Memphis TGA Ryan White Part A & MAI Standards of Care

1. Universal Standards of Care, approved 11/12/08
2. Early Intervention Services, approved 04/23/2014
3. Emergency Financial Assistance, approved 01/23/2013
4. Food Bank/Home Delivered Meals, approved 02/27/2013
5. Housing, approved 10/19/11
6. Local Pharmaceutical Assistance, approved 09/22/10
7. Medical Case Management, approved 05/22/2013
8. Mental Health Services, approved 9/22/10
9. Medical Nutrition Therapy, approved 10/24/2012
10. Medical Transportation Services, approved 02/27/2013
11. Oral Health Services, approved 04/23/2014
12. Outreach Services, approved 9/22/10
13. Primary Outpatient Medical Care, approved 9/22/10
14. Psychosocial Support, approved 9/22/10
15. Referral for Health Care and Supportive Services, approved 4/25/12
16. Substance Abuse Outpatient Treatment, approved 9/22/10
17. Health Insurance Premium and Cost Sharing Assistance, approved 12-13-2013

Memphis TGA Ryan White Part A Universal Standards of Care

PURPOSE

The purpose of the Ryan White Part A Universal Standards of Care is to ensure that uniformity of service exists in the Memphis Transitional Grant Area (TGA) such that the consumers of a service receive the same quality of service regardless of where or by whom the service is provided. Standards will be used as contract requirements, in program monitoring, and in Quality Management. If an agency is unable to meet a particular standard, the agency must document why the standard was unable to be met and explain the steps it is taking to meet that standard.

STANDARDS DEVELOPMENT PROCESS

These standards were developed through extensive background research on standards of care, a review of existing standards from other Ryan White Part A Eligible Metropolitan Areas (EMA) and TGAs, meetings of the Evaluation and Assessment Committee of the Memphis TGA Ryan White Planning Council and meetings with the Ryan White Part A Grantee.

APPLICATION OF STANDARDS

These standards apply to all agencies that are funded to provide Ryan White Part A Outreach Services within the Memphis TGA. These standards should be used in combination with the Universal Standards of Care that apply to any agency or provider funded to provide any Ryan White Part A services

Standard	Measure/Method
I. Policies and Procedures	
A. Agency has policies and procedures in place that address release of information/confidentiality (HIPAA), grievance/complaint procedures, and supervision requirements per federal and state law. Clients are informed of the confidentiality and grievance/complaint policies and procedures and confirm their understanding of these policies. All information is shared with clients orally or in easily understood written form.	• Policy and procedures manual • Grievance Procedure posted in visible location • Client file verification that policies were discussed and understood

Memphis TGA Ryan White Part A Universal Standards of Care

Standard	Measure/Method
B. Agency has written eligibility criteria for its services, consistent with the eligibility requirements of Part A in the service area, including income screening.	• Policy on file • Client file verification
C. Agency does not discriminate against any client based on race, color, religion, age, gender, marital status, political affiliation, national origin, sexual orientation, or disability.	• Policy on file • Nondiscrimination policy prominently posted in all appropriate languages
D. Agency is licensed and/or accredited by the appropriate city/county/state/federal agency.	• Current licensure on file from appropriate city/county/ state/federal agency

Memphis TGA Ryan White Part A Universal Standards of Care

Standard	Measure/Method
E. Agency has written policies and procedures in place that protect the physical safety and well being of staff and clients. This is inclusive of: ✓ Physical agency safety - Meets fire safety requirements - Complies with the Americans with Disabilities Act (ADA) - Is clean, comfortable and free from hazards - Complies with Occupational Safety and Health Administration (OSHA) infection control practices ✓ Crisis management and psychiatric emergencies - How to assess emergent/urgent vs. routine need - Verbal intervention - Non-violent physical intervention - Emergency medical contact information - Incident reporting - Voluntary and involuntary inpatient admission ✓ Reporting of abuse, neglect or exploitation of clients by subcontractors/providers ✓ Refusal of services to clients who: - Threaten physical abuse - Are being verbally or physically abusive of staff or other clients - Engage in sexual harassment; or - Possess illegal substances or weapons while accessing services ✓ Personnel - Roles and responsibilities of staff including supervision responsibilities ✓ Client/Parent/Guardian Rights and Responsibilities	• Policies and procedures on file • Policies affecting clients prominently posted in all appropriate languages • Site visit documentation/observation • Documentation that all new staff receive training and information related to these standards

Memphis TGA Ryan White Part A Universal Standards of Care

Standard	Measure/Method
F. Agency maintains an updated listing and formal relationships with other providers of Ryan White and non-Ryan White services, for which the agency doesn't currently provide, including at least the following: Mental Health, Substance Abuse treatment, and Psychosocial Support. Relationship includes agreement for joint referrals.	• Written letter(s) of agreement on file
G. Agency has private, confidential office space for seeing clients (e.g. no half walls or cubicles, all rooms must have doors).	• Site visit observation of space and how it is used for client meetings/encounters
H. Provider has a system of safeguarding client information (written, verbal, electronic) including: ▪ locked client files located in a room that locks ▪ written procedures, including clear policies specifying who has access to client files and under what circumstances ▪ required training for all staff and volunteers regarding safeguarding of client information ▪ documentation retention and destruction policy	• Policies and procedures on file • Site visit observation and documentation of safeguards
I. Agency has a procedure for internal review and evaluation of policies, procedures, and operations	• Written policies and procedures on file, with dates of amendment specified
II. Program Staff	
A. Staff is trained and knowledgeable about HIV/AIDS, the affected communities and available resources.	• Documentation of training on these topics • Documentation of participation of all staff involved in delivering Part A services

Memphis TGA Ryan White Part A Universal Standards of Care

Standard	Measure/Method
B. Staff has appropriate skills, relevant experience, cultural and linguistic competency, and relevant licensure to provide services and/or care to people living with HIV. All staff are properly trained to meet the staff qualifications of their positions as defined in the Memphis TGA HIV Service Standards.	• Written description of staffing requirements by position • Staff résumés in personnel files • Personnel and training records
C. Staff is appropriately certified or licensed as required by the state or local government for the provision of services.	• Documentation in personnel records
D. Staff and volunteers have a clear understanding of their job descriptions and responsibilities, as well as agency policies and procedures including confidentiality requirements.	• 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 • Volunteer records include signed statement from each volunteer involved with HIV/AIDS services confirming understanding of responsibilities and agency policies and procedures and commits to following them
E. Staff participate in job-related education/training as set forth in the Memphis TGA Service Standards of Care.	• Training/education documentation in training and personnel files.

Memphis TGA Ryan White Part A Universal Standards of Care

Standard	Measure/Method
F. Staff positions funded by Ryan White Part A receive a job performance evaluation on a regular basis, at the end of the introductory period and then at least annually.	• Personnel files
G. Agency has written personnel policies and procedures, including a formal grievance procedure and Whistleblower Protection policy for staff.	• Personnel policies document on file • Evidence in Personnel files that all staff have received and indicated understanding of the personnel policies
III. Access to Services	
A. Agency is accessible to desired populations. Accessibility includes: ✓ Proximity to community ✓ Proximity to mass transit (where applicable) ✓ Proximity to low-income individuals ✓ Proximity to underinsured or uninsured individuals ✓ Proximity to individuals living with HIV	• Documentation provided in funding application • Site visit observation of facility and its location within the community • Client data report showing client profile consistent with contract requirements
B. Services are made available to any individual who meets program eligibility requirements, subject to the availability of funding and client's abiding by the rules of behavior established by the provider. If the provider cannot serve all eligible individuals requesting services, established criteria for setting service priorities are used consistently.	• Written policy on file • Written policy/priorities provided to staff • Client satisfaction surveys

Memphis TGA Ryan White Part A Universal Standards of Care

Standard	Measure/Method

C. Agency demonstrates the ability to provide culturally and linguistically competent services for all HIV/AIDS clients, consistent with the Grantee policy and in compliance with the requirements of Title VI of the Civil Rights Act of 1964 and with federal Limited English Proficiency (LEP) guidelines, including the following:
▪ Provider staff all participates at least once a year in training to build competence for working with culturally and linguistically diverse clients.
▪ Provider offers and provides language assistance services, including bilingual staff and/or interpreter services, at no cost to each client with limited English proficiency at all points of contact, in a timely manner, during all hours of operation. This may be done through:
▪ Bilingual staff'
  ▪ Face to face interpretation provided by qualified contract or volunteer interpreters
  ▪ Telephone interpretation for emergency needs or when other resources are not available
  ▪ Referral to other programs that provide bilingual/bicultural services
▪ Clients receive in their preferred language both verbal offers and written notices informing them of their right to receive language assistance services.
▪ Provider ensures the competence of language assistance provided to limited English proficient clients. Family and friends are not used to provide interpretation services except at the request of the patient/consumer.
▪ Provider makes available easily understood patient-related materials and post signage in the languages of the commonly encountered groups
	• Diversity training information and participation of all staff documented in program or personnel files
	• Training information and personnel records showing that staff have received and are familiar with Title VI requirements and LEP guidelines, based on personnel and training records
	• Written policies and procedures stating language rights and describing how language assistance services are provided, including evidence of either bilingual staff or arrangements with qualified interpreters for languages expected in target community
	• Multilingual signs and materials
	• Evidence of staff compliance with policies and procedures based on training records and on-site observation and records review
	• Written and signed documentation in client file if

Memphis TGA Ryan White Part A Universal Standards of Care

Standard	Measure/Method
and/or groups represented in the service area.	client chooses to use family member as interpreter • Client satisfaction surveys • Agency client data report showing client profile consistent with contract requirements
D. Agency complies with Americans with Disabilities Act (ADA) requirements, including requirements for non-discriminatory policies and practices, facilities access and reasonable accommodations to address communication (i.e. access to a sign language interpreter).	• Policy and procedures on file • Site visit observation of facility accessibility
E. Agency demonstrates structured and ongoing efforts to obtain input from clients in the design and delivery of services through one or more of the following: ▪ Consumer Advisory Board ▪ Use of consumer focus groups ▪ Client satisfaction surveys ▪ Suggestion box or other confidential consumer input mechanism	• Documentation of membership and meetings of a Consumer Advisory Board (CAB) or explicit arrangements for client input from the Consumer Affected Communities Committee of the Planning Council or through involvement with another agency's CAB • Documentation of focus groups or other consumer input mechanism • Client satisfaction surveys
F. Client satisfaction surveys are conducted on a regular basis, at least annually, and the results of customer surveys are incorporated into the provider's plans and objectives.	• Client satisfaction surveys • Summary of survey results and client recommendations • Review of agency plan in relation to survey results

Memphis TGA Ryan White Part A Universal Standards of Care

Standard	Measure/Method
G. Agency has service hours that accommodate target populations, including evening and/or weekend hours where needed.	• Posted hours • Site visit observation • Client satisfaction survey (question on service hours and how they meet client needs)
IV. Eligibility Determination/Intake/Screening	
A. Provider determines client eligibility for services based on Part A guidelines and reassesses eligibility every 6 months. The process to determine client eligibility is completed in a time frame that ensures that screening is not delayed. Eligibility assessment includes at least the following: ✓ Proof of HIV Status - In instances where the client is a person affected by HIV, such as a caregiver, partner, family, or friend, verification of HIV status of the infected person is required. ✓ Proof of income using approved documentation as provided by the grantee ✓ Proof of residence in the TGA	• Client records documenting eligibility and required reassessment, with copies of appropriate documents or evidence that eligibility information was provided by another provider, consistent with TGA policy • Policy and procedures on file • Documentation that all staff involved in eligibility determination have participated in required training provided by the Grantee to ensure understanding of the policy and procedures • Agency client data report consistent with funding requirements
V. Service Coordination/Treatment/ Referral	

Memphis TGA Ryan White Part A Universal Standards of Care

Standard	Measure/Method
A. Each client has a specific, unique service or care plan that is culturally sensitive, non-judgmental, personalized, and with an appropriate standard of care with respect to a person's right to privacy. The provider documents the client's progress with care plan(s).	• Client records showing plan, date, and documentation of progress or documentation of client's refusal to develop such a plan
B. Agency staff act as a liaison between the client and other service providers to support coordination, encouragement to seek and/or maintain involvement in primary medical care, and delivery of high quality care, providing appropriate referrals and contacts. For those clients not in primary medical care, agency staff notes progress toward linking the client into primary medical care.	• Policies and procedures on file • Documentation that staff receive and are trained on referral and coordination policies and procedures • Client records document attempted referrals and contacts and referral results, including progress/results of efforts to link client into primary medical care and other core and support services
C. Provision of all Ryan White Part A funded services is documented.	• Documentation of services provided, with dates, in client records
D. A current list of provider agencies that provide services by referral is maintained and updated.	• Agency records
VI. Client Rights and Responsibilities	
A. Client confidentiality policy exists for all service settings.	• Policy on file
B. Provider has in place and discusses with each client the Client Bill of Rights as approved by the Grantee and the client complaint policy.	• Policy on file • Client Bill of Rights posted in a

Memphis TGA Ryan White Part A Universal Standards of Care

Standard	Measure/Method
	visible location; posting is in multiple languages for providers serving significant language-minority clients • Documentation in client files indicates that Bill of Rights has been discussed with the client • Client complaint forms readily available to clients in service facility
C. A client consent form for release of information is used consistently and a current consent form is signed by each client. Each specific request for information is documented.	• Policy on file • Client file includes current signed consent form • Documentation of each request and release is on file
D. All clients are informed of the client confidentiality policy, grievance/complaint policy, their rights and responsibilities and their eligibility for services at first face to face contact.	• Documentation in client file, initialed or signed by client, showing that s/he understands these policies
E. Provider treats every client with respect, dignity, and compassion.	• Observation of provider services (site visit) • Client satisfaction survey • Review of client grievances/complaint

Memphis TGA Ryan White Part A & MAI Early Intervention Services Standards of Care

PURPOSE

The purpose of the Ryan White Part A & MAI Early Intervention Services Standards of Care is to ensure that uniformity of service exists in the Memphis Transitional Grant Area (TGA) such that the consumers of a service receive the same quality of service regardless of where or by whom the service is provided. Standards will be used as contract requirements, in program monitoring, and in Quality Management. If an agency is unable to meet a particular standard, the agency must document why the standard was unable to be met and explain the steps it is taking to meet that standard.

