REFERRAL FOR HEALTH CARE AND SUPPORTIVE SERVICES

STANDARDS OF CARE

FOR

HIV SERVICES IN ORANGE COUNTY

Approved by Planning Council 6/12/2019

TABLE OF CONTENTS

SECTION 1: INTRODUCTION

Referral for Health Care and Support Services shall be an integral part of connecting all people living with HIV (PLWH) to core medical and supportive services based on the client's needs.

GOALS OF THE STANDARDS

These standards of care are provided to ensure that Orange County's Referral for Health Care and Supportive Services:

- Are accessible to PLWH who reside in Orange County
- Are provided by staff knowledgeable in AIDS Drug Assistance Program (ADAP), Ryan White, Medicare and other programs
- Provide opportunities and structure to promote client and provider education
- Promote continuity of care, client monitoring, and follow-up
- Enhance coordination among service providers to eliminate duplication of services
- Foster interagency collaboration
- Maintain the highest standards of care for clients
- Protect the rights of people living with HIV
- Provide support services to enable clients to stay in medical care
- Increase client self-sufficiency and quality of life

SECTION 2: DEFINITION OF REFERRAL FOR HEALTH CARE AND SUPPORTIVE SERVICES

Referral for Health Care and Supportive Services directs a client to a needed core medical or support service in person or through telephone, written, or other type of communication. Activities provided under this service category may include referrals to assist HRSA RWHAP-eligible clients to obtain access to other public and private programs for which they may be eligible (e.g., Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Client Assistance Programs, and other state or local health care and supportive services, or health insurance Marketplace plans).

In Orange County, services under Referral for Health Care and Supportive Services are provided under three (3) levels:

1) Client Advocacy
2) Benefits Counseling
3) Eligibility Screening

Definitions for each service are stated below:

Client Advocacy: The provision of basic needs assessment and assistance (through appropriate referrals) in obtaining medical, social, community, legal, financial, and other needed services. Key activities include 1) assessment of service needs; 2) provision of information and/or referrals; 3) assistance in obtaining intake information for individuals pending enrollment in a service and who are initiating a thirty (30) day grace period, if needed; and 4) clear documentation of assessment and referrals. On-going follow-up with clients is not a requirement of Client Advocacy.

Benefits Counseling: Services that refer or assist eligible clients to obtain access to non-Ryan White public and private programs for which they may be eligible, including Medicaid, Medicare Part D, Social Security Disability Insurance, State Disability Insurance, Supplemental Security Income, General Relief, State Pharmacy Assistance Programs, Health Insurance Premium Programs, and other supportive services. Key activities include 1) assessment of service needs; 2) helping clients to understand the eligibility criteria for benefits, the benefits provided by the program, the payment process and the rights of beneficiaries; providing consultation and advice regarding benefits programs; 3) assistance in completing the benefits application forms; 4) negotiating on the behalf of clients with benefits administration staff; and/or 5) referring to and coordinating with legal services in cases of administrative proceedings.

Eligibility Screening: Services that assist individuals in identifying programs for which they are eligible. Screening is required for Ryan White services. Key activities include 1) obtaining proof of HIV status; 2) assessment of Orange County residency; 3) determining household income; and 4) assessing other prior resources (e.g., public or private insurance) and conducting an assessment of eligibility every six (6) months.

SECTION 3: STAFFING REQUIREMENTS AND QUALIFICATIONS

Quality services starts with well-prepared and qualified staff. To ensure this:

- **HIV Knowledge and Training.** Staff shall have training and experience with HIV-related issues and concerns. At a minimum, staff will have completed one educational session on any of the topics listed below on an annual basis. Certificate of completion shall be included in employee files as proof of attendance. Education can include round table discussion, training, one-on-one educational session, in-service, or literature review.
  - HIV disease process and current medical treatments
  - Privacy requirements and Health Insurance Portability and Accountability Act (HIPAA) regulations

- Psychosocial issues related to HIV
- Cultural issues related to communities affected by HIV
- Human sexuality, gender, and sexual orientation issues
- Prevention issues and strategies specific to HIV-positive individuals ("prevention with positives")
- Partner Services
- Strengths-Based approach to case management trainings

