Executive Office of Health & Human Services
Ryan White HIV Provision of Care
Service Standards

The purpose of this document is to establish the minimum standards of care that Ryan White Part B sub-recipient must meet when delivering HIV care and support services to persons living with HIV/AIDS in Rhode Island. All standards of care are in accordance with Federal Ryan White HIV/AIDS Program Legislation (PHS ACT 2616), HRSA/HAB issued Monitoring Standards, Policy Notices and Guidance for Ryan White recipients. This document is divided into three sections:

1. **Universal Service Standards:** Includes service standards that apply to the provision of all Ryan White Part B funded core and support services.

2. **Service Standards for Core Services:** Includes standards of care that apply to each funded core services, including: medical case management, medical nutrition therapy, mental health services, oral health services, outpatient and ambulatory medical care, ADAP, Health Insurance Continuation, and Home and Community Base Care.

3. **Service Standards for Support Services:** Includes service standards that apply to each funded support services, including; non-medical case management, Emergency Financial Assistance, Food Bank /home delivered meals, medical transportation, and psychosocial support services.

All agencies funded by the Rhode Island HIV/AIDS Program to deliver any core or support services must adhere to the following universal service standards and maintain proper documentation to verify ongoing compliance.

#	***Universal Service Standard***	***Measure/Evidence***
1.0	**ELIGIBILITY /RECERTIFICATION**	
1.1	To ensure appropriate use of Ryan White Part B funds designated for persons with HIV disease in Rhode Island. An eligible person must be: 1. HIV infected; 2. Poor defined as up to 500% of the federal poverty level; and **3.** A resident of the state of Rhode Island	Part B Eligibility Policy

1.2	Before providing a Ryan White service, each provider shall verify and document the eligibility for services develop by the Rhode Island Part B. Contractors are responsible for documenting: • HIV Status: Verification of HIV+ status shall be in a written form (only required once); • Financial: Client must meet financial eligibility requirements as defined by the State of Rhode Island , which is currently up to % of the federal poverty level; and • Residency: To receive services funded by Part B, Client should reside in the state. **Citizenship is not a requirement to access services.** **Ryan White HIV/AIDS Program recipients may not deny services, including prescription drugs, to a veteran who is otherwise eligible for Ryan White HIV/AIDS Program services.** Reassessment of client eligibility must occur at least every six months (HAB Universal Monitoring Standards B1).	Documentation in client's file: • Application Documentation of HIV Status • HIV Lab result. • Written statement from a physician or medical record, pending confirmatory testing within 3 months of receipt of statement or record. Income Documentation • benefit award letter; • pay stubs; • standardized declaration of income statement; • standardized supporter statement; • standardized statement of no income; • tax forms (i.e. W2, tax returns); • Unemployment benefits letter; or • Prison release paper within 30 days of release date. • Modified Adjusted Income Form Residency Documentation • Current Rhode island ID or Driver's license; • Utility bills; • Benefits Award letter in name of client showing address; • Voter registration; • Lease or mortgage in clients name; • Notarized Affidavit; or • Verification, on letterhead, from Residential programs (e.g., residential treatment centers, halfway houses).
1.3	Re-certification To maintain eligibility for RWHAP services, clients must be recertified at least every six months. The primary purpose of the recertification process is to ensure that an individual's residency or income continue to meet recipient eligibility.	Client signed statement of no change in clients file or documentation of change if there is change in residency and/or income

1.4	Verification insurance status to verify that the RWHAP is the payer of last resort. The recertification process includes checking for the availability of all other third party payers	Insurance verification a minimum of four times a year or more often.
2.0	**CONFIDENTIALITY/PRIVACY**	
2.1	Sub-recipients must protect client confidentiality in accordance with state and federal laws, including the Health Insurance Portability and Accountability Act (HIPAA) when applicable.	Written confidentiality policies which include: • Process for training of staff and volunteers; • Agency staff/volunteer confidentiality agreements; • Procedures for use of Client Release of Information Form and instructions for completing the form correctly; • Procedures for release of information via mail, phone, fax, voicemail, email and/or text message; • Policy for storing client information; • Procedures for maintaining confidentiality if information is taken out of the office; • Procedure for investigating breaches of confidentiality; • Penalties for violating agency policy.
2.2	Protection of client confidentiality includes development and routine use of a Client Release of Information Form detailing under what circumstances client information may be released, and to whom, as well as procedures for ensuring that all client files, records and identifying information are maintained in strict confidentiality.	Client records must include an up-to-date Client Release of Information that corresponds to each request for information. Each release must include: • Client signature and date of signature; • Name of agency/individuals with whom information will be shared; • Specific information that will be shared; • Expiration date of release (no more than 12 months from date of client signature);

		• Demonstration that all paper client files, records and identifying information are kept in a locked file or cabinet inside of a locked room; • Demonstration that all electronic client files, records and identifying information are password protected with access limited to appropriate staff. Screensavers must also be password protected and set for less than 10 minutes.
2.3	Files, records or other documentation containing client information must be maintained for a minimum of 7 years. After 7 years, paper files must be disposed of using a cross-cutting shredding machine specifically designed for confidential information.	Verification that client files are kept for a minimum of 7 years and disposed of in accordance with confidentiality standards.
2.4	All sub-recipient staff and volunteers who have access to client information, must be provided with the agency confidentiality policy and procedures	Proof that staff and volunteers have received the confidentiality policy.
3.0	**ASSESSMENT SERVICE PLAN**	
3.1	To enhance continuity of care by establishing the activities that facilitate a patient's movement from one health care setting to another, or to home.	Agency development and implementation of assessment service plan policies and procedures.
3.2	Patients will be discharged from Ryan White services if: • Patient requests discharge; • Patient transfers to a new provider agency; • Patient is referred to a different program, • Patient has maintained inactive status for one year; • Severe violation of program rules and regulations occurs; ➢ Agency must document the violation. ➢ Agency must provide the patient with a verbal and written description of the patient appeal process. ➢ Patient expires, although services may continue with affected parties	Documentation on client chart of discharge, transition or termination.