The purpose of EIS is to assist Persons Living with HIV/AIDS (PLWHA) in identifying and addressing barriers to the initiation of, participation in and adherence to on-going HIV outpatient/ambulatory medical care. In addition, EIS is to ensure that people testing positive receive necessary HIV related services as early as possible in order to interrupt or delay progression of HIV disease EIS service providers also strive to integrate the complex network of services for their patients and move a client toward self-management.

DEFINITION

Early intervention services (EIS) includes counseling individuals with respect to HIV/AIDS; referrals; other clinical and diagnostic services regarding HIV/AIDS; periodic medical evaluations for individuals with HIV/AIDS; and providing therapeutic measures. HIV education, including risk prevention and adherence counseling are a part of every patient encounter.

EIS:

1. Assists clients with linkage to and follow-up on participation in out-patient HIV medical care (primary focus) and

2. In order to address barriers to care, assist clients in linkage to and follow up on participation in other Ryan White core medical services (e.g., oral health, home health, hospice, ADAP, other prescription care, insurance assistance, mental health, substance abuse, medical case management and nutritional counseling), other Ryan White support services; and other non-Ryan White community services.

Revision Approved by Memphis Area Ryan White Planning Council 10/19/2011
Draft Revision 02/03/2014
Revision Approved by HIV- Care and Prevention Planning Group 04/23/2014

3. Develops formal relationships with "Points of Entry" and informal relationships with other community contacts who are engaged in the provision of HIV testing. Points of Entry are health departments and those entities that have identified at least three (3) HIV+ cases in the last year.

Note: At this time testing (including tests to confirm the presence of the disease, tests to diagnose the extent of immune deficiency, tests to provide information on appropriate therapeutic measures) is not covered under EIS as the TGA has adequate testing resources.

APPLICATION OF STANDARDS

These standards apply to all agencies that are funded to provide Early Intervention Services through Ryan White Part A and/or MAI within the Memphis TGA. These Standards should be used in combination with the Universal Standards of Care that apply to any agency or provider funded to provide any Ryan White Part A and/ or MAI service.

STANDARDS DEVELOPMENT PROCESS

These standards were developed through extensive background research on standards of care, a review of existing standards from other Ryan White Part A Eligible Metropolitan Areas (EMA) and TGAs, meetings of the Evaluation and Assessment Committee of the Memphis TGA Ryan White Planning Council and meetings with the Ryan White Part A Grantee.

Memphis TGA Ryan White Part A & MAI Early Intervention Services Standards of Care

Standard	Measure/Method
I. Policies and Procedures	
A. See Universal Standards of Care	
II. Program Staff	
A. All EIS Specialists hired by subcontractor/provider agencies that are funded in whole or part to provide EIS services with Ryan White Part A funds must possess at a minimum a HS diploma or GED.	• Documentation in client files
B. Ryan White Part A EIS Specialists must have the supervision and guidance of a Master Level Social Worker. Supervision must occur a minimum of 2 hours per month for a total of 24 hours per year in either a group or individual setting. Supervision will address issues of client care (e.g. boundaries and appropriate interactions with clients), case manager job performance, and skill development (e.g. record keeping). Clinical supervision addresses anything directly related to client care (e.g., supervision in order to address specific client issues), and issues related to job related stress. Administrative supervision addresses issues relating to staffing, policy, client documentation, reimbursement, scheduling, trainings, quality enhancement activities, and the overall running of the program and/or agency. *Note: MSW requirements for clinical supervision may be modified and/or waived. The agency seeking modification and/or waiver must request such in writing to the Part A/ MAI Grantee. Documentation of the request for modification/waiver must include relevant reasons and justification for such action and specific information why the person to provide clinical supervision has sufficient education (Masters Degree in a Health or Human Services field), certification, licensure and clinical experience to merit the modification/waiver.*	• Documentation in personnel files

Revision Approved by Memphis Area Ryan White Planning Council 10/19/2011
Draft Revision 02/03/2014
Revision Approved by HIV- Care and Prevention Planning Group 04/23/2014

Memphis TGA Ryan White Part A & MAI Early Intervention Services Standards of Care

Standard	Measure/Method
C. Agencies providing EIS services must document efforts to assist EIS Specialist and clinical supervisory staff in securing ongoing education and training to better perform their respective job duties.	• Documentation in personnel files • Policy on file
D. Individuals who hold certification and/or licensure as a part of their job duties must maintain that in good standing with the respective governance bodies.	• Documentation in personnel files
E. It is mandatory that participate in annual training for at least five (5) hours per year on one or more of the following topics: • HIV 101 Updating • HIV/AIDS Medical Management Updating • Treatment Adherence • Cultural Issues / Competency • Community Resources / Services (health, housing, income….) • CM Skills Building (documentation, interviewing) • Client Retention Training • Particular Client Issues/Needs (MH, A&D, poverty….)	• Documentation in personnel file
III. Access to Services	
A. Agency is accessible to desired populations. Accessibility includes: ✓ Proximity to community ✓ Proximity to mass transit (where applicable) ✓ Proximity to low-income individuals ✓ Proximity to underinsured or uninsured individuals ✓ Proximity to individuals living with HIV	• Documentation provided in funding application • Site visit observation of facility and its location within the community • Client data report showing client profile consistent with contract requirements
IV. Eligibility Determination/Intake/Screening	
A. Provider determines client eligibility for services based on Part A guidelines and	• Client records documenting eligibility

Revision Approved by Memphis Area Ryan White Planning Council 10/19/2011
Draft Revision 02/03/2014
Revision Approved by HIV- Care and Prevention Planning Group 04/23/2014

Standard	Measure/Method
reassesses eligibility every 6 months. The process to determine client eligibility is completed in a time frame that ensures that screening is not delayed. Eligibility assessment includes at least the following: ✓ Proof of HIV Status - In instances where the client is a person affected by HIV, such as a caregiver, partner, family, or friend, verification of HIV status of the infected person is required. ✓ Proof of income using approved documentation as provided by the grantee ✓ Proof of residence in the TGA	and required reassessment, with copies of appropriate documents or evidence that eligibility information was provided by another provider, consistent with TGA policy • Policy and procedures on file • Documentation that all staff involved in eligibility determination have participated in required training provided by the Grantee to ensure understanding of the policy and procedures • Agency client data report consistent with funding requirements
B. EIS services are specifically designed to be provided to: • PLWHA who are newly diagnosed; OR • PLWHA who are pregnant; OR • PLWHA who are being released from incarceration (up to 90 days prior to release); OR • PLWHA who are in medical care, but have identified issues that adversely impact retention in care; OR • PLWHA who are out of care.	Client's file includes: • Documentation of new diagnosis, pregnancy, history of incarceration, identified barriers to retention in care, or out of care status
V. Assessment/ Plan of Care	
A. While the assessment of each client may require the selection from a variety of assessment tools, the assessment(s) should gather information from the many areas in which the client functions. In each area the EIS Specialist is focused to identifying the specific barriers the client/patient has /may experience in accessing	• Policy and procedures related to EIS assessment on file • Documentation in client file

Revision Approved by Memphis Area Ryan White Planning Council 10/19/2011
Draft Revision 02/03/2014
Revision Approved by HIV- Care and Prevention Planning Group 04/23/2014

Standard	Measure/Method
medical care, remaining in care and/or adhering to medical treatments. These areas include are not limited to: o Medical history/physical health. The persons beliefs and response to his/her HIV/AIDS, Opportunistic Infections (OIs), other medical conditions, medication(s) and adherence, medical providers / settings, hospitalizations, etc. o Health Resources. Identification of resources and ability to access those to support/diminish a person's ability to be/remain connected to care) o HIV/ AIDS (Safer Sex Practices). Knowledge and awareness of and/or beliefs about HIV and medical treatments that support/diminish a person's ability to be/remain connected to care. o Psychosocial. Emotional, substance use/abuse and mental health issues that support/diminish a person's ability to be/remain connected to care. o Housing. Stability of housing as it support/diminish a person's ability to be/remain connected to care. o Financial resources. Employment, income, access to entitlement/ public assistance that support/diminish a person's ability to be/remain connected to care. o Social Network. People and systems that are a resource / support and those who diminish the person's ability to be/remain connected to care. o Practical resources. Transportation, child care and nutrition that support/diminish a person's ability to be/remain connected to care. o Service needs	
B. Agency may use previous assessments (i.e. medical and nursing) may be used in determining client needs if applicable.	• Documentation in client file
C. Results of assessments are kept in client's file.	• Documentation in client file
D. A written plan of care must be developed within 30 calendar days from assessment date and with the participation and agreement of the client or guardian and must be free of ambiguity with clearly defined priority areas and time frames. The purpose of	• Documentation in client file

Standard	Measure/Method
the written plan is to turn the assessment into a workable plan of action. The client must be allowed to have an active role in determining the direction of the delivery of services. The written plan also serves as a vehicle for linking clients to one or more needed services. The plan must be realistic and obtainable.	
E. Information to be documented in the plan of care include: ✓ List of client service needs ✓ Establishment of short and long term goals ✓ Objectives and action steps to meet short-term goals ✓ Formal and informal resources to accomplish goals ✓ Collaboration with all currently available Public Health Strategies ✓ Gaps in services ✓ Alternatives to meet client goals ✓ Resources to be used to meet client goals ✓ Criteria for determination of completion of goals	• Documentation in client file
F. Documentation of the client's participation in the planning process is done with signature by the client and/or legal guardian. If the client is unable to sign written plan, there needs to be written documentation of the reasons why not and mechanism to later secure needed signature(s).	• Documentation in client file
G. Services must not be routinely rendered without a written plan of care.	• Documentation in client file
H. The Written Plan of Care must evidence on-going involvement and review by the EIS staff with the client. Minimally, this must be quarterly with contact and review within 3 months of intake and/or re-assessment.	• Documentation in client file
I. Non-scheduled care plan meetings may occur as the need arises.	• Documentation in client file
J. Work collaboratively with all currently available Public Health Strategies, in the care of newly diagnosed clients. Public Health Strategies for use with newly diagnosed clients, as defined by the CDC, include partner services, Anti-Retroviral Treatment and Access to Services (ARTAS) intervention, and Social Network Strategy (SNS).	• Documentation in client file

Memphis TGA Ryan White Part A & MAI Early Intervention Services Standards of Care

Standard	Measure/Method
VI. Monitoring/ Reassessment/ Termination of Treatment Plan	
✓ The needs and status of each client receiving EIS services will be monitored on a regular basis. The purpose of this stage is to allow the client and EIS Specialist to observe the progress of the plan of care in order to make revisions. The intervals between monitoring may vary among clients but must reflect necessity and consistency with the written plan. However, monitoring is an ongoing process.	• Documentation in client file • Policy on file
✓ Each client must be reassessed every six (6) months minimally or as the need arises. The purpose of the reassessment is to address the issues noted during the monitoring phase. Reassessment will include but is not limited to the original assessment areas. The client and EIS Specialist work together to reevaluate the course of the plan of care. Reassessment also allows for client readmission to programs, assignment to another level of service, and the termination of services. The elements of the reassessment should include: • Updating/revising written plan of care per stated standards. • Communication with client regarding services. • Topics to be addressed in the reassessment may include: a) Appointment, status and referrals; b) Special intervention activities; and c) Special needs • Entries in the written plan of care. • Client acknowledgment of changes resulting from the reassessment	• Documentation in client file
✓ Documentation of service/ written care plan implementation/monitoring/review, client participation, success, barriers and/or failures should be documented in the client chart (written plan and/or progress notes).	• Documentation in client file

Revision Approved by Memphis Area Ryan White Planning Council 10/19/2011
Draft Revision 02/03/2014
Revision Approved by HIV- Care and Prevention Planning Group 04/23/2014

Memphis TGA Ryan White Part A & MAI Early Intervention Services Standards of Care

Standard	Measure/Method
✓ Each client may be terminated from services as a result of monitoring, reassessment, or any form of client ineligibility. The purpose of this phase is to systematically conduct closure of the patient's record. The criteria for termination must be the result of previously discussed conditions directly relating to the written plan of care. The purpose of termination may be initiated by the client or case manager. Conditions which result in a client's termination from services may include: ✓ Attainment of goals ✓ Non-compliance with stipulations of written plan ✓ Change in status which results in program ineligibility ✓ Client desire to terminate services ✓ Death	• Documentation in client file
VII.. Service Coordination/ Referral	
A. Providers must demonstrate strong linkages with HIV/AIDS medical providers, other EIS agencies and points of entry. This must be in the form of a written Memorandum of Agreement.	• Agency documentation of MOUs with Part A HIV medical providers, points of entry and other EIS agencies.
B. Providers must coordinate with medical case managers and must demonstrate strong linkages with these entities.	• Agency documentation of MOUs with medical case managers.
VIII. Client Rights and Responsibilities	
A. See Universal Standards of Care	
B. A client may refuse agreement to the identification of any or all problems, goals and/or action steps. In such cases the client chart (written plan and/or progress notes) must reflect the refusal, reasons and if appropriate, client signature.	• Documentation in client file • Policy on file

Revision Approved by Memphis Area Ryan White Planning Council 10/19/2011
Draft Revision 02/03/2014
Revision Approved by HIV- Care and Prevention Planning Group 04/23/2014

Standard	Measure/Method
C. The client must be instructed to notify EIS Specialist of any change in status or if any problems are found with the services provided.	• Documentation in client file • Policy on file
D. Client must have the right to access an articulated appeal process when services are terminated; as can be found in the agency's written Grievance Policy.	• Documentation in client file • Policy on file
E. If terminated, client must be afforded information regarding transfer to an outside agency.	• Documentation in client file • Policy on file

Memphis TGA Ryan White Part A & MAI Emergency Financial Assistance Standards of Care

PURPOSE

The purpose of the Ryan White Part A and MAI Emergency Financial Assistance (EFA) Standards of Care is to ensure that uniformity of service exists in the Memphis Transitional Grant Area (TGA) such that the consumers of a service receive the same quality of service regardless of where or by whom the service is provided. Standards will be used as contract requirements, in program monitoring, and in quality management. If an agency is unable to meet a particular standard, the agency must document why the standard was unable to be met and explain the steps it is taking to meet that standard.

