



HIV Planning and Coordination
Health Care Agency

**COMMON
STANDARDS OF CARE**

FOR

HIV CARE SERVICES IN ORANGE COUNTY

Effective March 1, 2014

Reviewed by QM Committee on 10/2/17, 11/6/17, and 12/4/17

Reviewed by Executive Committee on 12/6/17

Approved by Planning Council on 12/13/17

COUNTY OF ORANGE
HEALTH CARE AGENCY
Common Standards of Care

TABLE OF CONTENTS

➤ Section 1: Introduction.....	1
➤ Section 2: Staffing Requirements and Qualifications.....	2
➤ Section 3: Cultural and Linguistic Competence.....	3
➤ Section 4: Client Registration.....	4
➤ Section 5: Service Management.....	7
➤ Section 6: Service Closure.....	8
➤ Section 7: Quality Management.....	10
➤ Appendix A: Glossary of Terms.....	I
➤ Appendix B: Resources.....	III

SECTION 1: INTRODUCTION

The Common Standards are standards that apply to all Ryan White and/or Housing Opportunities for People With AIDS (HOPWA)-funded services in Orange County. The standards set forth are related to staffing requirements, cultural and linguistic competency, client registration, service management, service closure, and quality management aspects of service delivery. These standards are the minimum standards for services in Orange County. Services offered in Orange County are: Outpatient Ambulatory Health Services, Health Insurance Premium Cost Sharing Assistance/Emergency Financial Assistance for Medications, Medical Case Management (Linkage to Care and Medical Retention Services), Non-Medical Case Management (Client Advocacy , Client Support Services, and Benefits Counseling), Emergency Financial Assistance for Housing, Short-term Supportive Housing, Oral Health Care, Home Health Care/ Home and Community Based Services, Medical Nutrition Therapy, Food Bank, Home Delivered Meals, Mental Health (Individual and Group Counseling), Residential Substance Abuse Treatment, Nutritional Supplements, Medical Transportation, and Legal Services. Please refer to service-specific standards for more detailed or additional requirements.

These standards are to be referenced in the contracts managed, monitored, and enforced by the Ryan White Program Grant Recipient in conjunction with policies, guidance, and other requirements stipulated by the Ryan White Act.

Goals of the Standards. These standards of care are provided to ensure that Orange County’s Ryan White-funded services:

- Are accessible to all persons living with HIV who qualify and meet eligibility requirements
- Promote continuity of care, client monitoring, and follow-up
- Enhance coordination among service providers to eliminate duplication of services
- Provide opportunities and structure to promote client and provider education
- Maintain the highest standards of care for clients

- Protect the rights of persons living with HIV
- Provide services to enable clients to stay in medical care
- Increase client self sufficiency and quality of life
- Provide a framework to foster ethical and nondiscriminatory practices

SECTION 2: STAFFING REQUIREMENTS AND QUALIFICATIONS

Quality services start with well-prepared and qualified staff. To ensure this, providers must meet all of the following requirements and qualifications:

Code of Conduct. Providers shall establish a written Code of Conduct for staff and members of the Board of Directors. Prior to providing services, staff shall agree in writing to maintain the standards set forth in the Code of Conduct.

Knowledge of Job Responsibilities. Job requirements, duties, and responsibilities for each Ryan White or HOPWA-funded position shall be indicated in job description. Prior to providing services, staff will review the job description, including requirements for certifications and licensure.

HIV Knowledge. Staff providing direct services to clients or who make decisions about client services shall have training and experience with general HIV related issues and concerns. At a minimum, such staff shall have knowledge of the following areas:

- HIV disease process and current medical treatments
- Psychosocial issues related to HIV
- Cultural issues related to communities affected by HIV
- Adherence to medication regimens
- Prevention issues and strategies specific to HIV-positive individuals (“prevention with positives”)
- Harm reduction strategies

See each service-specific standard for additional requirements by service category.

Licensure. All staff must hold the appropriate degrees, certifications, licenses, permits, or other appropriate qualifying documentation, as required by Federal, State, County, or municipal authorities. See each service-specific standard for detailed requirements by service.