3.3	Patients are transferred from services when: • The patient requests a different service provider agency; • The patient relocates out of the state;	Documentation is found in the client's file
3.4	Patients are inactive when: • Seven months have lapsed without contact between the patient and the provider: ➢ Providers need to make a final outreach attempt at least two weeks prior to inactive status. ➢ Notification must include impending inactive status.	Documentation is found in the client's file
	Patients are suspended from program due to violation of program rules.	Documentation is found in the client's file
4.0	**TRANSITION AND DICHARGE**	
4.1	The goal is to enhance continuity of care by establishing the activities that facilitate a patient's movement from one health care setting to another, or to home.	Agency policies on transition and discharge
4.2	Patients will be discharged from Ryan White services if: • The patient requests discharge; • The patient transfers to a new provider agency; • The patient is referred to a different program, • The patient has maintained inactive status for one year; • Severe violation of program rules and regulations; ➢ The agency must document the violation. ➢ The agency must provide the patient with a verbal and written description of the patient appeal process. • The patient expires, although services may continue with affected parties.	Documentation on Client chart of discharge, transition or termination
4.3	Patients are transferred from services when: • The patient requests a different medical case management provider agency within the state. • The patient relocates out of the state.	Documentation is found in the client's file

4.4	Patients are inactive in medical case management when: • Seven months have lapsed without contact between the patient and the medical case manager (agency discretion); • Medical case managers need to make a final outreach attempt at least two weeks prior to inactive status; • Notification must include impending inactive status;	Documentation is found in the client's file
4.5	Patients are suspended from program due to violation of program rules and regulations**.** • The agency must document the violation; • The agency must document the duration of the suspension; • The agency must document the mechanism of re-instatement; • The agency must document having provided the patient with a verbal and written description of the appeal process	Documentation is found in the client's file
5.0	**CASE CLOSURE PROTOCOL**	
5.1	Clients who are no longer engaged in active case management or other core services should have their cases closed based on the following criteria and protocol outlined in Service Standards.	Documentation of files closed.
5.2	Common reasons for case closure include: • Client lost to care or does not engage in service; • Client chooses to terminate service; • Client relocates outside of service area(if applicable); • Agency terminates as described in Policies and Procedures; • Mutual agreement; • Client is no longer in need of service; • Client completed case management goals; • Client no longer eligible; • Client is referred to a program that provides comparable case management services.	Documentation of the reason for the closure of the case in client records.

5.3	Upon termination of active case management services, a client case is closed and contains a closure summary documenting the case disposition.	1. Closed cases include documentation stating the reason for closure and a closure summary. 2. Supervisor signs off on closure summary indicating approval.
5.4	Policies and Procedures outline the criteria and protocol for case closures	Provider agency has a case closure policy that includes standards of care requirement.
6.0	CULTURAL AND LINQUISTIC COMPETENCY FOR APPROPRIATE SERVICE DELIVERY	
6.12	Program assesses the cultural and linguistic needs, resources, and assets of its service area and target population(s).	Provider will provide evidence of the program
6.2	All programs ensure access to services for clients with limited English skills in one of the following ways (listed in order of preference): • Bilingual staff who can communicate directly with clients in preferred language; • Face-to-face interpretation provided by qualified staff, contract interpreters, or volunteer interpreters; • Telephone interpreter services (for emergency needs or for infrequently encountered languages); or • Referral to programs with bilingual/bicultural clinical, administrative and support staff and/or interpretation services by a qualified bilingual/bicultural interpreter.	Provider will provide evidence of access to these services.
6.3	Clients are informed of their right to obtain no-cost interpreter services in their preferred language, including American Sign Language (ASL).	Note in client chart
6.4	Clients have access to linguistically appropriate signage and educational materials.	Provider will provide documentation of access to signage and educational materials
6.5	All agency staff having direct contact with clients will receive training in cultural competency. Agency shall provide annual training in cultural competency to all staff	Documentation of annual cultural competency training in personnel file.

7.0	**GRIEVANCEE PROCEDURES**	
7.1	The provider has a written grievance procedure in place.	
7.2	Clients are made aware of the grievance procedures and how to use them.	Documentation in clients chart.
7.2	Program provides each client a copy of a Client Rights and Responsibilities document that informs him/her of the following: • Agency's client confidentiality policy; • Agency's expectations of the client as a consumer of services; • Client's right to file a grievance; • Client's right to receive no-cost interpreter services; • Reasons for which a client may be discharged from services, including a due process for involuntary discharge.	Provider will provide evidence of informing clients to these client rights.
7.4	Agency expectations of clients, including the circumstances under which client services will be terminated, such as: (1) for client's deviation from the care of failure to uphold patient responsibilities; (2) at the patient's request; or (3) when the agency determines that the services being provided are no longer appropriate.	Documentation in clients chart
8.0	**REFERRAL RELATIONSHIP**	
8.1	The agency has a referral process that explains how referrals to other providers are made and tracked.	Provider will provide evidence of informing clients of these services.
8.2	Agency has policies and procedures in place regarding client consent for requesting or releasing information	Provider will provide evidence of policies and procedures for client consent for requesting or releasing information
8.3	Agency maintains progress notes of all communication between providers and clients.	Documentation in clients chart
8.4	Sub-recipients must maintain appropriate referral relationships with entities that constitute key points of entry as defined by federal Ryan White legislation including: • Emergency rooms; • Substance abuse and mental health treatment programs; • Detoxification centers; • Detention facilities;	Documentation in client records of referrals offered including date and type of the referral. Documentation must also include outcome of the referral, including refusal by client to accept referral if applicable