DEFINITION

The definition of Emergency Financial Assistance (EFA) is the provision of short-term payments to vendors to assist with emergency expenses related to essential utilities. Under no circumstances shall payment be made directly to recipients of this service.

The Memphis Area Planning Ryan White Planning Council has established a cap on EFA of $500 for the grant year effective FY 2013.

STANDARDS DEVELOPMENT PROCESS

These standards were developed through extensive background research on standards of care, a review of existing standards from other Ryan White Part A Eligible Metropolitan Areas (EMA) and TGAs, meetings of the Evaluation and Assessment Committee of the Memphis TGA Ryan White Planning Council and meetings with the Ryan White Part A Grantee.

APPLICATION OF STANDARDS

These standards apply to all agencies that are funded to provide Emergency Financial Assistance through Ryan White Part A or MAI within the Memphis TGA. These Standards should be used in combination with the Universal Standards of Care that apply to any agency or provider funded to provide any Ryan White Part A and/ or MAI service.

Revision Approved by Memphis Area Ryan White Planning Council 9-22-2010
Revision Approved by Memphis Area Ryan White Planning Council 7-27-2012
Revision Approved by Memphis Area Ryan White Planning Council 1-23-2013

Memphis TGA Ryan White Part A & MAI Emergency Financial Assistance Standards of Care

Standard	Measure/Method
I. Policies and Procedures	
A. See Universal Standards of Care for detailed information.	
B. Agency maintains an updated listing and/ or formal relationships with other providers of Ryan White and non-Ryan White utility assistance services.	• Written letter(s) of agreement on file, if applicable • Resource listing
II. Program Staff	
A. See Universal Standards of Care for detailed information.	
B. Staff is knowledgeable about available resources, referral processes and documentation requirements.	• Documentation of staff training
III. Access to Services	
A. See Universal Standards of Care for detailed information.	
B. Client satisfaction surveys are conducted on a regular basis, at least annually, and the results of customer surveys are incorporated into the provider's plans and objectives.	• Client satisfaction surveys • Summary of survey results and client recommendations • Review of agency plan in relation to survey results

Revision Approved by Memphis Area Ryan White Planning Council 9-22-2010
Revision Approved by Memphis Area Ryan White Planning Council 7-27-2012
Revision Approved by Memphis Area Ryan White Planning Council 1-23-2013

Memphis TGA Ryan White Part A & MAI Emergency Financial Assistance Standards of Care

Standard	Measure/Method
IV. Eligibility Determination/Intake/Screening	
A. See Universal Standards of Care for detailed information.	
B. Each client must participate in an initial intake and screening process by providing their medical case manager with information that will enable assessment of need for assistance and eligibility for available utility assistance programs.	• Policy and procedure on file describing the intake process • Documentation in client file
V. Assessment	
A. Medical case manager will document assessment of client's need for assistance and eligibility for available utility assistance programs on the EFA referral form developed by the Grantee's office.	• Policy and procedure on file describing the assessment process • Documentation in client file
VI. Service Coordination/Treatment/ Referral	
A. Provision of all Ryan White Part A and/or MAI funded services is documented.	• Documentation of services provided, with dates, in client records
B. EFA agency will NOT require client to obtain a denial from other utility assistance programs if referral from the medical case manager indicates they are not eligible for those services prior to approving the use of Ryan White funds.	• Policies and procedures on file • Documentation of referral maintained in client file
C. EFA agency must have documentation that assistance was provided and that no funds were provided directly to the client.	• Documentation in client file
D. EFA agency must obtain a new referral from the client's medical case manager each time EFA is requested.	• Documentation in client file

Revision Approved by Memphis Area Ryan White Planning Council 9-22-2010
Revision Approved by Memphis Area Ryan White Planning Council 7-27-2012
Revision Approved by Memphis Area Ryan White Planning Council 1-23-2013

Memphis TGA Ryan White Part A & MAI Emergency Financial Assistance Standards of Care

Standard	Measure/Method
VII. Client Rights and Responsibilities	
A. See Universal Standards of Care for detailed information.	
B. Clients must have the right to access articulated appeal process when services are terminated.	• Policy on file • Documentation in client file as appropriate
C. Clients must be afforded information regarding transfer to an outside agency.	• Policy on file

Memphis TGA Ryan White Part A & MAI Food Bank/ Home Delivered Meals Standards of Care

PURPOSE

The purpose of the Ryan White Part A and MAI Food Bank and Home Delivered Meals Standards of Care is to ensure that uniformity of service exists in the Memphis Transitional Grant Area (TGA) such that the consumers of a service receive the same quality of service regardless of where or by whom the service is provided. Standards will be used as contract requirements, in program monitoring, and in Quality Management. If an agency is unable to meet a particular standard, the agency must document why the standard was unable to be met and explain the steps it is taking to meet that standard.

DEFINITION

Food Bank and Home Delivered meals include the provision of actual food or meals. Cash should not be given to consumers for the purchase of food or other essential items.

Food Bank/Home Delivered Meal services fund the provision of:

- **Food Bank/Pantry**. A food bank is a central distribution center within agency's catchment area or home delivery providing groceries for indigent clients with HIV/AIDS and their families. The food is distributed in cartons or bags of assorted products to 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.

Revision Approved by Memphis Area Ryan White Planning Council 09/22/10
Revision Approved by Memphis Area Ryan White Planning Council 10/24/12
Revision Approved by Memphis Area Ryan White Planning Council 02/27/2013

Memphis TGA Ryan White Part A & MAI Food Bank/ Home Delivered Meals Standards of Care

- **Non-Food Products**. This service provides reimbursement for the cost of non-food products, such as personal hygiene products, to be provided to eligible individuals through food and commodity distribution programs. Ryan White Part A funds may not be used to pay for household appliances, household products, car care products, pet foods or products, or baby care items (e.g. diapers, formula, layette items, etc.). Personal care kits must be provided from the agency's central distribution center.

STANDARDS DEVELOPMENT PROCESS

These standards were developed through extensive background research on standards of care, a review of existing standards from other Ryan White Part A Eligible Metropolitan Areas (EMA) and TGAs, meetings of the Evaluation and Assessment Committee of the Memphis TGA Ryan White Planning Council and meetings with the Ryan White Part A Grantee.

APPLICATION OF STANDARDS

These standards apply to all agencies that are funded to provide Food Bank/ Home Delivered Meals services through Ryan White Part A within the Memphis TGA.

Standard	Measure/Method
I. Policies and Procedures	
A. See Universal Standards of Care for detailed information.	
B. The agency shall adhere to all federal, state, and local public health food safety regulations (handling and storage).	• Policy and documentation on file

Revision Approved by Memphis Area Ryan White Planning Council 09/22/10
Revision Approved by Memphis Area Ryan White Planning Council 10/24/12
Revision Approved by Memphis Area Ryan White Planning Council 02/27/2013

Memphis TGA Ryan White Part A & MAI Food Bank/ Home Delivered Meals Standards of Care

Standard	Measure/Method
C. The agency shall maintain evidence that all required inspections are current and result in acceptable findings.	• Policy and documentation on file
D. 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
E. The agency shall ensure that perishable foods are stored and disposed of in accordance with applicable State Department of Health guidelines. Nonperishable foods should be disposed of if there is evidence of spoilage or damage to package.	• Policy and documentation on file
F. The agency shall purchase and distribute nutritious foods using guidelines developed by a registered nutritionist/licensed dietician and provided by the Grantee's office. Sample menus for preparing food bag contents must be included in each food bag.	• Policy and documentation on file • Documentation of food bag contents and menus
II. Program Staff	
A. See Universal Standards of Care for detailed information.	
B. Staff is knowledgeable about eligibility requirements, nutrition and available community food resources and provides information to clients.	• Policies and procedures on file • Documentation in staff files
III. Access to Services	
A. Agency maintains an updated listing and formal relationships with other providers of Ryan White and non-Ryan White services, for which the agency doesn't currently provide.	• Written letter(s) of agreement on file

Revision Approved by Memphis Area Ryan White Planning Council 09/22/10
Revision Approved by Memphis Area Ryan White Planning Council 10/24/12
Revision Approved by Memphis Area Ryan White Planning Council 02/27/2013

Memphis TGA Ryan White Part A & MAI Food Bank/ Home Delivered Meals Standards of Care

Standard	Measure/Method
B. See Universal Standards of Care for detailed information.	
C. Agency has service hours that accommodate target population, including evening and/or weekend hours when possible.	• Policy on file • Posted hours • Site visit observation
D. For agencies providing Food Bank and/or Home Delivered Meals Services, there are policies in place that at a minimum address the following: ✓ Amount of food given per client ✓ Frequency of food items or meals provided ✓ Mechanisms to address urgent or emergency client needs for food pick up or delivery	• Agency policy on file • Client file verification
E. For agencies providing Food Vouchers, there are policies in place which at a minimum address the following: ✓ Amount of voucher based on client's income/ household size ✓ Frequency of service ✓ List of eligible food and non-food items eligible for purchase ✓ Monitoring of voucher use ✓ Mechanisms to address urgent or emergency client needs	• Agency policy on file • Client file verification
IV. Eligibility Determination/Intake/Screening	

Revision Approved by Memphis Area Ryan White Planning Council 09/22/10
Revision Approved by Memphis Area Ryan White Planning Council 10/24/12
Revision Approved by Memphis Area Ryan White Planning Council 02/27/2013

Memphis TGA Ryan White Part A & MAI Food Bank/ Home Delivered Meals Standards of Care

Standard	Measure/Method
A. Clients with Ryan White eligibility can receive Ryan White Food Bank Services if they receive $149/month or less in Food Stamps. Ryan White clients with dependents will be eligible for Ryan White Food Bank services if they receive $149/month or less in Food Stamps for themselves and $149/month or less in Food Stamps for each dependent listed in the Food Stamp benefit letter.	• Agency policy on file
B. Documentation of current client Food Stamp eligibility and benefit letter must be maintained in the client's Food Bank Services record.	• Documentation in client file
C. Clients who are eligible for Ryan White Food Bank services must be informed that they may NOT receive services from more than one Ryan White provider in any one month period. Clients who continue to access services at more than one provider will not be eligible to receive Food Bank services.	• Documentation in agency records of client duplication reports provided by the Grantee's office
V. Service Coordination/Treatment/ Referral	
A. Clients who are not eligible for Ryan White Food Bank Services will be referred to other community food resources.	• Documentation of referral in client record
VI. Client Rights and Responsibilities	
A. See Universal Standards of Care for detailed information.	

Revision Approved by Memphis Area Ryan White Planning Council 09/22/10
Revision Approved by Memphis Area Ryan White Planning Council 10/24/12
Revision Approved by Memphis Area Ryan White Planning Council 02/27/2013

Memphis TGA Ryan White Part A & MAI Housing Services Standards of Care

PURPOSE

The purpose of the Ryan White Part A & MAI Housing Standards of Care is to ensure that uniformity of service exists in the Memphis Transitional Grant Area (TGA) such that the consumers of a service receive the same quality of service regardless of where or by whom the service is provided. Standards will be used as contract requirements, in program monitoring, and in Quality Management. If an agency is unable to meet a particular standard, the agency must document why the standard was unable to be met and explain the steps it is taking to meet that standard.

The purpose of Housing Services is to provide Persons Living with HIV/AIDS (PLWHA) with safe and secure temporary housing that will enable a client to enroll in and/or maintain participation in medical care while a long-term housing placement plan is developed in collaboration with the client's medical case manager.

DEFINITION

Housing services are the provision of short-term assistance to support emergency, temporary, or transitional housing to enable an individual or family to gain or maintain medical care. Housing-related referral services include assessment, search, placement, advocacy, and associated fees. Eligible housing can include both housing that does not provide direct medical or supportive services and housing that provides some type of medical or supportive services, such as residential mental health services, foster care, or assisted living residential services. HRSA limits housing assistance to a 24 month LIFETIME CAP for eligible individuals.

Housing services will:

1. Assess client's need for housing assistance and assess client's eligibility for other housing services funded by other programs;
2. Determine the client's barriers to obtaining and maintaining long-term housing;
3. Develop a housing plan that includes both short-term and long-term goals in collaboration with the client and the client's medical case manager; and
4. Arrange housing assistance for eligible clients.

As approved by Memphis TGA Planning Council 10-19-11

Memphis TGA Ryan White Part A & MAI Housing Services Standards of Care

APPLICATION OF STANDARDS

These standards apply to all agencies that are funded to provide Housing Services through Ryan White Part A and/or MAI within the Memphis TGA. These Standards should be used in combination with the Universal Standards of Care that apply to any agency or provider funded to provide any Ryan White Part A and/ or MAI service.

STANDARDS DEVELOPMENT PROCESS

These standards were developed through extensive background research on standards of care, a review of existing standards from other Ryan White Part A Eligible Metropolitan Areas (EMA) and TGAs, meetings of the Evaluation and Assessment Committee of the Memphis TGA Ryan White Planning Council and meetings with the Ryan White Part A Grantee.

Standard	Measure/Method
I. Policies and Procedures	
A. See Universal Standards of Care	
II. Program Staff	
A. Agency staff is knowledgeable about available resources to avoid duplication of services.	• Documentation of community resources (e.g., resource directories, program eligibility criteria, etc.)
B. See Universal Standards of Care for detailed information.	
III. Access to Services	
A. See Universal Standards of Care for detailed information.	