- **Community Resources** (**Required for Benefits Counseling).** Staff shall be knowledgeable about local, state, and federal resources and eligibility requirements of available resources for clients. At a minimum, benefits counselors will have completed one (1) educational session on any of the topics listed below on an annual basis. Education can include round table discussion, training, one-on-one educational session, in-service, or literature review. Topics may include eligibility criteria and process for obtaining the following:
  - Medical care including Medi-Cal, Medicare, Medical Safety Network (MSN), and California Major Risk Medical Insurance Plan (MRMIP)
  - Disability insurance including State Disability Insurance, Social Security Disability Insurance
  - Financial assistance including Supplemental Security Income (SSI) and Cash Assistance Program for Immigrants (CAPI)
  - Health insurance assistance including CalOptima Health Insurance Premium Payment Program, Office of AIDS-Health Insurance Premium Payment program
  - Medications including Medicare Part D and ADAP
  - California Health Insurance Exchange (Covered California)

- **ADAP Enrollment Worker Certification.** Staff providing Eligibility Screening shall obtain and maintain AIDS Drug Assistance Program (ADAP) certification in order to assist PLWH in obtaining medications or Office of AIDS Health Insurance Premium Program (OA-HIPP) through ADAP.

- **Legal and Ethical Obligations.** Staff must be aware of and able to practice under the legal and ethical obligations as set forth by California state law and their respective professional organizations. Obligations include the following:
  - **Confidentiality:** Maintenance of confidentiality is a primary legal and ethical responsibility of the service provider. Limits to maintaining confidentiality include danger to self or others, grave disability, child/elder/dependent adult abuse. Domestic Violence must be reported based on California mandated reporting laws.
  - **Duty to warn:** Serious threats of violence (including physical violence, serious bodily harm, death, and terrorist threats) against a reasonably identifiable victim must be reported to authorities. However, at present, in California, a person living with HIV engaging in behaviors that may put others at risk for HIV infection is not a circumstance that warrants breaking of confidentiality.
  - Staff are advised to seek legal advice when they are unsure about particular issues and the legal/ethical ramifications of their actions.

- **Culturally Appropriate.** Staff shall possess the ability to provide developmentally and culturally appropriate services people living with HIV.

Standard	Measure
Staff agree to adhere to Privacy and HIPAA requirements	Documentation of staff completion of the annual compliance training and signed confidentiality statement
Staff will have a clear understanding of job responsibilities	Written job description on file
Staff shall receive initial trainings (including administrative staff) within 60 days of hire and annual education regarding HIV-related issues/concerns (as listed above under training)	Training/education documentation on file including: • Date, time, location, and provider of education • Education type • Name of staff receiving education • Certificate of training completion or education outline, meeting agenda and/or minutes
Provider shall ensure that staff will have appropriate certifications, as required by Federal, State, County, or municipal authorities	Documentation of certifications or other documentation on file

SECTION 4: CULTURAL AND LINGUISTIC AWARENESS

Providers must participate in a process of training and education that increases cultural and linguistic competence and improves their ability to provide culturally and linguistically appropriate services to all persons living with HIV. Although an individual's ethnicity is generally central to their identity, it is not the only factor that makes up a person's culture. Other relevant factors include gender, gender identity, language, religious beliefs, disability, sexual orientation, beliefs, and institutions. When providing culturally and linguistically competent services, it is important to acknowledge one's personal limits and treat one's client as the expert on their culture. If a service provider determines that they are not able to provide culturally or linguistically appropriate services, they must refer the client to another service provider that can meet the client's needs.

Culturally and linguistically appropriate services and skills include:

- The ability to respect, relate, and respond to a client's culture in a non-judgmental, respectful manner.
- Meeting the needs and providing services unique to our clients in line with the culture and language of the clients being served, including providing written materials in a language accessible to clients.

- Recognizing the significant power differential between provider and client and work toward developing a more collaborative interaction.
- Considering each client as an individual, not making assumptions based on perceived memberships in any groups or classes.
- Translation and/or interpretation services as appropriate.
- Being non-judgmental in regards to people's sexual practices.

Standard	Measure
Service providers will recruit a diverse staff that reflects the culture (including gender, sexual identity, and disability) of the community served	Service provider shall have a written strategy on file
All staff (including administrative staff) will receive initial trainings within 60 days of hire and annual trainings to build cultural and linguistic awareness	Training/education documentation on file shall include: • Date, time, location, and provider of education • Education type • Name of staff receiving education • Certificate of training completion or education outline, meeting agenda, and/or minutes
Service provider shall have posted and written materials in appropriate languages for the clients served	Site visit will ensure
Service provider will maintain a physical environment that is welcoming to the populations served	Site visit will ensure
Service provider complies with American Disabilities Act (ADA) criteria	Completed form/certification on file
Services are accessible to community served	Site visit to review hours of operation, location, accessibility with public transportation

SECTION 5: CLIENT REGISTRATION

Client registration is a time to gather information and provide basic information about services as appropriate. It is also a pivotal moment for establishment of trust and confidence in the care system. Staff shall be careful to provide an appropriate level of information that is helpful and responsive to client's need, but not overwhelming.

