

## 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
<b>1. Access to Services</b>	
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"> <li>• Policies and procedures</li> <li>• Consumer grievances</li> </ul>
b. Sub-recipients must make translator or interpreter services available for those consumers who need them.	<ul style="list-style-type: none"> <li>• Policies and procedures</li> <li>• Program literature in applicable language</li> </ul>
c. Services must be provided in accordance with the Americans with Disability Act guidelines. For more information, refer to: <a href="#">ADA Guidelines</a> .	<ul style="list-style-type: none"> <li>• Policies and procedures</li> </ul>
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"> <li>• Policies and procedures</li> <li>• Informational flyers, handouts</li> </ul>
<b>2. HIV Continuum of Care</b>	
a. Sub-recipients must establish formal collaborative agreements with HIV and other service organizations.	<ul style="list-style-type: none"> <li>• Memoranda of Agreement or Memoranda of Understanding</li> </ul>
b. Sub-recipients must inform consumers of the various HIV services and resources available throughout the Transitional Grant Areas, (TGA)	<ul style="list-style-type: none"> <li>• Informational flyers, handouts, resource manuals, literature</li> <li>• Documentation in consumer records of resources given</li> </ul>
c. Sub-recipients must have a resource referral and tracking system with identified HIV and other service Sub-recipients.	<ul style="list-style-type: none"> <li>• Referral tracking system for each service category</li> </ul>
<b>3. Staff Requirements</b>	
a. Sub-recipients must have written personnel policies and procedures. <sup>1</sup>	<ul style="list-style-type: none"> <li>• Policies and procedures</li> </ul>

<sup>1</sup>

<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"> <li>• Position descriptions</li> </ul>
<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"> <li>• Training/in-service certificates/sign-in sheets</li> <li>• Staff interview</li> <li>• Consumer satisfaction survey</li> <li>• Consumer grievances</li> </ul>
<b>STANDARD</b>	<b>MEASURE</b>
<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"> <li>• HIV/AIDS disease process</li> <li>• Effects of HIV/AIDS-related illnesses and co-morbidities on consumers</li> <li>• Psychosocial effects of HIV/AIDS on consumers and their families/significant others Provide PrEP Education and Resources</li> <li>• Current strategies for the management of HIV/AIDS</li> <li>• HIV-related resources and services in Hartford TGA</li> </ul> <p>For more information, refer to: <a href="#">DHHS Guidelines</a>.</p>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• Staff interview</li> </ul>
<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"> <li>• Codes of Conduct</li> <li>• Trainings/in-service certificates/sign-in-sheets</li> <li>• Staff interview</li> </ul>
<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"> <li>• Supervisory/case conference meeting logs</li> <li>• Documentation of supervisory consumer record reviews</li> </ul>
<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"> <li>• Policies and procedures</li> <li>• Trainings/in-service certificates/sign-in sheets</li> <li>• Staff signatures on agency's Confidentiality/HIPAA statements</li> </ul>

<b>4. Safety and Emergency Procedures</b>	
a. Sub-recipients must ensure that services are provided in facilities that are clean, comfortable, handicap accessibility and free from hazards.	<ul style="list-style-type: none"> <li>• Site visit observation</li> </ul>
b. Sub-recipients must have policies and procedures for the following <ul style="list-style-type: none"> <li>• Emergency Procedures that include fire, severe weather, and intruder/weapon threat</li> <li>• Medical/Health Care Crisis</li> <li>• Infection Control and Transmission Risk</li> <li>• Emergency disaster plan to address natural disasters</li> </ul>	<ul style="list-style-type: none"> <li>• Policies and procedures</li> <li>• Site visit observation</li> <li>• Training certificates and/or sign-in sheets</li> <li>• Staff interview</li> <li>• Copy of Emergency disaster plan</li> </ul>
<b>STANDARD</b>	<b>MEASURE</b>
<ul style="list-style-type: none"> <li>• Risk Assessment</li> <li>• Accident / Incident Reporting</li> </ul> <p>Sub-recipients must ensure that staff and contracted service Sub-recipients are trained and following the safety and emergency procedures.</p>	
c. Sub-recipients must follow recommended Occupational Safety and Health Administration (OSHA) and Connecticut Occupational Safety and Health Administration (CTOSHA) regulations.	<ul style="list-style-type: none"> <li>• Policies and procedures</li> <li>• Site visit observation</li> <li>• Training certificates and/or sign-in sheets</li> <li>• Staff interview</li> </ul>
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.	<ul style="list-style-type: none"> <li>• Policies and procedures</li> <li>• Site visit observation</li> <li>• Training certificates and/or sign-in sheets</li> <li>• Staff interview</li> </ul>
<b>5. Consumer Eligibility and Recertification Requirements</b>	
a. Sub-recipients must ensure that Ryan White funds are used as a payer of last resort.	<ul style="list-style-type: none"> <li>• Policies and procedures</li> <li>• Documentation in consumer records of accessing resources from other payers</li> </ul>
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.	<ul style="list-style-type: none"> <li>• Policies and procedures</li> <li>• Documentation in consumer records of established eligibility and recertification within specified timeframes</li> </ul>