Memphis TGA Ryan White Part A & MAI Housing Services Standards of Care

Standard	Measure/Method
IV. Eligibility Determination/Intake/Screening	
A. See Universal Standards of Care for detailed information.	
A. Housing services are specifically designed to be provided to PLWHA: o who are homeless; or o who are on a wait-list for other housing assistance programs; or o who are in an unstable housing situation that is preventing them from obtaining medical care or staying in medical care.	Client's intake/assessment includes: • Documentation that client is homeless; or • • Documentation of unstable housing situation • Documentation of reasons preventing getting into care/staying in medical care
V. Assessment/ Plan of Care	
A. An assessment must be completed within 10 days of intake and include the following information: o Client's financial resources including employment, income, access to entitlement or public assistance programs; o Client's housing history, and specific housing needs; o Client's eligibility or ineligibility for other housing assistance programs; o Client's health status, with specific documentation of physical limitations and/or disabilities; o Client's social functioning and support systems; and o Client's emotional, substance use/abuse and mental health issues that impact their ability to obtain and maintain stable housing.	• Policy and procedures related to Housing services on file • Documentation in client file
B. Agency may use information from other assessments (e.g., medical case management or EIS) in determining client needs if applicable.	o Documentation in client file
C. Results of assessments are kept in client's file.	o Documentation in client file
D. A written plan of care must be developed within 30 calendar days from assessment date with the participation and agreement of the client and client's medical case manager, and must include clearly defined priority areas and time frames. The plan must have specific, realistic, obtainable and measurable objectives.	o Documentation in client file

Memphis TGA Ryan White Part A & MAI Housing Services Standards of Care

Standard	Measure/Method
E. Information to be documented in the plan of care includes: o List of client service needs; o Establishment of short and long-term objectives for housing assistance; o Establishment of objectives to secure employment and/or public benefits and for financial planning; o Establishment of objectives for obtaining/staying in medical care; o Establishment of objectives to address other issues identified in the assessment as barriers to stable housing; o Objectives and action steps to meet short and long-term goals; o Schedule of home visits, with at least 1 visit each month; o Schedule of medical and supportive service appointments that client must keep in order to continue receiving Housing services; o Resources to be used to meet client goals; and o Criteria for determination of completion of goals	o Documentation in client file
F. Documentation of the client's participation in the planning process is done with signature by the client and/or legal guardian. If the client is unable to sign written plan, there needs to be written documentation of the reasons why not and mechanism to later secure needed signature(s).	o Documentation in client file
G. Services must not be routinely rendered without a written plan of care.	o Documentation in client file
H. The Written Plan of Care must evidence on-going involvement and review by the Housing services staff with the client.	o Documentation in client file
I. Non-scheduled care plan meetings may occur as the need arises.	o Documentation in client file

Memphis TGA Ryan White Part A & MAI Housing Services Standards of Care

Standard	Measure/Method
VI. Monitoring/ Reassessment/ Termination of Treatment Plan	
A. The needs and status of each client receiving Housing services will be monitored at least once per month on a regular basis. The purpose of monitoring is to allow the client and Housing provider to assess the progress of the plan of care in order to make revisions in goals and objectives. Elements to be monitored/assessed include: o Client progress toward objectives; o Client attendance at medical and support service appointments; o Client progress in obtaining long-term housing assistance.	o Documentation in client file
B. Documentation of service/ written care plan implementation/monitoring/review, client participation, success, barriers and/or failures should be documented in the client chart.	o Documentation in client file
C. Each client may be terminated from services as a result of monitoring, reassessment, or any form of client ineligibility. The purpose of this phase is to systematically conduct closure of the patient's record. The criteria for termination must be the result of previously discussed conditions directly relating to the written plan of care. The purpose of termination may be initiated by the client or case manager. Conditions which result in a client's termination from services may include: o Attainment of goals o Non-compliance with stipulations of written plan o Change in status which results in program ineligibility o Client desire to terminate services o Death	o Documentation in client file
VII.. Service Coordination/ Referral	
A. Providers must demonstrate strong linkages with Ryan White Medical Case Managers and providers of other housing programs and services. These must be in the form of written Memorandum of Agreement (MOU).	• Agency documentation of MOUs .

Memphis TGA Ryan White Part A & MAI Housing Services Standards of Care

Standard	Measure/Method
VIII. Client Rights and Responsibilities	
A. See Universal Standards of Care	
B. A client may refuse to agree to the identification of any or all problems, goals and/or action steps. In such cases the client chart (written plan and/or progress notes) must reflect the refusal, reasons and if appropriate, client signature.	o Documentation in client file o Policy on file
C. The client must inform the Housing services provider of any change in status or if any problems are found with the services provided.	o Documentation in client file o Policy on file
D. Client must have the right to access an articulated appeal process when services are terminated, as can be found in the agency's written Grievance Policy.	o Documentation in client file o Policy on file
E. If terminated, client must be given information regarding other available resources.	o Documentation in client file o Policy on file

Memphis TGA Ryan White Part A AIDS & MAI Pharmaceutical Assistance-Local Standards of Care

PURPOSE

The purpose of the Ryan White Part A and MAI AIDS Pharmaceutical Assistance-Local (APAL) Program Standards of Care are to ensure that uniformity of service exists in the Memphis Transitional Grant Area (TGA) such that the consumers of a service receive the same quality of service regardless of where or by whom the service is provided. Standards will be used as contract requirements, in program monitoring, and in quality management. If an agency is unable to meet a particular standard, the agency must document why the standard was unable to be met and explain the steps it is taking to meet that standard.

DEFINITION

AIDS Pharmaceutical Assistance-Local includes pharmacy assistance programs implemented by the Part A & MAI Grantee to provide HIV/AIDS medications to clients. Local pharmaceutical assistance is used to treat conditions and opportunistic infections (illnesses caused by bacteria, fungi, and other viruses that would not otherwise affect people with healthy immune systems), or conditions caused by toxic effects of the drugs used to treat symptoms. Additionally, it is used for psychological and neuropsychiatric conditions. These conditions must be caused directly by HIV infection of the brain, or triggered by the drugs used to combat the infection, such as AIDS dementia complex, anxiety disorder, depressive disorders, increased thoughts of suicide, paranoia, dementia, delirium, cognitive impairment, confusion, hallucinations, behavioral abnormalities, malaise, and acute mania.

The purpose of the program is to expand the number of covered medications under ADAP for Part A & MAI eligible patients or provide medication to Part A eligible patients who do not have another source of funding for medications in order to improve health outcomes.

STANDARDS DEVELOPMENT PROCESS

These standards were developed through extensive background research on standards of care, a review of existing standards from other Ryan White Part A Eligible Metropolitan Areas (EMA) and TGAs, meetings of the Evaluation and Assessment Committee of the Memphis TGA Ryan White Planning Council, and meetings with the Ryan White Part A Grantee

Memphis TGA Ryan White Part A AIDS & MAI Pharmaceutical Assistance-Local Standards of Care

APPLICATION OF STANDARDS

These standards apply to all agencies that are funded to provide APAL Ryan White Part A services within the Memphis TGA. These standards should be used in combination with the Universal Standards of Care that apply to any agency or provider funded to provide any Ryan White Part A and/or MAI service.

Standard	Measure/Method
I. Policies and Procedures	
A. See Universal Standards of Care for detailed information.	
B. Local pharmacy does not cover: ✓ Medications that are not FDA approved; ✓ Medications for conditions related to sexual performance and cosmetics; and ✓ Medicare co-pays and deductibles	• Policies and procedures on file
C. Agency must utilize 340b pricing and the application for USPHS prices must be maintained on site.	• Proof of use of 340b pricing • Policy for USPHS prices on site
II. Program Staff	
A. See Universal Standards of Care for detailed information.	
III. Access to Services	
A. See Universal Standards of Care for detailed information.	
IV. Eligibility Determination	
A. The Agency has procedures in place for the documentation and approval of eligibility for drugs reimbursement. To be eligible, the patient must meet eligibility criteria specified in the Universal Standards of Care and at least one of the following categories for eligibility must be met: ✓ Have applied for local State ADAP program, Medicaid, and a pharmacy assistance program and are ineligible (may be awaiting approval/disapproval of application). ✓ Are eligible for ADAP but need assistance for medications that are not on the ADAP formulary, this includes generic equivalent or same classification of	• Client records documenting eligibility • Policy and procedures on file • Documentation that all staff involved in eligibility determination have participated in required training provided by the Grantee to ensure understanding of the policy and procedures • Agency client data report consistent

Memphis TGA Ryan White Part A AIDS & MAI Pharmaceutical Assistance-Local Standards of Care

Standard	Measure/Method
drug.	with funding requirements
V. Eligible Usages for Funding	
A. APAL has been approved for the following uses: ✓ Anti-retroviral Therapy medications included in the State Formulary will be included for coverage in the Memphis TGA's Local Pharmaceutical Assistance Process during the "bridge", or time that is needed during which a consumer is applying for and being approved for State ADAP. ✓ Commonly prescribed antibiotics and anti-fungals used to treat opportunistic infections. Identification of these medications is completed by comparison of the medication names to published information within the Physician's Desk Reference or pdrhealth.com. ✓ Any medication other than the NAART and commonly prescribed antibiotics and anti-fungals used to treat opportunistic infections must be certified by a treating physician as: ▪ Medically necessary to treat HIV/AIDS; or ▪ Medically necessary to treat a secondary, comorbid illness that did not exist prior to the consumer's diagnosis of HIV/AIDS and which would impact the consumer's HIV/AIDS health status.	• Policy and procedures on file • Provider notes indicating medical necessity of prescribed medications • ADAP formulary form signed by provider
VI. Service Coordination/Treatment/ Referral	
A. The local pharmacy sub-contractor must inform other Part A and/or MAI funded service providers about the program so they can refer clients whenever appropriate. Drug reimbursement program shall be accessed by referral from a case manager directed by a Part A and/or MAI funded medical provider.	• Documentation of referrals and/or referral system
B. A log documenting service recipient's medications provided and must be maintained.	• Documentation of services provided, with dates, medications and costs
C. An updated log of resources of Patient Assistance Programs and other applicable community resources must be kept on site.	• Resource log on file
VII. Client Rights and Responsibilities	
A. See Universal Standards of Care for detailed information.	

Memphis TGA Ryan White Part A & MAI Medical Case Management Standards of Care

PURPOSE

The purpose of the Ryan White Part A and Minority AIDS Initiative (MAI) Medical Case Management Standards of Care is to ensure that uniformity of service exists in the Memphis Transitional Grant Area (TGA) such that the consumers of a service receive the same quality of service regardless of where or by whom the service is provided. Standards will be used as contract requirements, in program monitoring, and in quality management. If an agency is unable to meet a particular standard, the agency must document why the standard was unable to be met and explain the steps it is taking to meet that standard.

The purpose of Medical Case Management is to assist persons living with HIV/AIDS (PLWHA) by identifying and addressing barriers that limit a person's ability to connect to care and then link with needed services and to support the coordination and follow up of a person's medical care so that they can successfully participate in and adhere to HIV medical care.

DEFINITION

Medical Case Management services (including treatment adherence) are a range of client-centered services that link clients with health care, psychosocial, and other support services. The coordination and follow-up of medical treatments is a component of Medical Case Management. These services ensure timely and coordinated access to medically appropriate levels of health and support services and continuity of care, through ongoing assessment of the client's and other key family members' needs and personal support systems. Medical Case Management includes the provision of treatment adherence counseling to ensure readiness for, and adherence to, complex HIV/AIDS treatments. Key activities include (1) initial assessment of service needs; (2) development of a comprehensive, individualized service plan; (3) coordination of services required to implement the plan; (4) client monitoring to assess the efficacy of the plan; and (5) periodic re-evaluation and adaptation of the plan as necessary over the life of the client. It includes client-specific advocacy and/or review of utilization of services. This includes all types of case management including face-to-face, phone contact, and any other forms of communication.

NOTE: To qualify as Medical Case Management, activities must be tied to providing, facilitating, and keeping a client in primary medical care. This includes having Medical Case Managers communicate with the clinical care team when necessary in order to

help clients navigate medical care. The Medical Case Manager need not be located in the primary care facility, but must work closely and directly with the primary care provider.

STANDARDS DEVELOPMENT PROCESS

These standards were developed through extensive background research on standards of care, a review of existing standards from other Ryan White Part A Eligible Metropolitan Areas (EMA) and TGAs, meetings of the Evaluation and Assessment Committee of the Memphis TGA Ryan White Planning Council and meetings with the Ryan White Part A Grantee.

APPLICATION OF STANDARDS

These standards apply to all agencies that are funded to provide Ryan White Part A and/or MAI Medical Case Management services within the Memphis TGA.