	• Clinics regarding sexually; • transmitted disease; • Homeless shelters; • HIV disease counseling and testing sites; • Health care points of entry specified by eligible areas; • Federally Qualified Health Centers (HAB National Monitoring Standards-Part B Program F2); Sub-recipients must also maintain appropriate referral relationships with agencies that provide support services that the sub-recipient itself does not directly provide.	
9.0	**SECURITY**	
9.1	Providing Agencies maintain a safe and secure environment	
9.2	Client service/patient care areas are clean and free of clutter, hazardous substances, or other obstacles that could cause harm	Observation during on-site visit
9.3	Infection control procedures including universal precautions are well documented, in place and followed.	Provider will provide evidence of infection control policies and procedures
9.4	Agency assures that services are available to individuals with disabilities, including, but not limited to, persons who are hearing, mobility, visually/ or cognitively impaired, or the agency provides arrangements to serve these clients.	Provider will document evidence of providing clients with access to the availability of these services.
9.5	Agency complies with all applicable state and federal workplace and safety laws and regulations, including fire safety.	Provider will provide evidence of compliance.
9.5	Illicit drugs, alcohol and weapons of any form are prohibited on the agency's premises and there is well-placed and visible signage as well as security procedures outline in agency polices and procedure manual.	Provider will provide evidence of this program.
9.6	Crisis management policy exists that addresses, at a minimum, infection control (e.g., needle sticks), mental health crises, and dangerous behaviors by clients or staff.	Provider will provide evidence of this policy.
9.7	Agency's physical plant is well secured as evidenced through appropriate staff identification,	Observation during on-site visit

	entrance access devices (keys, pass codes, ID cards) and restricted areas well signed and visible.	
9.8	Agency provides clients with their schedule of hours of operation, including a list of holidays on which the agency will be closed; the procedures for notifying clients of unscheduled closings, such as for inclement weather; and the procedures for after-hours emergencies.	Provider will provide evidence of this program

Ambulatory/Outpatient Medical Care

I. Definition

Outpatient/Ambulatory Health Services are diagnostic and therapeutic services provided directly to a client by a licensed healthcare provider in an outpatient medical setting. Outpatient medical settings include clinics, medical offices, and mobile vans where clients do not stay overnight. Emergency room or urgent care services are not considered outpatient settings. Allowable activities include:

- Medical history taking
- Physical examination
- Diagnostic testing, including laboratory testing
- Treatment and management of physical and behavioral health conditions
- Behavioral risk assessment, subsequent counseling, and referral
- Preventive care and screening
- Pediatric developmental assessment
- Prescription, and management of medication therapy
- Treatment adherence
- Education and counseling on health and prevention issues
- Referral to and provision of specialty care related to HIV diagnosis

II. Key Components

Clinic or office-based medical care given to HIV+ individuals in an outpatient setting by or under the direction of a licensed physician, physician assistant, registered nurse, clinical nurse specialist or a nurse practitioner. Services focus on appropriate medical intervention, continuous health care and/or chronic disease care over time as the patient's disease progresses. Services include primary medical care and all other services associated with the HIV diagnosis such as laboratory, diagnostic

testing, specialty care (e.g., infectious disease, dermatology, oncology, outpatient rehabilitation, physical therapy, and vision.

Treatment Adherence services provided during an Outpatient/Ambulatory Health Service visit should be reported under the Outpatient/Ambulatory Health Services category whereas Treatment Adherence services provided during a Medical Case Management visit should be reported in the Medical Case Management service category.

III. Qualifications

#	Standard	Measure/Evidence
1.11	Individual clinicians shall have documented unconditional licensure/certification in his/her particular area of practice.	Appropriate licenses/certifications are maintained.
1.12	Service providers shall employ clinical staff who are knowledgeable and experienced regarding their area of clinical practice as well as in the area of HIV/AIDS clinical practice. All staff without direct experience with HIV/AIDS shall be supervised by one who has such experience.	Personnel records/resumes/applications for employment reflect requisite experience/education.
1.13	HIV physicians providing medical care shall demonstrate continuous professional development by earning a minimum of 10 hours of category 1 HIV-related CME/CE per year.	Personnel records contain documentation of employee's professional development.
1.21	Provider shall have an established, detailed staff orientation process. Orientation must be provided to all staff providing direct services to patients within thirty (30) working days of employment.	Personnel record reflects completion of orientation and signed job description. Contract providers will provide documentation of receiving such training.
1.22	Non-licensed staffs interacting directly with clients are supervised by appropriately licensed or certified professionals.	Personnel record reflects documentation of supervision given to non-licensed staff by appropriate licensed or certified professional.
1.22	Provider/Agency shall be accredited/licensed to deliver services.	Evidence of current unconditional license and/or certification is on record for each provider and for organization as a whole, where applicable.

