-recipients must ensure that services are provided in facilities that are clean, comfortable, handicap accessibility and free from hazards.	● Site visit observation
b. Sub-recipients must have policies and procedures for the following ● Physical Plant Safety ● 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	● Policies and procedures ● Site visit observation ● Training certificates and/or sign-in sheets ● Staff interview ● Copy of Emergency disaster plan
STANDARD	**MEASURE**

[2]

● Risk Assessment ● Accident / Incident Reporting Sub-recipients must ensure that staff and contracted service Sub-recipients are trained and following the safety and emergency procedures.	
c. Sub-recipients must follow recommended Occupational Safety and Health Administration (OSHA) and Connecticut Occupational Safety and Health Administration (CTOSHA) regulations.	● Policies and procedures ● Site visit observation ● Training certificates and/or sign-in sheets ● Staff interview
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.	● Policies and procedures ● Site visit observation ● Training certificates and/or sign-in sheets ● Staff interview
5. Consumer Eligibility and Recertification Requirements	

a. Sub-recipients must ensure that Ryan White funds are used as a payer of last resort.	● Policies and procedures ● Documentation in consumer records of accessing resources from other payers
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.	● Policies and procedures ● Documentation in consumer records of established eligibility and recertification within specified timeframe
c. Proof of HIV status must be established within 30 business days of intake.	● Policies and procedures ● Documentation in consumer records of established HIV status within specified timeframe
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.	● Policies and procedures ● Documentation in consumer records of benefits counseling/enrollment

*RWPAP does not require individual's immigration status or documents to be notarized

6. Intake	
a. Sub-recipients must screen consumers into appropriate Ryan White service categories as determined by presenting needs.	• Documentation in consumer records of screening for appropriate Ryan White services
b. Sub-recipients must complete an intake with consumers within 5 business days of initial contact.	• Documentation in consumer records of timely intake within specified timeframes
STANDARD	**MEASURE**
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.	• Intake form, with all the required data elements • Documentation in consumer records of completed intakes
7. Consents and Related Consumer Documentation	
a. Sub-recipients must obtain and document consumer's informed consent for provision of Ryan White services.	• Consent to Serve form
b. Sub-recipients must ensure that consumer records are maintained in a secure location.	• Policies and procedures • Staff interview • Site visit observation
c. Sub-recipients must have policies and procedures to ensure that consumers' medical records and other personal health information are: • 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	• Policies and procedures • Staff interview • Site visit observation

d. Sub-recipients must have a written statement outlining consumer rights that, at minimum, includes: ● 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	● Consumer Rights and Responsibilities form
e. Sub-recipients must have a written statement outlining consumer responsibilities that, at minimum, includes: ● Scheduling, rescheduling, and cancelling appointments ● Drug and alcohol use on premises ● Weapons on premises ● Acts of abuse towards staff, property or services	● Consumer Rights and Responsibilities form
f. Sub-recipients must have an objective process to address and track consumers' grievances.	● Policies and procedures ● Documentation of resolution of grievance
STANDARD	**MEASURE**
g. Sub-recipients must have releases of information that, at minimum, includes information regarding: ● 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 Releases of information are not valid once a consumer is discharged from services.	● Release of Information form ● Documentation in consumer records of signed and updated releases of information before third party disclosures are made

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: ● Consent to Serve form ● Confidentiality Procedures, including HIPAA ● Consumer Rights and Responsibility ● Grievance process	● Documentation in consumer records of signed documentation
8. Progress Notes	
a. A progress note must be done on a client at least monthly	● Documentation in consumer records of ongoing assessment of needs and appropriate referrals
b. Documentation of progress notes in consumer records at least monthly	● Documentation in consumer records of ongoing contact with other service Sub-recipients
c. Documentation in consumer records of progress toward meeting the goals in the care plan	● Documentation in consumer service plans that needs are closed out when they are met/deferred
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	● Documentation in consumer service plans that needs are closed out when they are met/deferred
e. Documentation in consumer record of efforts to contact client f. Documentation in consumer records showing no black spaces between progress notes	● Documentation in consumer records of ongoing contact with other service Sub-recipients
9. Discharge	