<p>c. Proof of HIV status must be established within 30 business days of intake.</p>	<ul style="list-style-type: none"> <li>• Policies and procedures</li> <li>• Documentation in consumer records of established HIV status within specified timeframe</li> </ul>
<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"> <li>• Policies and procedures</li> <li>• Documentation in consumer records of benefits counseling/enrollment</li> </ul>
<p><b>6. Intake</b></p>	
<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"> <li>• Documentation in consumer records of screening for appropriate Ryan White services</li> </ul>
<p>b. Sub-recipients must complete an intake with consumers within 5 business days of initial contact.</p>	<ul style="list-style-type: none"> <li>• Documentation in consumer records of timely intake within specified timeframes</li> </ul>
<p style="text-align: center;"><b>STANDARD</b></p>	<p style="text-align: center;"><b>MEASURE</b></p>
<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 <a href="#">Target Center</a>.</p>	<ul style="list-style-type: none"> <li>• Intake form, with all the required data elements</li> <li>• Documentation in consumer records of completed intakes</li> </ul>
<p><b>7. Consents and Related Consumer Documentation</b></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"> <li>• Consent to Serve form</li> </ul>
<p>b. Sub-recipients must ensure that consumer records are maintained in a secure location.</p>	<ul style="list-style-type: none"> <li>• Policies and procedures</li> <li>• Staff interview</li> <li>• Site visit observation</li> </ul>
<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"> <li>• Securely faxed, emailed, or phoned</li> <li>• Safely transported during the course of conducting business</li> <li>• Securely stored electronically with limited access</li> <li>• Shared with third parties in accordance with HIPAA</li> </ul>	<ul style="list-style-type: none"> <li>• Policies and procedures</li> <li>• Staff interview</li> <li>• Site visit observation</li> </ul>

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

<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"> <li>• Consent to Serve form</li> <li>• Confidentiality Procedures, including HIPAA</li> <li>• Consumer Rights and Responsibility</li> <li>• Grievance process</li> </ul>	<ul style="list-style-type: none"> <li>• Documentation in consumer records of signed documentation</li> </ul>
<p><b>8. Progress Notes</b></p>	
<p>a. A progress note must be done on a client at least monthly</p>	<ul style="list-style-type: none"> <li>• Documentation in consumer records of ongoing assessment of needs and appropriate referrals</li> </ul>
<p>b. Documentation of progress notes in consumer records at least monthly</p>	<ul style="list-style-type: none"> <li>• Documentation in consumer records of ongoing contact with other service Sub-recipients</li> </ul>
<p>c. Documentation in consumer records of progress toward meeting the goals in the care plan</p>	<ul style="list-style-type: none"> <li>• Documentation in consumer service plans that needs are closed out when they are met/deferred</li> </ul>
<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"> <li>• Documentation in consumer service plans that needs are closed out when they are met/deferred</li> </ul>
<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"> <li>• Documentation in consumer records of ongoing contact with other service Sub-recipients</li> </ul>
<p><b>9. Discharge</b></p>	

<p>a. A discharge from services must occur if any of the following criteria is met:</p> <ul style="list-style-type: none"> <li>• Completion of services</li> <li>• Consumer’s death</li> <li>• Verification of HIV positive status cannot be obtained within 30 business days of intake</li> <li>• Verification of eligibility cannot be obtained</li> <li>• The consumer/legal guardian has requested the case be closed</li> <li>• Relocation of consumer outside of the Sub-recipient’s geographic service area</li> <li>• Inability to contact the consumer for more than 90 calendar days</li> <li>• The consumer’s needs are more appropriately addressed through other Sub-recipients</li> <li>• The consumer exhibits act of abuse towards</li> </ul>	<ul style="list-style-type: none"> <li>• Documentation in consumer records that discharge criteria was followed</li> </ul>
<p>b. Sub-recipients must notify consumers when they are being discharged.</p>	<ul style="list-style-type: none"> <li>• Documentation in consumer records of consumers being notified of discharge</li> </ul>
<b>STANDARD</b>	
<b>MEASURE</b>	
<b>10. Consumer Satisfaction</b>	
<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"> <li>• Consumer Advisory Board</li> <li>• Consumer satisfaction survey</li> <li>• Suggestion box or other consumer input mechanism</li> <li>• Focus groups and/or public meetings</li> </ul>	<ul style="list-style-type: none"> <li>• Consumer Advisory Board meeting notes/minutes</li> <li>• Consumer satisfaction survey/results</li> <li>• Visual verification of suggestion box or other consumer input mechanisms during site visit</li> <li>• Notes or reports from focus groups and/or public meetings</li> </ul>
<p>b. Sub-recipients must use results from evaluation methods to improve service delivery.</p>	<ul style="list-style-type: none"> <li>• Quality Improvement Plan</li> <li>• Modification to service delivery policies and procedures based on feedback</li> <li>• Inclusion of consumer feedback in internal training/staff communications</li> </ul>