Standard	Measure
Staff agree to maintain standards set forth in Code of Conduct	Documentation of staff signature on file
Staff will have a clear understanding of job responsibilities	Written job description on file signed by staff and supervisor
All staff (including administrative staff) will receive initial trainings within 60 days of hire and annual education regarding HIV related	Training/education documentation on file including: <ul style="list-style-type: none"> • Date, time, location, and provider of

Standard	Measure
issues/concerns	education <ul style="list-style-type: none"> • Education type • Name of staff receiving education • Certificate of training completion or education outline, meeting agenda and/or minutes
Service provider shall ensure that staff will have appropriate degrees, certifications, licenses, permits, or other appropriate qualifying documentation, for the functions they perform	Documentation of degrees, certifications, licenses, permits, or other documentation on file

SECTION 3: CULTURAL AND LINGUISTIC COMPETENCE

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 his/her identity, it is not the only factor. Other relevant factors include gender, language, religious beliefs, disability, sexual orientation, beliefs, and institutions. In 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 and relation to it. If a service provider determines that they are not able to provide culturally or linguistically appropriate services, they must be willing to refer the client to another staff or provider that can meet the client’s needs.

Culturally and linguistically appropriate services:

- Respect, relate, and respond to a client’s culture in a non-judgmental, respectful manner
- Match the needs and reflect the culture and language of the clients being served, including providing written materials in a language accessible to clients
- Recognize the significant power differential between provider and client and work toward developing a more collaborative interaction
- Consider each client as an individual, not making assumptions based on perceived membership in any group or class
- Translation and/or interpretation services as appropriate
- Non-judgmental environment concerning sexual practices

Standard	Measure
Service providers shall recruit a diverse staff that reflects the culture (including gender, sexual identity, and disability) of the community served	Providers have a written strategy on file

Standard	Measure
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 including: <ul style="list-style-type: none"> • 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 shall 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, and accessibility with public transportation

SECTION 4: CLIENT REGISTRATION

Client registration is required for all clients accessing Ryan White services, except Early Intervention Services (EIS) and Outreach Services. Registration is a time to gather demographic data and provide basic information about services. It is also a pivotal moment for establishment of trust and confidence in the care system. Staff shall provide an appropriate level of information that is helpful and responsive to client need. If a client is receiving multiple Ryan White services with the same service provider, registration is only required to be conducted one time.

If a client is referred by another provider and the client has opted to share their ARIES data, the provider receiving the referral does not have to collect registration information. The provider shall review ARIES to ensure all registration data has been collected and is documented in ARIES. If the client is non-share in ARIES, the referring provider may provide registration information or the provider receiving the referral shall gather registration information from the client. Provision of information regarding *Notice of Privacy Practices*, *Client Rights and Responsibilities*, and *Client Grievance Process* may be conducted one-time at the referring provider agency. To document the provision of this information, the referring provider may send the provider receiving the referral a signed document indicating that they have provided this information to the client.

-
- **Timeframe.** Registration shall take place as soon as possible, at maximum within five (5) business days of referral or initial client contact. If there is an indication that the client may be facing imminent loss of medication or is facing other forms of medical crisis, the registration process will be expedited and appropriate intervention may take place.
 - **Eligibility and Qualification Determination.** The service provider shall obtain the necessary information to establish the client's eligibility via the Eligibility Verification Form (EVF); See Requirements to be Eligible and Qualify for Services: <http://ohealthinfo.com/civicax/filebank/blobdload.aspx?BlobID=31965>).
 - **Demographic Information.** The service provider shall obtain the appropriate and necessary demographic information to complete registration; this includes basic information about the client's HIV medical history, living situation, employment and financial status, service linkages, and emergency contact information.
 - **Provision of Information.** The service provider shall explain what the service(s) entail and provide information to the client. The provider shall also provide the client with information about resources, care, and treatment (included in the HIV Client Handbook).
 - **Required Documentation.** The provider shall develop the following forms in accordance with state and local guidelines. The following forms shall be signed and dated by each client.
 - **ARIES Consent:** Clients shall be informed of the AIDS Regional Information and Evaluation System (ARIES). The ARIES consent must be signed at registration prior to entry into the ARIES database and every three (3) years thereafter. The signed consent form shall indicate (1) whether the client agree 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.
 - **HMIS Consent:** Clients shall be informed of the Homeless Management Information System (HMIS). The HMIS consent must be signed at registration prior to entry into the HMIS database.
 - **Confidentiality and Release of Information (ROI)/Authorization to Disclose (ATD):** When discussing client 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 should include inquiry about how the client wants to be contacted (at home, at work, by mail, by phone, etc.). If there is a need to disclose information about a client to a third party, including family members, clients shall be asked to sign a ROI/ATD form, authorizing such disclosure. A ROI/ATD form describes the situations under which a client's information can be released and includes the name of the agency and/or person with whom information will be shared, the specific information to be shared, duration of the release consent, and the client's signature. This form may be signed at registration prior to the actual need for disclosure. The ROI/ATD may be cancelled or modified by the client at any time. For agencies and information covered by the [Health Insurance Portability and Accountability Act \(HIPAA\)](#), the ROI/ATD must be a HIPAA-compliant disclosure.
 - **Consent for Treatment:** Signed by the client, agreeing to receive services/treatment.