Standard	Measure/Method
I. Policies and Procedures	
A. See Universal Standards of Care for detailed information	
B. Client records must be maintained in an orderly manner. The purpose of this phase is to ensure the availability of a systematic account of the client's case file. All case files must be maintained in the method approved by the agency and must outline the course of the coordinated set of services. An orderly form of record keeping should allow for rudimentary case review as well as participation in program evaluation.	• Policies and procedures on file • Site visit review and documentation

Memphis TGA Ryan White Part A & MAI Medical Case Management Standards of Care

Standard	Measure/Method
C. Providers must demonstrate strong linkages with HIV/AIDS medical providers.	• Intra-Agency Agreements/ Memorandum of Understanding on file
D. Providers must demonstrate coordination within the agency and with external partners for clients needing linkage and retention support.	• Intra-Agency Agreements/ Memorandum of Understanding on file • Policies and procedures on file • Documentation in client records
II. Program Staff	
A. See Universal Standards of Care for detailed information	

Standard	Measure/Method
B. Bachelor level degree in a health or human services related discipline with equivalent to two year of full time professional case management in a public service agency **Or** Bachelor level degree in Social Work with equivalent to two years of full time professional case management in a public service agency (an appropriately supervised BSW internship may count for one year's experience) **Or** Master level degree in a health or human services related discipline with equivalent to one year of full time professional case management in a public service agency. ***Note 1: Educational and experience requirements for Medical Case Management may be modified and/or waived. The agency seeking modification and/or waiver must request such in writing to the Grantee. Documentation of the request for modification/waiver must include relevant reasons and justification for such action and specific information why the person to be hired as Medical Case Manager has sufficient education, certification, licensure and/or experience to merit the modification/waiver. In addition to a written statement of relevant education/ experience, the agency seeking modification/waiver must present a written plan to insure that the Medical Case Manager receives appropriate additional education (degree), training and/or supervision to insure quality provision of care.*** ***Note 2: In such cases where a Medical Case Manager was employed prior to the implementation of the Standard and does not meet the given qualifications, there is need to use the aforementioned /modification/waiver provision. In addition to a written statement of relevant education/experience, the agency seeking modification/waiver must present a written plan to insure that the Specialist receives appropriate additional education (degree), training and/or supervision to insure quality provision of care.***	• Documentation on file

Memphis TGA Ryan White Part A & MAI Medical Case Management Standards of Care

Standard	Measure/Method
C. Ryan White Part A/MAI Medical Case Managers must have the supervision and guidance of a Master Level Social Worker, an M.D., or a Master's level nurse. Supervision can be performed by an individual with a Master's degree in Counseling, provided the individual with a Master's degree in Counseling is supervised by an M.D. Supervision must occur at a minimum of 2 hours per month for a total of 24 hours per year in either a group or individual setting. Supervision will address issues of client care (e.g. boundaries and appropriate interactions with clients), case manager job performance, and skill development (e.g. record keeping). Clinical supervision addresses anything directly related to client care (e.g., supervision in order to address specific client issues), and issues related to job related stress. Administrative supervision addresses issues related to staffing, policy, client documentation, reimbursement, scheduling, trainings, quality enhancement activities, and the overall running of the program and/or agency. ***Note: MSW requirements for clinical supervision may be modified and/or waived. The agency seeking modification and/or waiver must request such in writing to the Grantee. Documentation of the request for modification/waiver must include relevant reasons and justification for such action and specific information why the person to provide clinical supervision has sufficient education (Masters Degree in a Health or Human Services field), certification, licensure and clinical experience to merit the modification/waiver.***	• Documentation of group or individual staffing minutes OR • Documentation in personnel file
D. See Universal Standards of Care for detailed information	

Memphis TGA Ryan White Part A & MAI Medical Case Management Standards of Care

Standard	Measure/Method
E. Agencies providing Medical Case Management services must document efforts to assist Medical Case Managers and clinical supervisory staff in securing on-going mandatory education and training to better perform their respective job duties.	• Documentation in personnel files
III. Access to Services IV. Eligibility Determination/Intake/Screening	
A. Proof of lack of insurance or health insurance carrier	• Agency client data report consistent with funding requirements
B. All intake instruments must comply with necessary laws and statutes regarding privacy and confidentiality and must comply with local, state and federal confidentiality and privacy laws and regulations.	• Review of intake instruments
C. Intake instruments must include appropriately signed (client and/or legal guardian) contractual agreement for intake and/or service(s). This documentation should include statement acknowledging client awareness of services, limitations, Clients Right and Responsibilities and grievance procedures. If the client is unable to sign agreement, there should be written documentation of the reason(s) why and the mechanisms in place to later secure needed signature.	• Review of client record
VI. Assessment	

Memphis TGA Ryan White Part A & MAI Medical Case Management Standards of Care

Standard	Measure/Method
A. After each client is determined eligible for the program, needs must be assessed **within 30 calendar days** from intake and completed in a systematic manner in order to provide appropriate information for the written plan of care. The purpose of this stage is to develop an understanding of what services the client may need. This stage builds on the information gathered in the initial intake; however, more detailed information is sought.	• Review of client record
B. While the assessment of each client may require the selection from a variety of assessment tools, the assessment(s) should gather information from the many areas in which the client functions. These areas include but are not limited to: **PRIMARY FOCUS** ✓ Psychosocial (i.e., emotional functioning, alcohol and/or drug use, mental health diagnosis/history/tx, substance abuse diagnosis/history/tx, etc.) ✓ Medical History/Physical Health (i.e., HIV/AIDS, OI's, other medical conditions, medication(s) and adherence, medical providers / settings, hospitalizations, etc.) ✓ Health Resources (i.e., Insurance, Ryan White, TennCare [Medicaid], Medicare) ✓ Safer Sex Practices (i.e., awareness and/or practice of, resources to maintain) ✓ Service Needs (Client list of personal/family resource(s) and service(s) need(s)) **SECONDARY FOCUS** (*as each impacts and/or is impacted by the client/patient's health and medical needs, services and/or resources*) ✓ Housing (i.e., housing resources, utilities, special needs) ✓ Mental Health ✓ Functional Capabilities (i.e., Activities of daily living) ✓ Financial Resources (i.e., income, entitlements, public assistance, budget)	• Documentation of assessment in client record

Memphis TGA Ryan White Part A & MAI Medical Case Management Standards of Care

Standard	Measure/Method
✓ Service Needs ✓ Religious/Spiritual/Cultural Resources and functioning (i.e., particular affiliations, memberships, rituals, and/or role in personal well-being) ✓ Educational/Employment ✓ Social Functioning (i.e., family, peers, social activities) ✓ Practical resources (i.e., transportation, food, clothing)	
C. Previous assessments (i.e. medical and nursing) should be used in the determination of client needs.	• Documentation in client record
D. Results of assessments are kept in the client'srecord.	• Documentation in client record
VII. Treatment/ Care Plan	
A. A Written Plan of Care must be developed within 30 calendar days from assessment date and with the participation and agreement of the client or guardian. The purpose of the written plan is to turn the assessment into a workable plan of action. The client must be allowed to have an active role in determining the direction of the delivery of services. The written plan also serves as a vehicle for linking clients to one or more needed services. The plan must be realistic and obtainable. Clients should be fully involved in the development of the plan of care. Services must not be routinely rendered without a written plan of care.	• Documentation in client record
B. Information included in the plan of care include: - List of client service needs - Establishment of short and long term goals - Objectives and action steps to meet short term goals - Formal and informal resources to accomplish goals - Gaps in services - Alternatives to meet client goals	• Documentation in client record

Memphis TGA Ryan White Part A & MAI Medical Case Management Standards of Care

Standard	Measure/Method
- Resources to be used to meet client goals - Criteria for determination of completion of goals	
C. The plan must be implemented, monitored, and facilitated by a Medical Case Manager.	• Documentation in client record
D. If applicable, provide the rationale(s) for client non-compliance in the written plan.	• Documentation by Case Manager in client record
E. Providers shall document client's progress with care plan(s). The Written Plan of Care should evidence on-going involvement and review by the Case Manager with the client. Minimally, this should be bi-annually with contact and review within 6 months of intake and/or re-assessment	• Documentation of Case Manager case notes in client record AND/OR • Progress documented on Written Plan of Care in client record OR • Revised plan of care within client file
VII. Monitoring/ Reassessment/ Termination of Treatment Plan	
A. Monitoring is an ongoing process. The purpose of this stage is to allow the client and Medical Case Manager to observe the progress of the plan of care in order to make revisions. The needs and status of each client receiving Medical Case Management services will be reassessed every 6 months in a face to face encounter monitored on a regular basis. Phone follow up to monitor progress/completion of care plan goals is needed. The intervals between monitoring may vary among clients, but must reflect necessity and consistency with the written plan.	• Documentation of progress written by Case Manager in client record
B. During monitoring of the plan of care, methods used to obtain information may	• Documentation in client record

Standard	Measure/Method
include: - Communication with client - Direct observation of the client - Contact with service provider The types of information to be gathered include: - Present status of client - Client satisfaction - Quality and appropriateness of services provided	
C. Each client may be terminated from services as a result of monitoring, reassessment, or any form of client ineligibility. The purpose of this phase is to systematically conduct closure of the patient's record. The criteria for termination must be the result of previously discussed conditions directly relating to the written plan of care. The purpose of termination may be initiated by the client or Medical Case Manager.	• Documentation in clientrecord
D. Conditions which result in client's termination from services may include: o Lack of goal attainment o Non-compliance with stipulations of written plan o Change in status which results in program eligibility o Client desire to terminate services o Death	• Documentation in client record
IX. Client Rights and Responsibilities	
A. See Universal Standards of Care for detailed information	

Memphis TGA Ryan White Part A & MAI Medical Case Management Standards of Care

Standard	Measure/Method
B. A client may refuse agreement to the identification of any or all problems, goals and/or action steps. In such cases the client chart (written plan and/or progress notes) should reflect the refusal, reason(s) and if appropriate, client signature	• Documentation in client record
C. Clients must have the right to access an articulated appeal process when services are terminated.	• Documentation in client record
D. Client must be afforded information regarding transfer to an outside agency.	• Documentation in client record

Memphis TGA Ryan White Part A & MAI Mental Health Services Standards of Care

PURPOSE

The purpose of the Ryan White Part A and MAI Mental Health Services Standards of Care is to ensure that uniformity of service exists in the Memphis Transitional Grant Area (TGA) such that the consumers of a service receive the same quality of service regardless of where or by whom the service is provided. Standards will be used as contract requirements, in program monitoring, and in quality management. If an agency is unable to meet a particular standard, the agency must document why the standard was unable to be met and explain the steps it is taking to meet that standard.

DEFINITION

Mental health services are psychiatric treatment and/or counseling services offered to individuals with a diagnosed mental illness, conducted in a group or individual setting, and provided by a mental health professional licensed or authorized within that State to render such services (diagnosis and treatment of mental illness).

STANDARDS DEVELOPMENT PROCESS

These standards were developed through extensive background research on standards of care, a review of existing standards from other Ryan White Part A Eligible Metropolitan Areas (EMA) and TGAs, meetings of the Evaluation and Assessment Committee of the Memphis TGA Ryan White Planning Council and meetings with the Ryan White Part A Grantee.

APPLICATION OF STANDARDS

These standards apply to all agencies that are funded to provide Mental Health Services through Ryan White Part A or MAI within the Memphis TGA. These Standards should be used in combination with the Universal Standards of Care that apply to any agency or provider funded to provide any Ryan White Part A and/ or MAI service.

Memphis TGA Ryan White Part A & MAI Mental Health Services Standards of Care

Standard	Measure/Method
I. Policies and Procedures	
A. See Universal Standards of Care for detailed information.	
B. Agency is licensed and/or accredited by the appropriate city/county/state/ federal agency and is certified for billing for Medicare and Medicaid eligible clients.	• Current licensure on file from appropriate city/county/state/federal agency • Evidence of ability to determine Medicare and Medicaid eligibility
C. See Universal Standards of Care for detailed information.	
II. Program Staff	
A. Staff knowledgeable about available resources to avoid duplication of services.	• Policies and procedures on file • Documentation in staff files
B. 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 cognitive impairment and generally accepted treatment modalities and practices.	• Documentation of training on these topics • Documentation of participation of all staff involved in delivering Part A services
C. Staff is appropriately certified or licensed as required by the state or local government for the provision of services. All professionals providing mental health diagnosis and treatment services are properly trained and meet the staff qualifications for mental health professionals (see definitions).	• Documentation in personnel records
D. Staff receive supervision as required by licensure/certification.	• Documentation in personnel records • Documentation of training in personnel records

Memphis TGA Ryan White Part A & MAI Mental Health Services Standards of Care

Standard	Measure/Method
III. Access to Services	
A. See Universal Standards of Care for detailed information.	
IV. Eligibility Determination /Screening	
A. Upon initial contact with client, agency will assess client for emergent/urgent or routine mental health and substance abuse needs.	• Client record
B. Provider confirms client eligibility for services. The process to determine client eligibility must be completed in a timely manner so that screening is not delayed.	• Documentation that client has been determined eligible for services by provider or another provider in client file • Agency client data consistent with funding requirements
C. Client is informed of the client confidentiality policy and grievance policy at first face to face contact.	• Client record • Client satisfaction survey
V. Assessment/ Treatment	
A. Clients who are referred from screening shall receive an assessment within seven days of screening. Assessment includes at a minimum: ✓ Medical history and current health status (records/clearance from medical provider) ✓ HIV risk behavior ✓ Available financial resources ✓ Available support system ✓ Legal/custody issues ✓ Substance abuse issues ✓ Referrals ✓ Agency standardized mental health assessment	• Client record • Agency client report consistent with funding requirements

Memphis TGA Ryan White Part A & MAI Mental Health Services Standards of Care

Standard	Measure/Method
B. Clients with a current mental health problem as determined by the psychiatric and/or psychosocial assessment will be provided wither a referral from the agency within two work days or will be seen for treatment within two weeks after the assessment is completed. Agency will document patients' understanding and consent to treatment.	• Client record • Agency client data report consistent with funding requirements
C. Develop treatment plan with client within one month of intake encompassing continuum of care (working with medical case management). An appropriate treatment plan must include at a minimum: ✓ Risk reduction counseling on possible HIV re-infection and avoiding transmission to their partners ✓ Documentation of current medications if applicable ✓ Recommended mental health treatment and client's willingness to participate in such treatment ✓ Plans for continuity of primary medical care for those clients who are currently receiving medical care ✓ Plans to link client into primary medical care with a designated time frame that is coordinated with client's mental health treatment needs	• Client record including completed treatment plan signed by client • Client satisfaction survey
D. Client's needs and treatment plan are reviewed and revised a minimum of every six months.	• Client record • Agency client data report consistent with funding requirements
E. Agency should have policy in place to assist patients to access mental health medications that are needed.	• Documentation in client record
VI. Service Coordination / Referral	