# MENTAL HEALTH 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

**Mental Health Services** is the provision of psychological/psychiatric treatment, and counseling services to include individual and group counseling, for individuals with a diagnosis of mental illness. Services must be provided in homeless shelters, clinics, community settings and in rural areas to the fullest extent possible by a state licensed and/or certified mental health professional such as a psychiatrist, psychologist, registered nurse, social worker, counselor, or clinical nurse specialist.

STANDARD	MEASURE
<b>1. Staff Requirements</b>	
<p>a. Sub-recipients must ensure that staff and contracted service Sub-recipients are mental health professionals and are currently licensed to provide such services.</p>	<ul style="list-style-type: none"> <li>• A copy of most recent license</li> </ul>
<b>2. Assessment</b>	
<p>a. A face-to-face assessment must be completed within 5 business days of intake.</p>	<ul style="list-style-type: none"> <li>• Documentation in consumer records of completed assessment form or progress note within specified timeframe</li> </ul>



<p>b. The assessment must include, at minimum, a review of the following areas:</p> <ul style="list-style-type: none"> <li>• Presenting problems</li> <li>• Medical history and medication list</li> <li>• Mental health and psychiatric history</li> <li>• Substance use and treatment history</li> <li>• Laboratory assessment, as clinically indicated</li> <li>• Family history</li> <li>• History of trauma</li> <li>• Psychological functioning</li> <li>• Leisure and recreational activities</li> <li>• Social support</li> <li>• Coordination of Care internal/external resources</li> <li>• Name and contact information of HIV Primary Care Sub-recipients and Case Manager</li> </ul>	<ul style="list-style-type: none"> <li>• Assessment form or progress note</li> </ul>
<b>STANDARD</b>	<b>MEASURE</b>
<p>c. A psychiatric evaluation, as needed, must be completed within 30 business days of the assessment.</p>	<ul style="list-style-type: none"> <li>• Documentation in consumer records of a completed psychiatric evaluation</li> </ul>
<b>3. Treatment Plan</b>	
<p>a. A treatment plan is developed collaboratively with the consumer within 30 business days of intake.</p>	<ul style="list-style-type: none"> <li>• Documentation in consumer records of completed treatment plan within specified timeframe</li> </ul>
<p>b. The treatment plan must include:</p> <ul style="list-style-type: none"> <li>• Clinical mental health diagnosis; Diagnostic and Statistical Manual of Mental Disorders to clarify illness and disorder</li> <li>• A description of the need(s)</li> <li>• Action steps/interventions to address the need(s)</li> <li>• Mental health inpatient or Partial Hospitalization, ED due to MH HX:</li> <li>• The treatment modality</li> <li>• Timeframes to address the need(s), including recommended number of sessions and measureable goals</li> <li>• Dated signatures of the consumer and mental health treatment Sub-recipients</li> <li>• Discharge: After care plan must be included in discharge summary</li> </ul>	<ul style="list-style-type: none"> <li>• Completed and signed Treatment Plan form</li> </ul>