The following describe components of registration:

- Staff shall respond to phone calls within two (2) business days upon receipt of phone call from a client and/or case manager.
- Client Advocacy and Benefits Counseling shall set up an initial appointment within five (5) business days of client contact. Eligibility Screening shall set up an initial appointment within one (1) week of client contact.

- Registration shall take place as soon as possible. If there is an indication that the client may be facing a medical crisis, the registration process shall be expedited and appropriate intervention may take place prior to formal registration.
- The service provider shall obtain the appropriate and necessary demographic information to complete registration; as required for the Ryan White Services Report (RSR). This may include, but is not limited to, information regarding demographics, risk factors, HIV medical history, living situation, employment and financial status, service linkages, and emergency contact information.
- Staff shall clearly explain what services entail. Staff providing Client Advocacy and Benefits Counseling shall provide adequate information about the availability of various services.
- Staff shall communicate information to clients described below:
    - Written information about resources, care, and treatment (this may include the county-wide HIV Client Handbook) available in Orange County.
    - Information about filing a **Grievance** if the client feels their rights have been violated.
    - A copy of the client's **Rights and Responsibilities** (included in the HIV Handbook or Provider's Rights and Responsibilities).
    - Clients shall also be given the **Notice of Privacy Practices (NPP)** form. Clients shall be informed of their right to confidentiality. It is important *not* to assume that the client's family or partner knows the HIV-positive status of the client. Part of the discussion about client confidentiality shall include inquiry about how the client wants to be contacted (at home, at work, by mail, by phone, etc.).
- The provider shall also obtain the following required documents:
    - A **Consent for Treatment** form, signed by the client, agreeing to receive services.
    - Clients shall be informed of the AIDS Regional Information and Evaluation System (ARIES) and obtain and **ARIES consent**. The ARIES consent must be signed at intake prior to entry into the ARIES database and every three (3) years thereafter. The signed consent form shall indicate (1) whether the client agrees to the use of ARIES in recording and tracking their demographic, eligibility and service information and (2) whether the client agrees to share select information contained in ARIES with other agencies in the Ryan White system of care.
    - A signed document indicating receipt of **Rights and Responsibilities**. Client rights and responsibilities incorporate a client's input; and provide a fair process for review if a client believes they has been mistreated, poorly served, or wrongly discharged from services.
    - If there is a need to disclose information about a client to a third party, including family members, client shall be asked to sign an **Authorization to Disclose (ATD)/Release of Information (ROI)** form, authorizing such disclosure. This form may be signed at registration prior to the actual need for disclosure. Releases of information may be cancelled or modified by the client at any time.

Standard	Measure
Client shall be contacted within two (2) business of client contact.	Registration tool is completed and in client service record
ARIES Consent signed and completed prior to entry into ARIES	Signed and dated based on ARIES consent form guidelines by client and in client service record
Client is informed of Rights and Responsibilities	Signed and dated by client and in client file For clients receiving client advocacy: one (1) of the following: 1) Posted in a location that is accessible to clients; 2) Signed and dated by client and in client service record; or 3) Client's service record includes signed referral form indicating provision of information
Client is informed of Grievance Procedures	Signed and dated by client and in client file For clients receiving client advocacy: one (1) of the following: 1) Posted in a location that is accessible to clients; 2) Signed and dated by client and in client service record; or 3) Client's service record includes signed referral form indicating provision of information
Client is informed of Notice of Privacy Act	Signed and dated by client and in client file For clients receiving client advocacy: one (1) of the following: 1) Posted in a location that is accessible to clients; 2) Signed and dated by client and in client service record; or 3) Client's service record includes signed referral form indicating provision of information
Consent for services completed as needed	Signed and dated by client and in client file as appropriate
Authorization to Disclose (ATD)/Release of Information (ROI) is discussed and completed as needed	Signed and dated by client and in client service record as needed