Memphis TGA Ryan White Part A & MAI Mental Health Services Standards of Care

Standard	Measure/Method
A. Referrals for Mental Health Services preferably should come from a Medical Case Manager, but there is the recognition that some referrals may come from outside sources.	• Documentation of referral in client file • Documentation of proof of client eligibility for Ryan White services
B. Agency staff implement discharge plan when appropriate in client treatment plan. The discharge plan shall be inclusive of: ✓ Summary of needs at admission ✓ Summary of services provided ✓ Goals completed during counseling ✓ Circumstances of discharge ✓ Disposition	• Client record
C. Referral sources should be provided with a minimum of the following: ✓ Authorization form from client to provide records to referral source ✓ Concise problem statement ✓ Helpful/relevant lab tests	• Client record
D. Providers that are referring a client for a substance abuse assessment must send a copy of the screen within two business days to the substance abuse entity that will be completing the assessment.	• Screen in client record
VII. Client Rights and Responsibilities	
A. See Universal Standards of Care for detailed information.	
B. Clients must have the right to access articulated appeal process when services are terminated.	• Policy on file • Documentation in client file as appropriate
C. Clients must be afforded information regarding transfer to an outside agency.	• Policy on file
D. Grievance policy exists.	• Policy on file
E. A current (within the last year) release of information form exists for each specific request for information and each request is signed by the client.	• Client record

Standard	Measure/Method
F. The agency has a formal policy as governed by State law for clients who may be incapable of making their own treatment or care decisions.	• Policy on file • Legal/ medical consultation policy
G. Clients will be informed of the client confidentiality policy, grievance policy, their rights and responsibilities and their eligibility for services.	• Documentation in client chart initialed or signed by client (chart review) showing that they have read or been informed

Mental Health Staff Professionals

Mental Health Professional (MHP)

The following are considered to be Mental Health Professionals (applicable to respective State laws):

1. Psychiatrist- A physician licensed to practice medicine or osteopathy within the respective State in the TGA, who has completed a residency in psychiatry approved by the American Board of Psychiatry and Neurology.
2. Psychiatric Nurse- An Advanced Practice Nurse or Registered Nurse, licensed within the respective State in the TGA, who holds a master's degree from a school of nursing or a university with a specialty in psychiatry or mental health.
3. Licensed Clinical Social Worker- The holder of a master's degree in social work from an accredited university or college, and who is licensed in the respective State in the TGA as an independent practitioner.
4. Certified Master Social Worker – The holder of a master's degree in social work from an accredited university or college, and who is directly supervised by a Licensed Clinical Social Worker.
5. Licensed Professional Counselor- The holder of a master's degree in counseling from an accredited university or college, and who is licensed in the respective State in the TGA as an independent practitioner.

6. Psychologist- A holder of a doctoral degree in psychology from an accredited university or college and who is licensed in the respective State in the TGA.

7. Master's or Doctoral Degree Holders- In one of the behavioral or social sciences that is primarily psychological in nature, and documentation of supervised clinical experience in an internship or practicum placement program, or those licensed to practice mental health in the respective State.

Mental Health Clinician (MHC)

Note: Mental Health Clinicians must work under the supervision of a Mental health professional (MHP). Their clinical work must be reviewed and signed by the MHP supervisor.

The following are considered to be Mental Health Clinicians:

1. Clinical Interns or Practicum Students in a Master's degree program in one of the behavioral or social sciences at an accredited university or college, that is primarily psychological in nature.

2. Master's Degree holders in one of the behavioral or social sciences from an accredited university or college that is primarily psychological in nature. Documented experience is not a requirement.

Memphis TGA Ryan White Part A & MAI Medical Nutrition Therapy Standards of Care

PURPOSE

The purpose of the Ryan White Part A and MAI Standards of Care is to ensure that uniformity of service exists in the Memphis Transitional Grant Area (TGA) such that the consumers of a service receive the same quality of service regardless of where or by whom the service is provided. Standards will be used as contract requirements, in program monitoring, and in quality management. If an agency is unable to meet a particular standard, the agency must document why the standard was unable to be met and explain the steps it is taking to meet that standard.

DEFINITION

Medical Nutrition Therapy is provided by a licensed registered dietician outside of a primary care visit and includes the provision of nutritional supplements. Medical Nutrition Therapy (MNT) is defined as "nutritional diagnostic, therapy, and counseling services for the purpose of disease management which are furnished by a Registered Dietitian or nutritional professional" (source Medicare MNT legislation, 2000). MNT is a specific application of the Nutrition Care Process (developed by the American Dietetic Association) in clinical settings that are focused on the management of diseases. MNT involves in-depth and individualized nutrition assessment and a duration and frequency of care using the Nutrition Care Process to manage disease.

Medical nutrition therapy provided by someone other than a licensed/registered dietitian should be recorded under psychosocial support services.

STANDARDS DEVELOPMENT PROCESS

These standards were developed through background research on standards of care, a review of existing standards from other Ryan White Part A Eligible Metropolitan Areas (EMA) and TGAs, input of primary care providers, meetings of the Evaluation and Assessment Committee of the Memphis TGA Ryan White Planning Council, local providers of MNT, and meetings with the Ryan White Part A Grantee.

Revision Approved by Memphis Area Ryan White Planning Council 09/22/10
Revision Approved by Memphis Area Ryan White Planning Council 10/24/2012

Memphis TGA Ryan White Part A & MAI Medical Nutrition Therapy Standards of Care

APPLICATION OF STANDARDS

These standards apply to any agency receiving Part A funds to provide Medical Nutrition Therapy services. These funded agencies must screen for need for Medical Nutrition Therapy, and facilitate appropriate referrals, and provide Medical Nutrition Therapy according to DHHS guidelines for medical care and adhere to The American Dietetic Association's (ADA) Standards of Professional Practice. Nutrition Education providers must adhere to education guidelines provided by The American Dietetic Association and/or any other credentialed professional organizations.

Standard	Measure/Method
I. Program Staff	
A. Medical Nutrition Therapy staff are trained and knowledgeable about primary care, HIV/AIDS disease and treatment, and available resources that promote the continuity of client care. They are trained and knowledgeable about multi-disciplinary medical care practice, DHHS guidelines for medical care, and The American Dietetic Association's Standards of Professional Practice.	• Resume in personnel file • Credential verification in personnel file • Training records
B. Medical Nutrition Therapy staff are licensed/ certified to practice within their concentrated area consistent with city, county, state and federal law, and the American Dietetic Association's Commission on Dietetic Registration.	• Personnel record verification
C. Medical Nutrition Therapy staff receive supervision, training and continuing education as required by the ADA's Commission on Dietetic Registration.	• Documentation within personnel and training records

Memphis TGA Ryan White Part A & MAI Medical Nutrition Therapy Standards of Care

Standard	Measure/Method
D. Medical Nutrition Therapy staff have 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
E. All newly hired staff complete orientation training prior to providing client care.	• Documentation in personnel records
Standard	**Measure/Method**
II. Access to Services	
A. See Universal Standards of Care for detailed information.	
III. Eligibility Determination/ Screening	
A. See Universal Standards of Care for detailed information	
B. Agencies providing Medical Nutrition Therapy will have written guidelines to generate automatic referrals for this service in addition to direct consults from medical providers.	• Policy and Procedure on file • Documentation in client file
IV. Assessment/ Treatment	
A. Clients will have a comprehensive initial intake and assessment by a qualified, licensed/registered dietician which will be completed within the first 2-3 primary care visits scheduled with the primary care provider. The initial assessment shall include, but is not limited to the following: ✓ Chief complaint ✓ Past medical and surgical history with detailed HIV/AIDS history ✓ Family and social history including substance abuse and mental health histories ✓ Weight status (changes and comparisons to national standards) ✓ Food and drug allergies	• Client medical chart

Revision Approved by Memphis Area Ryan White Planning Council 09/22/10
Revision Approved by Memphis Area Ryan White Planning Council 10/24/2012

Memphis TGA Ryan White Part A & MAI Medical Nutrition Therapy Standards of Care

Standard	Measure/Method
✓ Food restrictions, including religious-based ✓ Diet history and current nutritional status, including current intake ✓ Nutrition-related knowledge and practices ✓ Nutritional concerns ✓ Current medications and relevant laboratory data	
B. Referrals to Nutritional Services should be provided as appropriate for both acute problems and for health maintenance. Consults should be completed the same day, if possible.	• Client medical chart
V. Treatment Plan	
A. Providers of Medical Nutrition Therapy shall, in conjunction with the client, develop goals and interventions strategies to determine progress made in desired outcomes or nutrition care that will be reviewed and updated as conditions warrant or at minimum of every six months.	• Client medical chart
VI. Service Coordination/ Referral	
A. See Universal Standards of Care for detailed information	• Policy on file
VII. Clients' Rights and Responsibilities	
A. See Universal Standards of Care for detailed information	• Policy on file

Memphis TGA Ryan White Part A & MAI Standards of Care
Medical Transportation Services

PURPOSE

The purpose of the Ryan White Part A Standards of Care is to ensure that uniformity of service exists in the Memphis Transitional Grant Area (TGA) such that the consumers of a service receive the same quality of service regardless of where or by whom the service is provided. Standards will be used as contract requirements, in program monitoring, and in quality management. If an agency is unable to meet a particular standard, the agency must document why the standard was unable to be met and explain the steps it is taking to meet that standard.

DEFINITION

Medical transportation services include conveyance services provided, directly or through voucher, to a client so that he or she may access health care services. In the Memphis TGA, transportation services fund the provision of the following:

- Transportation passes (public transportation passes)
- Agency based transportation services (van, transporter, etc.)
- Taxicab reimbursement (voucher, invoices, etc.)
- Mileage reimbursement (private transportation, staff transportation, gas voucher, etc.)

These services provide access to clients and their caregivers to core medical and support services.

STANDARDS DEVELOPMENT PROCESS

These standards were developed through extensive background research on standards of care, a review of existing standards from other Ryan White Part A Eligible Metropolitan Areas (EMA) and TGAs, input of transportation service providers, meetings of the Evaluation and Assessment Committee of the Memphis TGA Ryan White Planning Council and meetings with the Ryan White Part A Grantee.

APPLICATION OF STANDARDS

These standards apply to any agency receiving Part A and/or MAI funds to provide Medical Transportation Services.

Revision Approved by Memphis Area Ryan White Planning Council 09/22/10
Revision Approved by Memphis Area Ryan White Planning Council 02/27/2013

Memphis TGA Ryan White Part A & MAI Standards of Care
Medical Transportation Services

Standard	Measure/Method
I. Policies and Procedures	
A. See Universal Standards of care for detailed information.	
B. Agency must be in compliance with all state regulations regarding provision of transportation services including driver's license; appropriate insurance and other liability issues; and/or any other applicable state regulations.	• Staff file verification • Documentation of appropriate insurance • Current licensure on file from appropriate city/county/ state/federal agency
C. Agencies may provide medical transportation services to Ryan White clients (and the parent or guardian of a Ryan White client under the age of 18) as indicated and defined the specific provider contract: • **Transportation passes**: *provides public transportation passes to eligible clients with HIV/AIDS attending core medical and support service appointments.* • **Agency based transportation services:** *provides free transportation to and from core medical service and support services for eligible clients with HIV/AIDS in vehicles a) directly operated by the service provider or b) through a subcontract with a provider of transportation services.* • **Taxicab reimbursement**: *provides reimbursement for the cost of each qualifying taxicab ride for eligible clients with HIV/AIDS attending core medical and support service appointments.* • **Mileage reimbursement:** *provides reimbursement for the cost of mileage for eligible clients with HIV/AIDS, appropriate staff persons and volunteer drivers assisting clients attending core medical or support service appointments. Gas vouchers to participating gas stations are an acceptable form of mileage reimbursement.*	• Provider contract review • Agency policy on file

Memphis TGA Ryan White Part A & MAI Standards of Care
Medical Transportation Services

Standard	Measure/Method
D. Agency has a policy to ensure that Ryan White funds are used as the payer of last resort, and services are provided to consumers who can demonstrate that they have exhausted all other non-Ryan White transportation services. All agencies providing agency based medical transportation services must be Medicaid certified organizations or must show a willingness to apply for such status within 90 days of awarding of funding.	• Policy on file
E. Any agency providing direct transportation has written procedures developed and implemented to handle emergencies. Each driver will be instructed in how to handle emergencies before commencing service, and will be in-serviced annually. The agency will maintain a copy of each in-service and sign-in roster with names both printed and signed and maintained in each driver's personnel file.	• Policy and procedures on file • Staff file verification
F. Any agency providing direct transportation ensures that children under 16 are not transported without an adult escort. State law regarding height and weight mandates for car seats and/or booster seats for children must be observed. Necessity of a car seat or booster seat should be documented on the Transportation Log by staff when an appointment is scheduled by a client.	• Policy on file • Transportation log verification
G. Agency must ensure the safety of any vehicles used to transport clients for services. There must be safety standards in place that at a minimum ensure the following: ✓ Vehicles are in good repair and equipped for adverse weather conditions. ✓ All vehicles will be equipped with both a fire extinguisher and first aid and CPR kits. ✓ A file will be maintained on each vehicle and shall include but not be limited to: description of vehicle including year, make, model, mileage, as well as general condition and integrity and service records. ✓ Inspections of vehicle should be routine, and documented not less than quarterly. ✓ Seat belts/restraint systems must be operational. ✓ When in place, child car seats must be operational and installed according to	• Site visit observations/ inspections • Review of vehicle file • Review of vehicle inspection logs • Current vehicle State Inspection sticker. • Proof of current automobile liability and personal injury insurance in the amount of at least $300,000.00 • Documentation of satisfactory maintenance on file