<p>c. The mental health supervisor must review and sign the treatment plans within 5 days of completion</p>	<ul style="list-style-type: none"> <li>• Documentation in consumer records of treatment plan with relevant signatures</li> </ul>
<p><b>4. Continuity of Care</b></p>	
<p>a. The mental health treatment Sub-recipients must assess on an ongoing basis the need for other mental health programs that may better meet consumer's clinical needs and provide appropriate referrals. These referrals may include day programs, inpatient psychiatric units, community mental health programs, etc.</p>	<ul style="list-style-type: none"> <li>• Documentation in consumer records of ongoing assessment of needs and appropriate referrals</li> </ul>
<p>b. The mental health treatment Sub-recipients must maintain ongoing contact and follow-up with consumer's medical case manager, medical Sub-recipients, and/or other psychosocial Sub-recipients.</p>	<ul style="list-style-type: none"> <li>• Documentation in consumer records of ongoing contact with other service Sub-recipients</li> </ul>
<p>c. The mental health treatment Sub-recipients must review and update the treatment plan on an as needed basis</p>	<ul style="list-style-type: none"> <li>• Documentation in consumer service plans that needs are closed out when they are met/deferred</li> </ul>
<p><b>5. Reassessment</b></p>	
<p>a. The mental health service Sub-recipients must complete a reassessment, at minimum, every six months</p>	<ul style="list-style-type: none"> <li>• Documentation in consumer records of a reassessment at specified timeframes</li> </ul>
<p><b>6. Progress Notes</b></p>	
<p>a. A progress note must be done on a consumer at least monthly</p>	<ul style="list-style-type: none"> <li>• Documentation of progress notes in consumer records at least monthly</li> </ul>
<p>b. The mental health staff will document the progress on meeting the goals addressed in the Care Plan in the client's record</p>	<ul style="list-style-type: none"> <li>• Documentation in consumer records of progress toward meeting the goals in the care plan</li> </ul>
<p>c. The mental health staff making the progress note entry must use his/her full legal name and title. The entry must also be dated and time, title and credentials within three (3) days after an interaction with the consumer</p>	<ul style="list-style-type: none"> <li>• Documentation in consumer records after each progress notes showing Sub-recipients full name/title; date; time; credentials within 3 days after interaction with consumer</li> </ul>

<p>d. The mental health staff will document efforts to contact the consumer as needed (e.g., to update consumer information, reassess service care plan, assess completion of referral, etc.)</p>	<ul style="list-style-type: none"> <li>• Documentation in consumer record of efforts to contact client</li> </ul>
<p>e. The mental health staff should not leave blank spaces within the progress notes</p>	<ul style="list-style-type: none"> <li>• Documentation in consumer records showing no black spaces between progress notes</li> </ul>
<p style="text-align: center;"><b>STANDARD</b> <span style="float: right;"><b>MEASURE</b></span></p>	
<p><b>7. Discharge</b></p>	
<p>a. The mental health treatment Sub-recipients must consult with supervisor to decide that a consumer is to be discharged</p>	<ul style="list-style-type: none"> <li>• Documentation in consumer records of supervisory consultation</li> </ul>
<p>b. If discharge is due to a no show the Sub-recipients must prior to the discharge make a referral to the TGA's Early Intervention Services for possible reengagement to services works better with MCM</p>	<ul style="list-style-type: none"> <li>• Documentation in consumer records of EIS release of information</li> </ul>
<p>c. After a decision has been made to discharge consumer, the mental health treatment Sub-recipients must complete a discharge summary within 10 business days</p>	<ul style="list-style-type: none"> <li>• Documentation in consumer records of discharge summary within specified timeframes</li> </ul>
<p>d. The mental health treatment Sub-recipients must ensure that the discharge summary includes:</p> <ul style="list-style-type: none"> <li>• Summary of needs at admission</li> <li>• Summary of services provided</li> <li>• Goals completed during treatment</li> <li>• Reason for discharge</li> <li>• Consumer-centered discharge plan</li> <li>• Referrals provided</li> <li>• Dated signatures of the mental health treatment Sub-recipients</li> </ul>	<ul style="list-style-type: none"> <li>• Completed and signed Discharge Summary form</li> </ul>
<p>e. The mental health supervisor must review and sign the discharge summary</p>	<ul style="list-style-type: none"> <li>• Documentation in consumer records of discharge summary with relevant signatures</li> </ul>
<p style="text-align: center;"><b>STANDARD</b> <span style="float: right;"><b>MEASURE</b></span></p>	
<p><b>8. Fee For Services ONLY</b></p>	
<p>a. Ensure that the referral (manual/CAREWare) is a completed referral and meets all the eligibility requirements</p>	<ul style="list-style-type: none"> <li>• Documentation reflects completed referral.</li> <li>• Documentation of eligibility</li> </ul>
<p><b>9. Continued Sub-recipients Education</b></p>	

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<p>a. The agency must encourage and allow continuing education and professional development opportunities to be pursued on an annual basis. At a minimum 10 hours per year</p>	<ul style="list-style-type: none"> <li>• Documentation in Sub-recipients records of a minimum of 10 hours of trainings per year</li> </ul>
<p>b. The agency is responsible for ensuring that each staff person attends training and educational opportunities related to HIV/AIDS and pertinent related topics</p>	<ul style="list-style-type: none"> <li>• Documentation in Sub-recipients records of</li> </ul>

**Performance Measure**

**Mental Health**

**85%** of new clients with HIV infection (entering the mental health services for the first time) will have had at least one mental health screening in the measurement year

**94%** of mental health persons with an HIV diagnosis will have at least one HIV medical care visit in each 6 month period of the 24 month measurement period, with a minimum of 60 days between the first medical visit in the prior 6 month period and the last medical visit in the subsequent 6 month period

**Service Unit(s):**

Face to face individual and/ or group visits

**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.