AIDS Drug Assistance Program (ADAP)

I. Definition

The AIDS Drug Assistance Program (ADAP) is a state-administered program authorized under Part B of the RWHAP to provide FDA-approved medications to low- income clients with HIV disease who have no coverage or limited health care coverage. ADAPs may also use program funds to purchase health insurance for eligible clients and for services that enhance access to, adherence to, and monitoring of antiretroviral therapy. RWHAP ADAP recipients must conduct a cost effectiveness analysis to ensure that purchasing health insurance is cost effective compared to the cost of medications in the aggregate.

KEY COMPONENTS

Ongoing service/program to pay for approved pharmaceuticals and/or medications for persons with no other payment source.

P): A state administered program authorized under Part B that provides FDA-approved medications to low-income individuals with HIV disease who have limited or no coverage form private insurance or Medicaid.

Medications include prescription drugs provided through ADAP to prolong life or prevent the deterioration of health. The definition *does not include* medications that are dispensed or administered during the course of a regular medical visit or that are considered part of the services provided during that visit. If medications are paid for and dispensed as part of an *Emergency Financial Assistance Program*, they should be reported as such.

To provide medications to treat HIV-disease and associated opportunistic infections in accordance with prescribed drug regimens recommended by the Public Health Service (PHS) Guidelines for the treatment of HIV infection.

III. Qualifications

#	Service Standard	Measure/Evidence
1.0	**Only eligible clients receive services**	
1.1	The ADAP program will provide case managers with annual training on the ADAP eligibility, enrollment, recertification process, including updates on program changes.	Attendance of Case Managers at annual training on eligibility, enrollment, and recertification process as documented in personnel files.
1.2	The state will maintain an efficient ADAP enrollment process with timely access to medications.	Documented completed applications approve or denies within two weeks of completed paperwork
1.3	The ADAP recertification process takes place by the last day of the client's birth month and every 6 months following, and does not cause an interruption in client access to medications.	Client recertification's conducted and documented in each client file at least twice a year and at least 150 days apart.
1.4	Accepted and approved client files contain complete documentation of client's ADAP eligibility.	Proof of HIV status, proof of income that meets the Federal Poverty Limits as established by the Part B/ADAP program, proof of residency and payer of last resort in each client file to document initial eligibility.

1.5	Clients are reviewed for continual ADAP eligibility twice a year.	Client recertification's conducted and documented in each client file at least twice a year and at least 150 days apart.
2.0	**Clients receive medication according to current guidelines**	
2.1	The state will work with providers to ensure clients do not receive unsafe medication combinations.	Document as applicable
2.2	New antiretroviral medications are included in the ADAP formulary within 90 days of the date of inclusion of new antiretroviral classes in the DHHS/PHS Guidelines for the use of Antiretroviral Agents in HIV-1-infected adults and adolescents during the measurement year. Prior to authorizations will be established through periodic review every 6 months.	ADAP clients are not taking contraindicated medications per USPHS guidelines.
2.3	The ADAP program will review the formulary at least one time every 12 months.	Document as applicable
3.0	**Client Case Reports are on file with Health's Surveillance Division prior to ADAP services rendered.**	
3.1	ADAP, in partnership with Health's Surveillance Division, will ensure a client case report is received within 4 days in accordance with state statutory requirements and prior to adding a client onto ADAP.	Document as applicable
4.0	**The recipient promotes a comprehensive ADAP program that recruits and retains staff through training on the ADAP eligibility process, enrollment format, and recertification process**	
4.1	The recipient will meet minimum standards of documentation by maintain ongoing communication with the providing agencies on program changes, agency reporting requirements, and access to agree upon service needs.	Document as applicable

4.2	The recipient will communicate with all the providers' clients and/or their case managers of any client at risk for termination from the ADAP Program.	Document as applicable
5.0	**Staff**	

Case Management (Non-Medical)

I. Definition/Overview

Non-Medical Case Management Services (NMCM) provide guidance and assistance in accessing medical, social, community, legal, financial, and other needed services. Non-Medical Case management services may also include assisting eligible clients to obtain access to other public and private programs for which they may be eligible, such as Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, other state or local health care and supportive services, or health insurance Marketplace plans. This service category includes several methods of communication including face-to-face, phone contact, and any other forms of communication deemed appropriate by the RWHAP Part recipient. Key activities include:

- Initial assessment of service needs
- Development of a comprehensive, individualized care plan
- Continuous client monitoring to assess the efficacy of the care plan
- Re-evaluation of the care plan at least every 6 months with adaptations as necessary
- Ongoing assessment of the client's and other key family members' needs and personal support systems

Key components

Non-Medical Case Management Services have as their objective providing guidance and assistance in improving access to needed services whereas Medical Case Management services have as their objective improving health care outcomes. (US Department of Health and Human Services, HIV/AIDS Bureau, Policy Clarification Notice 16-01 February 2016.)

Non-Medical Case Management is a collaborative process that assess, educates, plans, implements, coordinates, monitors and evaluates the options and services required to meet the clients health and human service needs.

Key activities on non-medical case management include, but are not limited to:

1. Providing information, referrals and assistance with linkage to medical and psycho-social services as needed.
2. Advocating on behalf of clients to decrease service gaps and remove barriers to service.
3. Helping and empowering clients to develop and utilizes independent living skills and strategies.
4. Providing unbiased and ethical services.

5. Provide benefits counseling by assisting eligible clients in obtaining 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 Patient Assistance Programs, other state or local health care and supportive services, and insurance plans through the health insurance Marketplaces/Exchanges).

Activities that are related to medical care/treatment or adherence are not included in non-medical case management.