Standard	Measure/Method
specifications. ✓ All lights and turn signals must be operational, brakes must be in good working order, tires must be in good condition and air conditioning/heating system must be fully operational. ✓ Vehicles are in compliance with recommended occupational Safety and Health Administration (OSHA) and public health practices for infection control for care of immunologically impaired individuals (i.e. first aid kit with latex gloves and face shield) ✓ Proper regularly scheduled vehicle maintenance at 5,000 mile or recommended intervals must be completed as recommended by vehicle manufacturer	
H. Agency providing mileage reimbursement transportation services ensures that mileage reimbursed is at a rate no more than the current applicable government rate. An agency may set its own rate as long as it does not exceed the applicable government rate.	• Policy on file • Record review
II. Program Staff	
A. Agency ensures that all medical transportation services are administered by or coordinated through appropriately trained and supervised staff and/or volunteers.	• Staff file verification • Transportation log verification (for agency transportation services)
B. Agency must ensure that any staff serving as drivers are licensed and insured and provide safe transportation services to all clients. A file should be kept on each staff member who serve as drivers including proof of the following: - Valid Tennessee, Mississippi and/or Arkansas State Driver's Class C License (depending on where clients are being service). - Proof of pre-employment physical examination, and then one at least every two years thereafter - Proof of satisfactory drug screening - Satisfactory completion of State approved safe driving course to be completed on	• Staff file verification

Memphis TGA Ryan White Part A & MAI Standards of Care
Medical Transportation Services

Standard	Measure/Method
annual basis. - Annual proof from Department of Motor Vehicles of a safe driving record, which shall include history of tickets, DUI/DWI, or other traffic violations. More than three moving violations within the past year will disqualify the driver; any conviction of DUI/DWI or reckless driving will disqualify the driver. - Participation in annual in-services on emergency procedures e.g. road and client emergencies (collision, vehicle break down, client becoming unconscious)	
C. Agency must ensure that any staff hired as drivers are subject to at a minimum mandatory pre-employment as well as random and post accident drug screenings to be conducted by a certified, approved laboratory facility.	• Policy on file • Staff file verification
III. Access to Services	
A. Agency provides transportation services that are in compliance with Americans with Disabilities Act (ADA) requirements, including requirements for non-discriminatory policies and practices, facilities/vehicle access and reasonable accommodations to address communication (i.e. access to a sign language interpreter).	• Policy and procedures on file • Site visit observation of facility/ vehicle accessibility
IV. Eligibility Determination/Intake/Screening	
A. See Universal Standards of Care for detailed information.	
B. Agency must ensure that clients receiving medical transportation services have been properly screened for qualifying for other transportation resources. If the client qualifies for other funding sources for the particular form of transportation being provided, he or she is deemed ineligible for that service through Part A.	• Client file verification
C. Agency must ensure that medical transportation services are provided in the most cost effective manner possible to meet the needs of multiple clients. Therefore, in areas where public transportation is available, a bus pass (one-way or two-way) is the first choice for clients accessing Ryan White Transportation.	• Client file verification • Policy on file
D. Agency must ensure that non-clients receiving mileage reimbursement are 1) an eligible staff person and or unpaid volunteer of the agency and 2) have proof of the	• Staff file verification

Memphis TGA Ryan White Part A & MAI Standards of Care
Medical Transportation Services

Standard	Measure/Method
appropriate insurance and other liability issues either personally or through agency coverage.	
E. Agency must ensure that clients who receive taxicab rides through medical transportation services 1) have a medical emergency, physical and/or cognitive limitations, or severely inclement weather which prohibits the use of other transportation sources and/ or 2) no available public transportation or other resource.	• Client file verification
V. Service Coordination/Provision/Referral	
A. Agency must demonstrate coordination with other transportation agencies and services within the TGA, Medicaid Special Transportation Services, and other existing transportation programs to avoid duplication of services.	• Policy on file
B. Agency must have a system in place to ensure that transportation services are utilized appropriately for the intended core medical or support service. This system may include: - Documentation that includes the client's name, URN, DOB, Gender, date of service, number of bus/cab vouchers, intended destination/s and date/s, **OR** - Follow-up verification between transportation provider and destination service program confirming use of eligible service(s) **OR** - Client provides proof of service documenting use of eligible services at destination agency on the date of transportation **OR** - Scheduling of transportation services by receiving agency's case manager or transportation coordinator - <u>In order to mitigate Agency exposure to clients who may fail to follow through with documenting the intended use of the transportation voucher, the agency is allowed to provide, and be reimbursed for, one voucher per client per year without documentation of the intended use of the voucher.</u>	• Documentation of confirmation from destination agency in agency/client file. • Client's original receipt from destination agency in agency/client file. • Documentation in Case Manager's progress notes. • Documentation in agency/client file of the one (1) allowable one-way trip per year without proof of service documentation
VI. Client Right and Responsibilities	

Memphis TGA Ryan White Part A & MAI Standards of Care
Medical Transportation Services

Standard	Measure/Method
A. See Universal Standards of Care for detailed information	

Memphis TGA Ryan White Part A & MAI Oral Health Standards of Care

PURPOSE

The purpose of the Ryan White Part A and MAI Oral Health Standards of Care is to ensure that uniformity of service exists in the Memphis Transitional Grant Area (TGA) such that the consumers of a service receive the same quality of service regardless of where or by whom the service is provided. Standards will be used as contract requirements, in program monitoring, and in quality management. If an agency is unable to meet a particular standard, the agency must document why the standard was unable to be met and explain the steps it is taking to meet that standard.

DEFINITION

Oral health services include: Diagnostic, prophylactic and therapeutic services rendered by oral surgeons, dentists, dental hygienists or dental students supervised by licensed dentists.

The Memphis Area Planning Ryan White Planning Council has established a cap on Oral Health Services of $2,000.00 for the grant year effective FY 2013.

STANDARDS DEVELOPMENT PROCESS

These standards were developed through extensive background research on standards of care, a review of existing standards from other Ryan White Part A Eligible Metropolitan Areas (EMA) and TGAs, meetings of the Evaluation and Assessment Committee of the Memphis TGA Ryan White Planning Council and meetings with the Ryan White Part A Grantee and Service Providers throughout the TGA.

APPLICATION OF STANDARDS

These standards apply to all agencies that are funded to provide Oral Health Ryan White Part A services within the Memphis TGA. If the funded agency subcontracts for oral health services, the funded agency is responsible for ensuring that these standards are followed.

Revision Approved by Memphis Area Ryan White Planning Council 09/22/10
Revision Approved by HIV-Care and Prevention Group 04/23/14

Memphis TGA Ryan White Part A & MAI Oral Health Standards of Care

Standard	Measure/Method
I. Policies and Procedures	
A. See Universal Standards of Care for detailed information	
B. Agency has a written policy in place on how to deal with clients who miss their appointments.	• Policy on file
II. Program Staff	
A. See Universal Standards of care for detailed information	
B. Staff has appropriate skills, relevant experience and licensure to provide oral health care.	• Certifications/licensures on file • Resumes on file
C. Dentists, oral surgeons, dental hygienists, and dental students will have proof of malpractice coverage.	• Copy of current malpractice coverage on file
D. Licensed staff participate in at least six hours of education/training every two years on HIV related oral healthcare issues including oral manifestations, dental treatment considerations for PLWHA and other co-morbidities, infection control and post exposure prophylaxis. Non-licensed staff participate in at least one hour of education/training annually on same topic areas.	• Training/education documentation in personnel files
III. Access to Services	
A. See Universal Standards of care for detailed information	
IV. Service Eligibility Screening	
A. Provider determines client eligibility for services or has appropriate documentation proof from another provider. The process to determine client eligibility must be completed in a timely manner so that oral health services are not delayed.	• Client record • Agency client data report consistent with funding requirements
B. Client is informed of the confidentiality policy and grievance policy at first face to face contact.	• Client record • Client satisfaction survey

Revision Approved by Memphis Area Ryan White Planning Council 09/22/10
Revision Approved by HIV-Care and Prevention Group 04/23/14

Memphis TGA Ryan White Part A & MAI Oral Health Standards of Care

Standard	Measure/Method
C. Client is informed of services available and what client can expect if s/he enrolls in services, including methods and scope of service delivery. Clients will also be informed of the documentation requirements for treatment.	• Client record • Client satisfaction survey
D. Staff will provide client with referral information to other services, as appropriate.	• Policy on file
V. Assessment/Treatment	
A. Clients who are eligible for services and have provided the required documentation shall receive a referral for assessment. Assessment includes at a minimum: ✓ Determination of care need (emergency, non-emergency or triage) ✓ Relevant health history ✓ Current medications ✓ Relevant laboratory testing ✓ Hard and soft tissue examination ✓ X-rays of teeth ✓ Referrals ✓ Primary care provider contact number	• Client record • Agency client data report consistent with funding requirements
B. Develop treatment plan with client within 10 business days of assessment.	• Client record including completed treatment plan signed by client and attending provider
C. Providers will educate clients on oral disease prevention at each oral health visit.	• Client record
VI. Service Coordination/Referral	
A. Agency staff acts as a liaison between the client and other service providers to support coordination and delivery of high quality care. An individual must access oral health care services through a Medical Case Manager. Clients should be strongly encouraged to enroll in primary medical care and have been seen by a primary care provider within the past 6 months.	• Client record-documentation of enrollment in primary medical care

Memphis TGA Ryan White Part A & MAI Oral Health Standards of Care

Clinical Guidelines for Dental Procedures*

**Please note that these guidelines are meant to be general and allow the dental healthcare worker the flexibility to offer the best care available for Ryan White Part A and MAI eligible consumers.*

Standard	Measure/Method
B. Referral sources should be provided with a minimum of the following: ✓ Authorization form from client to provide records to referral source ✓ Concise problem statement (documenting necessity of specialty referral) ✓ Relevant lab tests and pharmacy data available at time of appointment	• Client record
VII. Clients' Rights and Responsibilities	
A. See Universal Standards of care for detailed information	
B. The agency has a formal policy as governed by State law for clients who may be incapable of making their own treatment or care decisions.	• Policy on file • Legal/medical consultation policy

Memphis TGA Ryan White Part A & MAI Oral Health Standards of Care

Emergency Dental Care	Care related to the treatment of pain or infection, including but not limited to: emergency examinations, diagnostic dental radiographs, caries control, endodontic access, extractions and sub-gingival curettage and trauma
Endodontic procedures	For severely decayed or abscessed teeth that can be maintained if the patient so chooses. When the decay process has proceeded to the vital portions of the tooth (pulp), fillings alone are no longer possible; root canals are a means by which our patients can save severely decayed or necrotic (abscessed) teeth.
Management of oral pathology	Management of oral pathology including biopsy associated with HIV disease such as oropharyngeal candidiasis (thrush), ulcerations, Kaposi's sarcoma, and oral warts due to human papillomavirus (HPV) which if left untreated would increase morbidity and negatively impact quality of life.
Periodontal (gum care)	Recommended for clients with heavy calculus (tartar) buildup above and below the gum line, patients with infected or inflamed gingival gums or periodontal disease. Maintenance therapy for clients who have previously undergone periodontal therapy is also included in this category.
Preventive dental care	Care that includes but is not limited to dental exams, diagnostic dental x-rays, dental cleanings, office fluoride therapies and sealants.
Prosthetic care (partial and complete dentures)	Replaces multiple missing teeth and enable clients to maintain proper nutrition, function, speech, and esthetics. Also covered in this category are single unit crowns, crown build-ups and single unit fixed anterior bridges.
Restorative dental care	Includes amalgam (silver) fillings for posterior teeth and tooth colored fillings for anterior teeth.
Surgical procedures	Includes extraction of severely decayed teeth or periodontally involved teeth and biopsies of suspect lesions.

Revision Approved by Memphis Area Ryan White Planning Council 09/22/10
Revision Approved by HIV-Care and Prevention Group 04/23/14

Memphis TGA Ryan White Part A & MAI Outreach Services Standards of Care

PURPOSE

The purpose of the Ryan White Part A and MAI Outreach Services Standards of Care is to ensure that uniformity of service exists in the Memphis Transitional Grant Area (TGA) such that the consumers of a service receive the same quality of service regardless of where or by whom the service is provided. Standards will be used as contract requirements, in program monitoring, and in quality management. If an agency is unable to meet a particular standard, the agency must document why the standard was unable to be met and explain the steps it is taking to meet that standard.

Definitions

Outreach services are programs that have as their principal purpose identification of people with unknown HIV disease or those who know their status (i.e., case finding) so that they may become aware of, and may be enrolled in, care and treatment services. Outreach services do not include HIV counseling and testing or HIV prevention education. These services may target high-risk communities or individuals. Outreach programs must be planned and delivered in coordination with local HIV prevention outreach programs to avoid duplication of effort; be targeted to populations known through local epidemiologic data to be at disproportionate risk for HIV infection; be conducted at times and in places where there is a high probability that individuals with HIV infection will be reached; and be designed with quantified program reporting that will accommodate local effectiveness evaluation.

STANDARDS DEVELOPMENT PROCESS

These standards were developed through extensive background research on standards of care, a review of existing standards from other Ryan White Part A Eligible Metropolitan Areas (EMA) and TGAs, meetings of the Evaluation and Assessment Committee of the Memphis TGA Ryan White Planning Council and meetings with the Ryan White Part A Grantee.

Memphis TGA Ryan White Part A & MAI Outreach Services Standards of Care

APPLICATION OF STANDARDS

These standards apply to all agencies that are funded to provide Ryan White Part A Outreach Services within the Memphis TGA. These standards should be used in combination with the Universal Standards of Care that apply to any agency or provider funded to provide any Ryan White Part A services.