SECTION 6: SCREENING

Service providers shall conduct a screening of the client's needs and eligibility in order to facilitate the referral process or assistance in applying to benefits the client may be entitled to. The screening for Client Advocacy and Benefits Counseling shall include, but are not limited to:

- Medical Care Provider Information
- Access to medication
- Client's needs for core and supportive services
- Availability of transportation
- Ryan White and ADAP eligibility status
- History of receiving Ryan White and/or Housing Opportunities for People with AIDS/HIV (HOPWA) funded services
- Medical and dental insurance information

The Eligibility Screening on the Eligibility Verification Form shall include:

- Client demographic and contact information
- HIV diagnosis
- Identification
- Income information
- Orange County Residency information
- Current living situation
- Medical and dental insurance information

Standard	Measure
Screening conducted based on client need	Documentation in client record
Eligibility Screening conducted every six (6) months or when a change has occurred that impacts a client's eligibility for services	Documentation in client record using the Eligibility Verification Form and/or Self-Attestation Form.

SECTION 7: SERVICE MANAGMENT

Once client registration and screening has been conducted, the provider may provide the appropriate range of services to the client. Service management is the system by which all levels of services are delivered. Service management shall be consistent with the following principles:

- **Service Delivery.** Services shall be delivered in a manner that promotes continuity of care. Clients shall be screened for barriers that prevent linkage services or programs. To address these barriers, as recommended by the strengths-based model, skills and abilities shall be identified to assist clients to successfully access services and maintain a positive relationship with the care coordinator.
- **Confidentiality.** Provider agencies shall have a policy regarding informing clients of privacy rights, including use of NPP. For agencies and information covered by HIPAA, providers shall comply with HIPAA guidelines and regulations for confidentiality.

- **Documentation and Data Collection**. Program and administrative staff shall provide adequate data collection in a timely manner and documentation of all services provided for accounting, reporting compliance, and evaluation purposes. Program data shall be entered into ARIES within five (5) business days as specified in the contract or scope of work. Providers shall document and keep accurate records of units of services for use in reporting units of service for reimbursement and community planning. Providers shall gather and document data (e.g. demographic and risk factor information) for the Ryan White Services Report (RSR). For Client Advocacy clients who are not previously registered with the provider and/or where a valid ARIES consent form is not obtained, services shall be documented on the units of services report and not in ARIES.

- **Compliance with Standards and Laws**. Service directors and managers shall ensure compliance with all relevant laws, regulations, policies, procedures, and other requirements designed to enforce service standards and quality. Services shall be consistent with standards set forth in this document.

Standard	Measure
Provider shall have procedure to address walk-ins, telephone triage, and emergencies and after-hour care	Written procedure in place
Provider shall have procedure for making referrals to offsite services	Written procedure in place
Staff shall be aware of HIPAA and NPP regulations via training upon employment and annually thereafter	Documentation of HIPAA and NPP education or training on file
Provider shall ensure client information is in a secured location	Site visit will ensure
Provider shall regularly review client charts to ensure proper documentation	Written procedure in place
Providers shall document and keep accurate records of units of services	Site visit and/or audit will ensure
Required client data and services shall be entered in ARIES	Required data fields will be validated by the RSR
Service directors and managers shall ensure compliance with all relevant laws, regulations, policies, procedures, and other requirements designed to enforce service standards and quality	Site visit and/or audit will ensure

SECTION 8: SERVICE CLOSURE

Services provided under Referral for Health Care and Supportive Services are based on the need of the clients and their attempt to access services. As such, discharge or termination of services may differ from other services.

A client may be suspended or terminated from services due to the following conditions:

- The client has become ineligible for services (e.g., due to relocation outside Orange County or other eligibility requirements).
- The client no longer contacts the provider for services.
- The client's needs would be better served by another agency.
- The client repeatedly shows behavior that violates the agency's policies on client rights and responsibilities.
- The client has died.

The following describe components of discharge planning:

- A discharge summary shall be documented in the client's record for Benefits Counseling. The discharge summary shall include the items listed below under "Measure".
- The provider shall close out Benefits Counseling clients in data collection system as soon as possible within thirty (30) days of case termination.
- It is recommended, but not mandatory, that at least three (3) attempts to contact the client are made over a period of three (3) months. Efforts shall be made to locate and contact a client who has not shown up for appointments or responded to provider's phone calls. These efforts shall include contacting providers for which releases have previously been obtained. Emergency contacts may be used to reach a client and may be done based on agency policy.