III. Qualifications

Staff Qualifications	**Expected Documentation**
The minimum requirements are: a. A minimum of an Associate's Degree from an accredited college or university; **and** b. A minimum of one year paid work experience with persons living with HIV/AIDS or other catastrophic illness **preferred**; **and/or** c. State, National, or Local certification from a recognized state/national/local certification organization and/or licensing organization **preferred** (i.e. CSW, LCSW, LPC, LCADC, etc.); **or** d. Extensive knowledge of community resources and services; e. Case managers that do not meet the above requirement will need to take annually a minimum of sixteen (16) additional hours of training on the target population and the HIV service delivery system in the service area including but not limited to: • The full complement of HIV/AIDS services available in the service area. How to access such services [including how to ensure that particular sub-populations are able to access services (i.e., undocumented individuals)]; • Procedure manual; • Education on applications for eligibility under entitlement and benefit programs other than Ryan White services	Personnel files/resumes/applications for employment reflect requisite experience, education, and or training.

Medical Case Management Program

I. Definition

Medical Case Management, including Treatment Adherence Services
Description:

Medical Case Management is the provision of a range of client-centered activities focused on improving health outcomes in support of the HIV care continuum. Activities may be prescribed by an interdisciplinary team that includes other specialty care providers. Medical Case Management includes all types of case management encounters (e.g., face-to-face, phone contact, and any other forms of communication). Key activities include:

- Initial assessment of service needs
- Development of a comprehensive, individualized care plan
- Timely and coordinated access to medically appropriate levels of health and support services and continuity of care
- Continuous client monitoring to assess the efficacy of the care plan
- Re-evaluation of the care plan at least every 6 months with adaptations as necessary
- Ongoing assessment of the client's and other key family members' needs and personal support systems
- Treatment adherence counseling to ensure readiness for and adherence to complex HIV treatments
- Client-specific advocacy and/or review of utilization of services

In addition to providing the medically oriented services above, Medical Case Management may also provide benefits counseling by assisting eligible clients in obtaining 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 Patient Assistance Programs, other state or local health care and supportive services, and insurance plans through the health insurance Marketplaces/Exchanges).

II. Key Components

Provision of services focused on maintain HIV-infected persons in the systems of primary medical care to improve HIV-related health outcomes. Medical Case Managers act as part of a multidisciplinary medical team, with a specific role of assisting clients in following their medical treatment plan. Medical Case Managers must include a comprehensive assessment of need, service plan development to address client issues such as medication compliance, adherence and risk reduction, as well as patient education.

Key activities include: (1) completion of comprehensive assessment of service needs; (2) development of a comprehensive, individualized service plan; (3) coordination of services required to implement the plan (service linkage); (4) client monitoring to assess the efficacy of the plan; (5) periodic re-evaluation and adaptation of the plan as necessary over the life of the client (reassessment); and (6) case closure or transfer as appropriate. Activities should also include client-specific advocacy, review of health status indicators, cross-disciplinary care coordination, service utilization, and treatment adherence.

III. Qualifications

Staff Qualifications	Expected Documentation
Medical case management services must be provided by trained professionals, including both medically credentialed and other health care staff who provide a range of client-centered services that result in a coordinated care plan which links clients to medical care and other clinical care, psychosocial, and other support services. They will meet the qualifications for the position as outlined in the Agency's job description. The requirements are: a. A bachelor's (required) or master's degree (preferred) in social work from an accredited program and/or current and valid Rhode Island State Social work License for CSW, LSW or LCSW ; OR b. A bachelor's (required) or master degree (preferred) in Nursing (RN) and a valid Rhode Island license; c. A Licensed Practical Nurse; OR d. Personnel who do not meet the qualifications listed above will need to have twenty-four (24) hours of annual training. The 24 hours shall include fifteen (15) hours of medical training and three (3) hours of quality management training. .	Personnel files/resumes/applications for employment reflect requisite experience, education and/or training.
The medical training shall include any of the following topics of Medical Adherence, HIV Disease Process, Oral Health, Risk Reduction, Prevention Strategies, Substance Abuse Treatment, and Nutrition. A suggested additional topic may be End-of-Life issues. Medical training should also include training on documentation.	Personnel files reflect training log with documentation of subject matter and attendance at twenty-four (24) hours of annual training.

Mental Health Services

I. HRSA Definition

Mental Health Services are the provision of outpatient psychological and psychiatric screening, assessment, diagnosis, treatment, and counseling services offered to clients living with HIV. Services are based on a treatment plan, conducted in an outpatient group or individual session, and provided by a mental health professional licensed or authorized within the state to render such services. Such professionals typically include psychiatrists, psychologists, and licensed clinical social workers.

II. Key Components

Mental health counseling services includes intensive mental health therapy and counseling (individual and family) provided solely by mental health practitioners licensed in the state of Rhode Island. Counseling services may include general mental health therapy, counseling, bereavement support for clients as well as non-HIV infected family members or significant others. Crisis counseling and referral will be available to clients and care givers. Medical services are provided by a licensed medical, board certified psychiatrist.

Mental Health Services are allowable only for HIV-infected clients.