The following forms shall be signed and dated by each client except for those receiving Early Intervention Services or Outreach Services. The forms shall be posted in a location that is accessible to clients. For documents available in the HIV Client Handbook, completed forms may indicate that the client has received the HIV Client Handbook.

- **Notice of Privacy Practices (NPP):** Clients shall be informed of the provider’s policy regarding privacy rights based on the provider’s confidentiality policy. For agencies and information covered by HIPAA, providers shall comply with HIPAA guidelines and regulations for confidentiality.
- **Client Rights and Responsibilities:** Clients shall be informed of their rights and responsibilities (included in the HIV Client Handbook).
- **Client Grievance Process:** Clients shall be informed of the grievance process (included in the HIV Client Handbook).

Standard	Measure
Registration process shall begin within five (5) business days of referral or initial contact with client	Registration information is completed and in client record
Eligibility for services is determined	Client’s record includes proof of eligibility and qualification
Registration information is obtained	Client’s record includes data required for Ryan White Services Report
ARIES Consent signed and completed prior to entry into ARIES	Signed and dated by client and in client record
HMIS Consent signed and completed prior to entry into HMIS	Signed and dated by client and in client record
ROI/ATD is discussed and completed as needed	Signed and dated by client and in client record file as needed
Consent for Treatment completed	Signed and dated by client and in client record
Client is informed of Notice of Privacy Practices	Signed and dated by client and in client record
Client is informed of Rights and Responsibilities	Signed and dated by client and in client record
Client is informed of Grievance Procedures	Signed and dated by client and in client record

SECTION 5: SERVICE MANAGEMENT

Once client registration has been conducted, the provider may provide the appropriate range of services to the client. Service management shall be consistent with the following principles.

Service Delivery

- Services shall be delivered in a manner that promotes continuity of care.
- Providers shall refer clients to other providers if they cannot provide a level of service that is medically, culturally, linguistically, or otherwise appropriate for the needs of the clients.

Confidentiality

- All providers shall comply with HIPAA and adhere to any current updates (Please refer to Appendix B). All HIPAA regulations shall be followed when interacting with or on behalf of the clients as well as in record maintenance.

Service Planning

- Where service provision options are substantially equivalent, the least costly alternative shall be used in meeting the needs of clients.
- Services shall be planned, managed, and monitored to avoid the need for urgent or emergency services, the interruption of services, and need for emergency or unplanned appropriations of funding to continue services during contract periods.

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 and/or Homeless Management Information System (HMIS) 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 in ARIES (e.g. demographic and risk factor information) for the Ryan White Services Report.

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 and by service-specific standard. See each service-specific standard for additional requirements by service.

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 regulations via training upon employment and annually thereafter	Documentation of HIPAA education or training on file
Provider shall ensure client information is in a secured location	Site visit will ensure
Provider shall screen clients to ensure the least costly service is used as appropriate to client needs; screening shall occur at minimum when client is accessing a new service and periodically as the client's needs change	<ul style="list-style-type: none"> • Written procedure in place • Documentation of client screening and determination in client record • Site visit will ensure
Provider shall regularly review client charts to ensure proper documentation, including progress notes	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 and/or HMIS	Required data fields will be validated by the Ryan White Services Report and/or HMIS
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 6: SERVICE CLOSURE

Ryan White services are considered critical to a client's welfare and in assuring access to medical care and other critical services. Closure from services may affect the client's ability to receive and stay compliant with medical care. Client Records will be closed when there is no longer a need for the service. As such, closure from services must be carefully considered and reasonable steps must be taken to assure clients are maintained in services. See service-specific standards for additional requirements regarding service closure.