Standard	Measure
Service closure summary shall be completed for each client who has been closed	Client service record will include signed and dated service closure summary to include: • Circumstances and reasons for discharge • Summary of service provided • Referrals and linkages provided at discharge as appropriate
Closeout of data collection shall be completed for each client who has been closed from all Ryan White services at that provider agency	Data collection system (ARIES) will indicate client's closure no later than thirty (30) days of service closure

SECTION 9: QUALITY MANAGEMENT

Providers shall have at least one (1) member on the Health Care Agency's Quality Management (QM) Committee. The QM Committee will oversee quality management activities for all providers under Ryan White Part A. Providers may continue to have their own QM committee if they desire and/or are required to do so under other funding streams. The intent of a centralized QM committee with representation from all providers is to ensure information between agencies is consistent, quality initiatives are undertaken by the entire Ryan White system, and service delivery issues can be addressed system wide.

As providers participate in the centralized QM committee, the intent is for all providers to actively participate in and provide feedback on the following items:

- Providers shall participate in community-wide Quality Improvement initiatives as developed by the QM committee.
- Providers will implement strategies that may lead to improvements in health outcomes as outlined in annual Outcome Measures.
- Providers will implement quality assurance strategies that improve the delivery of services.

Standard	Measure
Providers shall participate in annual quality initiatives	Documentation of efforts to participate in quality initiatives

Appendix A:

Americans with Disabilities Act of 1990 (ADA): The ADA is a civil rights law that prohibits discrimination against individuals with disabilities in all areas open to the general public. The purpose of the law is to make sure that people with disabilities have the same rights and opportunities as the general public.

ARIES: The AIDS Research Information and Evaluation System (ARIES) is a centralized HIV/AIDS client management system that allows for coordination of client services among medical care, treatment and support providers and provides comprehensive data for program reporting and monitoring. ARIES is used by Ryan White-funded service providers to automate, plan, manage, and report on client data.

Authorization to Disclose (ATD): Signed consent by client that wants to grant another individual or organization access to their protected health information (PHI).

Eligibility for a service: Is based on Health Resources Services Administration (HRSA) requirements. It includes that a person must have proof of HIV status, proof of Orange County residency, and proof of payer of last resort. Eligibility workers are responsible for verifying this information.

Eligibility Verification Form (EVF): Form used to document a client's eligibility for Ryan White services. Information includes but is not limited to contact, income, household, and insurance information.

Grant Recipient: Government recipient of Ryan White Part A funds. In Orange County, the Orange County Health Care Agency acts as the Grant Recipient for Ryan White Part A funds.

Health Insurance Portability and Accountability Act of 1996 (HIPAA): Is the US federal legislation that provides data privacy and security provisions for safeguarding medical information. More information can be found through US Department of Health & Human Services at https://www.hhs.gov/hipaa/for-professionals/index.html.

HIV Planning Council (Council): Provides advice and makes recommendations to the County regarding HIV policy issues, service needs of the community, and allocates funds to each service funded under the Ryan White Act and advises the County on HOPWA funds.

Notice of Privacy Practice (NPP): A notice to clients that provides a clear, user friendly explanation of client's rights with respect to their personal health information and the privacy practices of health plans and health care providers as required by HIPAA.

Client: Individual receiving services.

Payer of last resort: Funds are used to pay for care services that are not covered by other resources such as Medi-Cal or private health insurance.

Protected health information (PHI): Under US law, any information about health status, provision of health care, or payment for health care that is created or collected by a covered entity such as a health plans, health care clearinghouses, and health care providers as defined by HIPAA rules that can be linked to a specific individual.

Provider: An institution or entity that receives funding to provide Ryan White services. This includes a group of practitioners, clinic, or other institution that provide Ryan White services and the agency at which services are provided.

Qualifying for a service: Based on HRSA eligibility and Planning Council determined requirements (for example, proof of disability for Food Bank, income less than 300% of Federal Poverty Level for Mental Health Services), providers are responsible for ensuring that services provided adhere to qualifying requirements.

Release of Information (ROI): Signed consent by client that wants to grant another individual or organization access to their protected health information (PHI).

Ryan White Act: Federal legislation first authorized in 1990 that created Ryan White HIV/AIDS Program which provides a comprehensive system of care that includes primary medical care and essential support services for people living with HIV who are uninsured or underinsured.

Staff: An individual who directly provides Ryan White services, oversees the provision of Ryan White services, or perform administrative functions for Ryan White services. This may include paid employees, subcontractors, volunteers, or interns