III. Qualifications

#	Service Standard	Measure/Evidence
1.11	**Minimum Qualifications:** All staff providing direct mental health services to client must be licensed and qualified within the laws of the state of Rhode Island to provide mental health services in one of the following professions: a. Licensed Clinical Social Worker b. Licensed Master Social Worker (LMSW) who is employed or volunteer for an agency not own in total part by the LMSW and who is under a clinical supervision plan c. Marriage and family therapist d. Licensed professional counselor e. Psychologist f. Psychiatrist g. Psychiatric Nurse	Current License/Certification will be maintained on file Personnel records/ resumes/ applications for employment reflect requisite experience/education Documentation of supervision during client interaction with counselor in training (CIT) or interns as required by the Rhode Island Department of Health

	h. Psychotherapist i. Counselor in Training (CIT) supervised by an appropriate licensed/certified professional.	
1.12	**Minimum Supervisory Qualifications:** a mental health supervisor must be a licensed clinical mental health practitioner.	Current license/certification will be maintained on file
1.13	Staff participating in the direct provision of services to clients must satisfactorily complete all appropriate CEU's based on individual licensure requirements at a minimum, as per the license requirement for each licensed mental health practitioner.	Documentation on file.

EMERGENCY FINANCIAL ASSISTANCE

I. HRSA Definition

Emergency Financial Assistance provides limited one-time or short-term payments to assist the RWHAP client with an emergent need for paying for essential utilities, housing, food (including groceries, and food vouchers), transportation, and medication. Emergency financial assistance can occur as a direct payment to an agency or through a voucher program.

Direct cash payments to clients are not permitted. It is expected that all other sources of funding in the community for emergency financial assistance will be effectively used and that any allocation of RWHAP funds for these purposes will be as the payer of last resort, and for limited amounts, uses, and periods of time. Continuous provision of an allowable service to a client should not be funded through emergency financial assistance.

The purpose of the service is to support, facilitate, enhance, or sustain the continuity of the health services for individuals and/or their families who are HIV-positive, and assist clients in their ability to recover from setbacks and advance towards personal recovery and resiliency.

To establish the need for the service and demonstrate the emergency nature of the request, a proof of hardship will be conducted and demonstrated by:

- A significant increase in bills;
- A recent decrease in income;
- High unexpected expenses on essential items;
- The cost of shelter more than 30% of the household income;
- The cost of utility consumption more than 10% of the household income;
- Inability to obtain credit necessary to provide for basic needs and shelter; and
- A failure to provide emergency financial assistance that will result in danger to the physical health of client.

Service Limitations

1. *Short-term temporary housing and emergency rental* assistance will be transitional in nature, no more than ten (10) days or $1,500 a year per client household. The purpose of assistance is to keep an individual or family in a long-term, stable living situation; therefore the approval must be accompanied by a housing strategy plan that addresses transitioning to stable housing. Rent is limited to $1,500 in assistance within a contract year per client household. No funds may be used for any expenses associated with the ownership or maintenance housing (i.e. taxes, mortgage payments, etc.).
2. *Essential Utilit*ies is limited to $1,000 within a contract year per client household.
3. *Medications is limited to $1,000 within a contract year per client who due to an emergency cannot access ADAP, or other RW medication programs in the state.*

4. Food vouchers limited to $1,000 annually
5. Limited to $1,000 annually
6. Direct payments to clients is not permitted

Staff /Other Service Qualification	Expected Documentation
Same as Ryan White Non-Medical Case Manager, or minimum qualifications for position as described in the agency position description and contractual agreement with Recipient. Knowledge of community resources and services.	Personnel files/resumes/applications for employment diplomas and certifications reflect requisite experience and education.
The invoice/bill which is to be paid with emergency financial assistance funds must be in the client's name. An exception may be made only in instances where it can be documented that, although the service (e.g., utility) is in another person's name, it directly benefits the client.	As documented in file. • Copy of invoice/bill paid. • Copy of check for payment.
The agency has a procedure to protect client confidentiality when making payments for assistance, (e.g., checks that do not identify the agency as an HIV/AIDS agency).	Agency Protocol/Policy and Procedure

Oral Health Services

I. Definition/

Oral Health Care services provide outpatient diagnostic, preventive, and therapeutic services by dental health care professionals, including general dental practitioners, dental specialists, dental hygienists, and licensed dental assistants.

II. Key components

Services will include routine dental examinations, prophylaxis, fillings, replacements, and treatment of gum disease and lesions, and oral surgery. Cosmetic dentistry for cosmetic purposed only is prohibited.

III. Qualifications

Staff Qualifications	Expected Practice
Dentists must be licensed and accredited as specified by the Rhode Island State Board of Dentistry (Board).	Personnel files/resumes/applications for employment reflect requisite licensing and accreditation.
Dental hygienists must be licensed and accredited as specified by the state Board.	Personnel files/resumes/applications for employment reflect requisite licensing and accreditation.
Dental assistants must register with the Board within one year if they administer X-rays.	Personnel files/resumes/applications for employment reflect requisite SBDE registration.
Staff Vaccinations: Hepatitis B, required as defined by the Tuberculosis tests at least every 12 months for all staff is strongly recommended; OSHA guidelines must be met to ensure staff and patient safety.	Staff health records will be maintained at each agency to ensure that all vaccinations are obtained and precautions are met.
Service providers shall employ staff (i.e., receptionists, schedulers, file clerks, etc.) that is knowledgeable and experienced regarding their area of practice as well as in the area of HIV/AIDS. All staff without direct experience with HIV/AIDS shall be supervised by a staff person who has such experience.	Agency will maintain documentation of unconditional staff certification and licensure in their particular area of practice, and will monitor the activities of staff to ensure that only qualified employees administer services.
Dental hygienists and assistants must perform all services to patients under supervision of a licensed dentist.	Copy of supervising dentist license on file.
Provider/Agency shall be accredited and/or licensed to deliver dental services.	Documentation of current unconditional license and/or certification is on file for each provider and for organization as a whole, where applicable.