A client may be discharged from services due to the following conditions:

- The client has died.
- The client has become ineligible for services (e.g., due to relocation outside Orange County or other eligibility requirements).
- The client no longer demonstrates need for services.
- The client chooses to terminate services.
- The client's needs would be better served by another agency.
- The client demonstrates pervasive unacceptable behavior that violates client rights and responsibilities.
- The client cannot be located after documented multiple and extensive attempts for a period no less than three (3) months.

Efforts to Find Client. The provider shall periodically query data systems to identify clients who appear to be lost to follow-up. If the client is receiving case management, the home health services provider may work with the case manager to locate the client. 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 last known medical provider and other providers for which releases have previously been obtained. Clients who cannot be located after extensive attempts may be referred to available outreach services so that they may be linked back into the care system. Emergency contacts may be used to reach a client and may be done based on agency policy.

Closure Due to Unacceptable Behavior. If closure is due to pervasive unacceptable behavior that violates client rights and responsibilities, the provider shall notify the client that his/her services are being terminated and the reason for termination. Within the limits of client's authorization to receive mail, notification of closure shall be mailed to the client. A copy of the notification shall be placed in the client's chart. If the client has no known address or the provider is not authorized to send mail to the client, the provider shall document other types of notification of closure (e.g. phone calls, visit) or attempts to notify the client of closure. If the client does not agree with the reason for closure, he/she shall be informed of the provider's grievance procedure.

Closure Due to Ryan White Ineligibility. If closure is due to client's ineligibility for the program, the provider shall include documentation in client's record. Additionally, clients shall be notified of their eligibility status to the Ryan White program and their options for care. Proper linkages to other services shall be provided.

Data Collection Closeout. The provider shall close out the client in the data collection system (ARIES and/or HMIS) as soon as possible, but no later than thirty (30) days of service closure.

For clients receiving multiple services at the same provider agency, the provider shall coordinate efforts between services to ensure that data collection closeout occurs no later than thirty (30) days of closure from all Ryan White services at that provider agency.

Standard	Measure
Client closure due to client showing no demonstrated need	Documentation of no demonstrated need for closure in client record
Notify client regarding closure if due to pervasive unacceptable behavior violating client rights and responsibilities	Copy of notification in client service record Documentation of pervasive unacceptable behavior in client record For clients with no known address or is unable to receive mail, documentation of other types of notification or attempt at notification in client record
Closure due to client no longer being eligible for services	Documentation of ineligibility in client record Documentation that client was notified of eligibility status, their options for care, and proper linkages to other services were provided, as applicable
Closeout of data collection shall be completed for each client who has been closed from all services at that provider agency	Data collection system (ARIES) and/or HMIS will indicate client's closure no later than thirty (30) days of service closure

SECTION 7: QUALITY MANAGEMENT

Providers shall have at least one 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 Performance Outcome Goals.
- 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. Glossary of Terms

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).

Client: Individual receiving services.

Eligibility for a service: Is based on Health Resources Services Administration (HRSA) and/or Housing Opportunities for Persons with AIDS (HOPWA) 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 and/or HOPWA 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.

Health Resources and Services Administration (HRSA): HRSA is an agency of the U.S. Department of Health and Human Services, responsible for improving health care to people who are geographically isolated, economically or medically vulnerable including people living with HIV.

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.

Homeless Management Information System (HMIS): A local information technology system used to collect client-level data and data on the provision of housing and services to homeless individuals and families and persons at risk of homelessness.

Appendix A. Glossary of Terms (continued)

Housing Opportunities for Persons With HIV/AIDS (HOPWA): Federal program dedicated to the housing needs of people living with HIV, under the federal department Housing and Urban Development (HUD).

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.

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 and/or HOPWA 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.

Appendix B. References

California Office of AIDS

<https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OAwelcome.aspx>

Health Insurance Portability and Accountability Act (HIPAA) of 1996

<https://www.hhs.gov/hipaa/index.html>

Housing Opportunities for People with HIV/AIDS (HOPWA)

<https://www.hudexchange.info/programs/hopwa/>

Orange County HIV Resources Documents

<http://www.ochealthinfo.com/phs/about/dcepi/hiv/service/docs>

Quality Management Report Template

<http://www.ochealthinfo.com/civicax/filebank/blobdload.aspx?BlobID=62360>

Ryan White Program

<https://hab.hrsa.gov/about-ryan-white-hiv-aids-program/about-ryan-white-hiv-aids-program>