a. A discharge from services must occur if any of the following criteria is met: ● Completion of services ● Consumer's death ● 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	● Documentation in consumer records that discharge criteria was followed
b. Sub-recipients must notify consumers when they are being discharged.	● Documentation in consumer records of consumers being notified of discharge
STANDARD	**MEASURE**
10. Consumer Satisfaction	
a. Sub-recipients must establish evaluation methods to assess consumer satisfaction and receive feedback on services using any of the following methods: ● Consumer Advisory Board ● Consumer satisfaction survey ● Suggestion box or other consumer input mechanism ● Focus groups and/or public meetings	● 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
b. Sub-recipients must use results from evaluation methods to improve service delivery.	● Quality Improvement Plan ● Modification to service delivery policies and procedures based on feedback ● Inclusion of consumer feedback in internal training/staff communications

HEALTH INSURANCE PREMIUM AND COST-SHARING ASSISTANCE

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

Health Insurance Premium and Cost Sharing Assistance (HIPSCA) provides financial assistance for eligible clients living with HIV to maintain continuity of health insurance or to receive medical and pharmacy benefits under a health care coverage program. To use Ryan White funds for health insurance premium and cost-sharing assistance, Ryan White Sub-recipients must implement a methodology that incorporates the following requirements:

- Must ensure that consumers are buying health coverage that, at a minimum, includes at least one drug in each class of core antiretroviral therapeutics from the Department of Health and Human Services (HHS) treatment guidelines along with appropriate HIV outpatient/ambulatory health services
- Must assess and compare the aggregate cost of paying for the health coverage option versus paying for the aggregate full cost for medications and other appropriate HIV outpatient/ambulatory health services, and allocate funding to Health Insurance Premium and Cost Sharing Assistance only when determined to be cost effective

The service provision consists of either or both of the following:

- Paying health insurance premiums to provide comprehensive HIV Outpatient/Ambulatory Health Services and pharmacy benefits that provide a full range of HIV medications for eligible clients
- Paying cost-sharing on behalf of the consumer

. (2013 HRSA/HAB National Monitoring Standards—Part A)

STANDARD	MEASURE
1. Eligibility Criteria	
a. Sub-recipients must have established eligibility criteria for the provision of health insurance premium and cost sharing assistance for medical visits, co-pays and deductibles that includes, at minimum: ● Income limits ● Program cap limits ● Requirements to access other resources before Ryan White funds ● Documentation of need and why it is an emergency ● Documentation verifying that consumer is in HIV medical care	● Eligibility criteria ● Documentation in consumer records of consumer meeting eligibility criteria ● Copy of policy ● Date of last infectious disease appointment
2. Assessment	
a. Ensure that the referral (manual/CAREware) is a completed referral and meets all the eligibility requirements.	● Documentation that the consumer is eligible for services ● Documentation of insurance carrier ● Evidence that the consumer maintains an active policy (on-going payments) ● Documentation of premium cost sharing ● Proof that Ryan White is the Payer of Last Resort
3. Continuity of Care	

*RWPAP does not require individual's immigration status or documents to be notarized

a. Ensure that consumers are purchasing health coverage with a minimum of at least one drug in each class of core antiretroviral b. Ensure that Sub-recipients is within HIPCSA cap c. Ensure provisions are made to access other long term source of funding	● Proof that at least one ART drug is included under the insurance policy ● Documentation in consumer records of being in HIV medical care/referral made ● Current CD4/VL/or date of schedule infectious disease appointment ● Documentation of budge plan
4. Service Delivery	
a. Sub-recipients must have established policies and procedures for service delivery for consumers that include: b. Sub-recipients must educate consumer on the affidavit to Ryan White Part A health insurance premium, and cost sharing program c. Evidence that the insurance premium was paid within 5 business days of receipt	● Policies and procedures ● Evidence of a signed copy of the affidavit in consumer record ● Proof of insurance premium payment

Performance Measures

Health Insurance Premium & Cost Sharing Assistance:

80% of HIV- infected Health Insurance Premium & Cost sharing Assistance clients will access Health Insurance Premium & Cost Sharing Assistance Services

92% of HIPSCA consumers with and HIV diagnosis will have at least one HIV medical care visit in each 6 month period of the 24 months measurement period, with a minimum of 60 days between the first medical visit in the prior 6 months period and the last medical visit in the subsequent 6 months period

Service unit(s):

Payment of insurance premium and co-pay

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.

*RWPAP does not require individual's immigration status or documents to be notarized