Psychosocial Support Services (Outreach)

I. HRSA Definition

Psychosocial Support Services provide group or individual support and counseling services to assist eligible people living with HIV to address behavioral and physical health concerns. These services may include:

- Bereavement counseling
- Caregiver/respite support (RWHAP Part D)
- Child abuse and neglect counseling
- HIV support groups
- Nutrition counseling provided by a non-registered dietitian (*see* Medical Nutrition Therapy Services)
- Pastoral care/counseling services

Key Component:

Psychosocial Support Services include:

- Individual and group counseling, including drop-in sessions to be provided by a qualified individual (professional or peer). These counseling sessions should be structured, with a treatment plan or curriculum, to move clients toward attainable goals;
- Peer counseling or support groups offered by HIV-positive individuals or those knowledgeable about HIV and are culturally sensitive to special populations;
- HIV support groups, pastoral care groups, and bereavement counseling.

Funds under this service category may not be used to provide nutritional supplements (*See* Food Bank/Home Delivered Meals).

RWHAP-funded pastoral counseling must be available to all eligible clients regardless of their religious denominational affiliation.

Funds may not be used for social/recreational activities or to pay for a client's gym membership. Clients with socialization issues will receive the highest quality of care available through their provider's referral program. Include assessment, service provision, and referrals, tracking and reporting.

III. Qualifications

Staff Qualifications	Expected Practice
Psychosocial support service providers possess the knowledge, skills, and the experience necessary to competently perform expected services.	Personnel File;
Staff is trained and knowledgeable about HIV/AIDS, the affected communities and available resources. Providers must demonstrate knowledge of HIV/AIDS, its psychosocial dynamics, and implications including generally accepted psychosocial interventions and practices.	Documentation of attendance to training on these topics;
Staff is knowledgeable about available resources to avoid duplication of services.	

Medical Transportation Services

I. Definition/Overview

Medical Transportation is the provision of nonemergency transportation services that enables an eligible client to access or be retained in core medical and support services.

Key Components

Medical transportation may be provided through:

- Contracts with providers of transportation services
- Mileage reimbursement (through a non-cash system) that enables clients to travel to needed medical or other support services, but should not in any case exceed the established rates for federal Programs (Federal Joint Travel Regulations provide further guidance on this subject)
- Purchase or lease of organizational vehicles for client transportation programs, provided the recipient receives prior approval for the purchase of a vehicle
- Organization and use of volunteer drivers (through programs with insurance and other liability issues specifically addressed)
- Voucher or token systems

Unallowable costs include:

- Direct cash payments or cash reimbursements to clients
- Direct maintenance expenses (tires, repairs, etc.) of a privately-owned vehicle
- Any other costs associated with a privately-owned vehicle such as lease, loan payments, insurance, license, or registration fees

III. Qualifications

Staff Qualifications	Expected Practice
Drivers for agency conveyance will have received training in universal precautions and infection control appropriate to their duties. All drivers have current Rhode Island driver's licenses for the type of vehicle driven as well as levels of liability insurance required by state law and funding sources. Drivers must have verified driving records, receive a drug screen, and undergo a background check. A signed statement from the drivers agreeing to safe	Personnel files/resumes/applications for employment reflect requisite experience, education, licensure, required testing, and background checks.

driving practices is on file.	

Medical Nutrition Therapy Services

I. HRSA Definition:

Medical Nutrition Therapy includes:

- Nutrition assessment and screening
- Dietary/nutritional evaluation
- Food and/or nutritional supplements per medical provider's recommendation
- Nutrition education and/or counseling

These services can be provided in individual and/or group settings and outside of HIV Outpatient/Ambulatory Health Services.

II. Key Components

All services performed under this service category must be pursuant to a medical provider's referral and based on a nutritional plan developed by the registered dietitian or other licensed nutrition professional. Services not provided by a registered/licensed dietician should be considered Psychosocial Support Services under the RWHAP.

Medical Nutrition services include:

- An evaluation and plan;
- A nutrition care plan;
- Nutrition counseling and medical nutrition therapy;
- The distribution of nutrition supplements or food when appropriate;
- The provision of Nutrition and HIV trainings to clients and their providers; and
- The distribution of nutrition related educational materials to clients.

III. Qualifications

Staff Qualification	Expected Practice
A. Registered dietitian with a Bachelors, Masters and/or Doctorate degree in nutrition and related sciences, or a supervised dietetic internship or equivalent and a national exam which credentials her/him as a Registered Dietitian by the Commission on Dietetic Registration.	• Resume in personnel file; • Credential verification in personnel file; • Training records;

B. Registered Dietician licensed in the Commonwealth of Rhode Island, maintain professional education (CPE) units/hours, primarily in HIV nutrition and other related medical care.	• Personnel record verification;
C. Medical Nutrition Therapy staff has a clear understanding of their job description and responsibilities as well as agency policies and procedures.	• Written job descriptions that include roles and responsibilities; • Personnel records include signed statement from each staff member and supervisor confirming that the staff member has been informed of agency policies and procedures and commits to following them;

Food bank/home-delivered meals

I. HRSA Definition *Description:*

Food Bank/Home Delivered Meals refers to the provision of actual food items, hot meals, or a voucher program to purchase food. This also includes the provision of essential non-food items that are limited to the following:

- Personal hygiene products
- Household cleaning supplies
- Water filtration/purification systems in communities where issues of water safety exist

Key Components

For the purpose of improving the health measures of people living with HIV/AIDS in the TGA and to reduce hunger and food insecurities the following services can be offered under this service standard:

- **Food Bank/Pantry**. A food bank is a central distribution center within an agency's catchment area or home delivery service providing groceries for Part A eligible clients. The food is distributed in cartons or bags consisting of assorted products needed by Ryan White clients. Non-food products, such as personal hygiene products, may also be provided to eligible individuals through food and commodity distribution programs.

- **Food Vouchers**. This service provides certificates or cards, which may be exchanged for food at cooperating supermarkets, or meals at clinics or social services agencies.

- **Home Delivered Meals**. This service provides nutritionally balanced home delivered meals for clients with HIV/AIDS who are indigent, disabled or homebound, and/or who cannot shop or prepare (or have others shop for or prepare) their own food. This includes the provision of both frozen and hot meals

The goal of any of the above services should be to promote better health outcomes for People Living with HIV/AIDS through the provision of caloric and nutritionally appropriate foods.

Unallowable costs include household appliances, pet foods, and other non-essential products. Nutritional services and nutritional supplements provided by a registered dietitian are considered Medical Nutritional Therapy a core medical service under the RWHAP.III. Qualifications

Standards	Measure
Home Delivered Meals	
The agency offering prepared meals shall adhere to all federal, state, and local public health food safety regulations	Policy and documentation on file.
The agency shall maintain evidence that all required inspections are current and resulted in acceptable findings.	Policy and documentation on file.
The agency shall ensure that access to the food storage area is limited, and that it is locked outside of food handling or distribution hours.	Policy and documentation on file.
The agency shall consult with a registered and/or licensed dietician regarding the nutrition, caloric needs, and other dietary requirements of HIV-positive persons and has incorporated that guidance into food bank or home delivered meals programs.	Policy and documentation on file.
The agency shall ensure that perishable foods are stored and disposed of in accordance with applicable State Department for Public Health guidelines. Non-perishable foods should be disposed of if there is evidence of spoilage or damage to package.	Policy and documentation on file.
Staff is knowledgeable about available community food resources.	Policies and procedures on file. Documentation in personnel files.
Vouchers	
Procedures are in place regarding use and distribution of food. A system is in place to account for the purchase and distribution of food vouchers. A security system is in place for storage of and access to vouchers. A limitation of no more than a 3 month supply on hand of food vouchers is required as part of the policy.	Agency Policies and Procedures. Distribution logs, client records, and financial documentation.

Health Insurance Continuum Services

I. Definition of the Health Insurance Continuum Services:

Health Insurance Premium and Cost Sharing Assistance 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 RWHAP funds for health insurance premium and cost-sharing assistance, a RWHAP Part recipient must implement a methodology that incorporates the following requirements:

- RWHAP Part recipients must ensure that clients 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
- RWHAP Part recipients 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 client

Key Components

To facilitate the maintenance high quality health care and viral suppression the Ryan White program provides for the payment of insurance premiums, co-pay, and deductible through the Health Insurance Premium and Cost-sharing Assistance Program. The services provides a cost-effective alternative to the direct distribution of medications (ADAP). It can purchase health insurance that provides comprehensive primary care and pharmacy benefits for low income clients. The service extends since the implementation of Affordable Care Act to the client's Medicare Part D true out-of-pocket (TrOOP) costs. Cost sharing assistance includes the payment on behalf of the client of co-pays (including co-pays for prescription eyewear for conditions related to HIV infection) and deductibles.

III. Qualifications

Staff /Other Service Qualifications	Expected Practice
An agency able to make short term payments to insurance companies within 7 days off receiving the invoice;	Payments are done within 7 days of receiving invoice;
Agency able to receive, review, and approve client applications for the service;	Approval of eligibility within 7 days of receipt of application;
An agency able to carefully monitor these short term payments to assure the amounts and use correspond to the necessary period of times to keep the insurance current and for it not to lapse;	There is a system in place to track clients' premium amount and payment due date in order to flag and get insurance premiums that missed the due date paid within the grace period;

Home and Community Based Care (Services)

I. Definition of the Home and Community Based Care Services:

Home and Community-Based Health Services are provided to a client living with HIV in an integrated setting appropriate to a client's needs, based on a written plan of care established by a medical care team under the direction of a licensed clinical provider. Services include:

- Appropriate mental health, developmental, and rehabilitation services
- Day treatment or other partial hospitalization services
- Durable medical equipment
- Home health aide services and personal care services in the home

II. Key Components

Inpatient hospitals, nursing homes, and other long-term care facilities are not considered an integrated setting for the purposes of providing home and community-based health services. Home and community-based health services provide opportunities for the HIV infected to receive services in their own home or community. The main elements of Home and Community-based Health Services must include: Physician order; Home visit with a nursing assessment; Development of a written care plan, signed by physician; and appropriate referrals to meet needs identified in nursing assessment. Allowable services to include: mental health, developmental, and rehabilitation services; specialty care and vaccinations for hepatitis co-infection, provided by public and private entities.

1. Durable medical equipment
2. Homemaker or home-health aid services and personal care services
3. Day treatment or other partial hospitalization services
4. Intravenous and aerosolized drug therapy, included related prescription drugs
5. Routine diagnostic testing administered in the home of the individual
6. Appropriate mental health, developmental, and rehabilitation services
7. Specialty care
8. Vaccinations for hepatitis co-infection provided by public and private entities.

Home and community based care does not include inpatient hospital services or nursing home and other long-term care facilities.

III. QUALIFICATIONS

Standard	Measure
Home and Community-based Health care providers, staff and facility must meet the minimum licensing/credentialing requirements of the State of Rhode Island for the home healthcare service(s) that they are providing	A copy of the current credential in personnel file or contract