Standard	Measure/Method
I. Policies and Procedures	
A. See Universal Standards of Care for detailed information.	
II. Program Staff	
A. Staff is trained and knowledgeable about HIV/AIDS, the affected communities and available resources. Training specific to outreach activities should include (but not limited to) the following: • HIV/AIDS Counseling (and testing when applicable), • referral to medical care, • personal safety, • adherence counseling, • non-violent crisis intervention, • cultural diversity and • Psychosocial issues specific to HIV/AIDS.	• Documentation of training on these topics • Documentation of participation of all staff involved in delivering Part A services
B. Staff has appropriate skills, relevant experience, cultural and linguistic competency, and relevant licensure to provide services and/or care to people living with HIV. All staff are properly trained to meet the staff qualifications of their positions as defined in the Memphis TGA HIV Service Standards.	• Written description of staffing requirements by position • Staff résumés in personnel files • Personnel and training records
C. Staff are required to have a minimum of a High School Diploma or GED; although, a Bachelor's Degree in social work or a health related field and a minimum of 1 year of experience is preferred.	• Personnel files
III. Access to Services	

Memphis TGA Ryan White Part A & MAI Outreach Services Standards of Care

Standard	Measure/Method
A. Services are made available to any individual who meets program eligibility requirements, subject to the availability of funding and client's abiding by the rules of behavior established by the provider. If the provider cannot serve all eligible individuals requesting services, established criteria for setting service priorities are used consistently.	• Written policy on file • Written policy/priorities provided to staff • Client satisfaction surveys
B. Services should be provided both on-site and off-site (community based) to increase access to those disproportionately impacted by HIV/AIDS, and specifically to those who may not know about available medical and psychosocial support services to those infected/affected by HIV/AIDS	• Written policy on file
C. Client satisfaction surveys are conducted on a regular basis, at least annually, and the results of customer surveys are incorporated into the provider's plans and objectives.	• Client satisfaction surveys • Summary of survey results and client recommendations • Review of agency plan in relation to survey results
D. Agency has service hours that accommodate target populations, including evening and/or weekend hours where needed.	• Posted hours • Site visit observation • Client satisfaction survey (question on service hours and how they meet client needs)
IV. Eligibility Determination/Intake/Screening	
A. Outreach services should target Ryan White eligible clients in order to identify individuals who are out of care and those who are unaware of their HIV positive status. Once a client is identified as needing Ryan White services, the provider determines client eligibility for services based on Part A guidelines. The process to determine client eligibility is completed in a time frame that ensures that screening is not delayed. Eligibility assessment includes at least the following: ✓ Proof of HIV Status - In instances where the client is a person affected by HIV, such as a caregiver, partner, family, or friend, verification of HIV status of the infected person is required.	• Where applicable, client records documenting eligibility and required reassessment, with copies of appropriate documents or evidence that eligibility information was provided by another provider, consistent with TGA policy • Policy and procedures on file • Documentation that all staff involved in eligibility determination have

Memphis TGA Ryan White Part A & MAI Outreach Services Standards of Care

Standard	Measure/Method
✓ Proof of income using approved documentation as provided by the grantee ✓ Proof of residence in the TGA ✓ Eligibility is reassessed every six months	participated in required training provided by the Grantee to ensure understanding of the policy and procedures • Agency client data report consistent with funding requirements
V. Service Coordination/Treatment/ Referral	
A. All clients identified through Outreach Services who are out of medical care will be referred to a medical care manager to initiate or re-initiate medical care. Agency staff act as a liaison between the client and other service providers to support coordination, encouragement to seek and/or maintain involvement in primary medical care, and delivery of high quality care, providing appropriate referrals and contacts. For those clients not in primary medical care, agency staff notes progress toward linking the client into primary medical care.	• Policies and procedures on file • Documentation that staff receive and are trained on referral and coordination policies and procedures • Client records document attempted referrals and contacts and referral results, including progress/results of efforts to link client into primary medical care and other core and support services
B. Staff will make strong effort to follow up with all clients referred to a medical care manager. Follow up should happen within 2 weeks of initial referral.	• Documentation maintained in client file
VI. Client Rights and Responsibilities	
A. See Universal Standards of Care for detailed information.	•

Memphis TGA Ryan White Part A & MAI Standards of Care
Primary Care (Outpatient/ Ambulatory Medical Care)

PURPOSE

The purpose of the Ryan White Part A and MAI Standards of Care is to ensure that uniformity of service exists in the Memphis Transitional Grant Area (TGA) such that the consumers of a service receive the same quality of service regardless of where or by whom the service is provided. Standards will be used as contract requirements, in program monitoring, and in quality management. If an agency is unable to meet a particular standard, the agency must document why the standard was unable to be met and explain the steps it is taking to meet that standard.

DEFINITION

Outpatient/Ambulatory Medical Care (Health Services) is the provision of professional, diagnostic and therapeutic services rendered by a physician, physician's assistant, clinical nurse specialist, or nurse practitioner in an outpatient setting. Settings include clinics, medical offices, and mobile vans where clients generally do not stay overnight. Emergency room services are not outpatient settings. Services includes diagnostic testing, early intervention and risk assessment, preventive care and screening, practitioner examination, medical history taking, diagnosis and treatment of common physical and mental conditions, prescribing and managing medication therapy, care of minor injuries, education and counseling on health issues, well-baby care, continuing care and management of chronic conditions, and referral to and provision of specialty care (includes all medical subspecialties). Primary medical care for the treatment of HIV infection includes the provision of care that is consistent with the U.S. Public Health Service's guidelines. Such care must include access to antiretroviral and other drug therapies, including prophylaxis and treatment of opportunistic infections and combination antiretroviral therapies.

STANDARDS DEVELOPMENT PROCESS

These standards were developed through extensive background research on standards of care, a review of existing standards from other Ryan White Part A Eligible Metropolitan Areas (EMA) and TGAs, input of primary care providers, meetings of the Evaluation and Assessment Committee of the Memphis TGA Ryan White Planning Council and meetings with the Ryan White Part A Grantee.

APPLICATION OF STANDARDS

These standards apply to any agency receiving Part A and/ or MAI funds to provide Outpatient/ Ambulatory Primary Care services. These funded agencies must administer the case management, mental health and substance abuse screening questions; however, assessment,

case management, and treatment services are required to be provided only by agencies funded to provide these services. All other agencies are required to provide appropriate referrals and linkages to services per the standards. These Standards should be used in combination with the Universal Standards of Care that apply to any agency or provider funded to provide any Ryan White Part A and/ or MAI service.

Standard	Measure/Method
I. Policies and Procedures	
A. See Universal Standards of Care for detailed information.	
B. Agency is licensed and/or accredited by the appropriate city/county/state/federal agency including Joint Commission.	• Current licensure on file from appropriate city/county/state/federal agency including Joint Commission
Standard	**Measure/Method**
II. Program Staff	
A. Agency staff is trained and knowledgeable about primary care, HIV/AIDS disease and treatment and available resources that promote the continuity of client care.	• Resume in personnel file • Credential verification in personnel file • Training records
B. Agency ensure that all staff, inclusive of but not limited to, physicians, physicians' assistants, nurse practitioners, registered nurses, licensed practical nurses and medical assistants providing primary medical care or assisting in the provision of primary care are licensed/ certified to practice within their concentrated area consistent with city, county, state and federal law.	• Personnel record verification
C. Agency staff receive supervision, training and continual education as required by licensure/certification. In addition clinical staff (including physicians, physician assistants, nurse practitioners, pharmacists and nurses) will receive 10 continuing education hours per year in HIV/AIDS specialty course work.	• Documentation within personnel and training records

Memphis TGA Ryan White Part A & MAI Standards of Care
Primary Care (Outpatient/ Ambulatory Medical Care)

Standard	Measure/Method
D. Agency 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
E. Agency staff follows protocols on management of occupational exposure to HIV consistent with the latest version of the federal guidelines. Staff also adhere to state public health practices for infection control.	• Policy on file • Site visit documentation/ observation
F. All newly hired staff complete orientation training prior to providing client care.	• Documentation in personnel records

Standard	Measure/Method
III. Access to Services	
A. See Universal Standards of Care for detailed information.	
IV. Eligibility Determination/ Screening	
A. Upon initial contact with client, agency will assess client for emergent or routine medical care according to agency policies and procedures, client with urgent medical needs will be referred to an emergency care facility in accordance with agency policies and procedures.	• Policy on file • Client file verification
B. Clients in need of routine medical care will be scheduled to be seen for an initial appointment within 30 calendar days from the eligibility verification date.	• Client file verification
C. See Universal Standards of Care for detailed information.	
D. Clients will receive standardized screening questions for case management, mental health and substance abuse needs during a face to face contact from an appropriate program staff immediately following eligibility determination.*	• Agency client data report consistent with funding requirements

Memphis TGA Ryan White Part A & MAI Standards of Care
Primary Care (Outpatient/ Ambulatory Medical Care)

Standard	Measure/Method
	• Client file verification
E. Agencies will inform clients of their screening disposition in writing, specifically whether or not they are being referred for a case management, mental health or substance abuse assessment.*	• Client file verification
F. Agencies that are referring a client for a substance abuse assessment must send a copy of the screen within two business days to the substance abuse entity that will be completing the assessment.*	• Documentation in client file
V. Assessment/ Treatment	
A. Clients will have a comprehensive initial intake and assessment which will be completed within the first two primary care visits scheduled with the primary care provider. The initial assessment shall include, but is not limited to the following: ✓ Chief complaint ✓ Past medical and surgical history with detailed HIV/AIDS history ✓ Family and social history including substance abuse and mental health histories ✓ Allergies to medications ✓ Current medications ✓ Current nutrition including supplements ✓ Any present illnesses or concerns ✓ Screening for diseases associated with risk factors (Hepatitis A, Hepatitis B, Hepatitis C, and Sexually Transmitted Infections)	• Client medical chart
B. Clients' initial assessments will include a comprehensive physical examination in accordance with the most current published USPHS/IDSA Guidelines for Use of Antiretroviral Agents in HIV Infected Adults and Adolescents (USPHS Guidelines). The physical examination shall include, but is not limited to the following: ✓ Vital signs ✓ Systems inspection, inclusive of dermatological examination ✓ Neurological examination ✓ Genital and rectal exams as appropriate ✓ Breast examination	• Client medical chart
C. Appropriate baseline testing, including laboratory and radiology values, will be performed within the first two primary care visits scheduled with the primary care provider. Tests shall be inclusive of but not limited to the following: ✓ Complete Blood Count (CBC) with platelets*	• Agency client data report consistent with funding requirements • Client medical chart

Standard	Measure/Method
✓ RPR ✓ Toxoplasmosis serology*(unless previously positive) ✓ Chemistry profile, including serum transaminases and lipid profile ✓ Urinalysis* ✓ Screening for Chlamydia and gonorrhea for clients who are sexually active, as per USPHS STD guidelines* ✓ Examination of vaginal secretions for Trichomonas species* ✓ Glucose-6-phosphate dehydrogenase screening in appropriate racial or ethnic groups*(unless previously tested) ✓ CD4+ lymphocyte count ✓ Viral load measurement ✓ For patients with pretreatment HIV RNA >1,000 copies/mL – genotypic resistance testing prior to initiation of therapy; if therapy is to be deferred, resistance testing may still be considered* ✓ PAP smear for women and adolescent females if appropriate. Liquid based cytology is the preferred approach for HPV testing.* ✓ Routine assessments for Opportunistic Infections ✓ PPD and/or chest x-ray if indicated ✓ Electrocardiogram if over 40 or otherwise indicated*	* Note-As per USPHS BIII level recommendations
D. Immunization status of the client will be reviewed during the initial assessment. Vaccines appropriate to clients' current immunization and health status should be offered according to protocol.	• Agency client data report consistent with funding requirements • Client medical chart
E. Referrals to specialists (e.g. dentists, optomologists) should be provided including nutritional services as appropriate.	• Client medical chart
VI. Treatment Plan	
A. Providers shall, in conjunction with the client, develop a comprehensive multi-disciplinary plan of care that will be reviewed and updated as conditions warrant or at minimum of every six months.	• Client medical chart
B. Providers shall develop and initiate a client treatment adherence plan that is consistent with USPHS Guidelines for clients who are being treated with an antiretroviral (ARV) medication regimen. The plan shall be reviewed and updated as conditions warrant.	• Client medical chart
C. Adherence evaluation related to medication regimen and appointment schedules.	• Client medical chart

Memphis TGA Ryan White Part A & MAI Standards of Care
Primary Care (Outpatient/ Ambulatory Medical Care)

Standard	Measure/Method
VII. Health Maintenance	
A. Client medical record will contain an up-to-date "Problems List" separate from progress notes which clearly prioritizes problems for primary care management and additionally identifies at a minimum: ✓ HIV status/ AIDS diagnosis ✓ History of mental health and substance use disorders ✓ Contact information for ancillary continuing health care (e.g. mental health or substance abuse service provider, OB/GYN or other continuing specialty service) ✓ The status of vaccinations ✓ Any and all known allergies	• Client medical chart • Agency client data report consistent with funding requirements
B. Each client shall have a primary care visit scheduled at least every four months or as appropriate for current health status in accordance with the USPHS Guidelines. Clients must be seen every six months in order to be considered active in primary care.	• Client medical chart • Agency client data report consistent with funding requirements
C. Each client (who keeps an appointment every 4 months) shall have his/her CD4+ lymphocyte count evaluated at least every four months or as appropriate for current health status in accordance with the USPHS Guidelines. These results shall be reviewed with the client at medical visits. Clients must be seen every six months in order to be considered to be active in primary care.	• Client medical chart • Agency client data report consistent with funding requirements
D. Each client (who keeps an appointment every 4 months) shall have his/her viral load measurements evaluated at least every four months or as appropriate for current health status in accordance with the USPHS Guidelines. These results shall be reviewed with the client at medical visits. Clients must be seen every six months in order to be considered to be active in primary care.	• Client medical chart • Agency client data report consistent with funding requirements
E. Clients will be assessed for Opportunistic Infections (OI) at each primary care visit in accordance with the USPHS Guidelines. OI Prophylaxis will be offered as appropriate.	• Client medical chart • Agency client data report consistent with funding requirements
F. Clients will have a PPD screening annually in accordance with the USPHS Guidelines.	• Client medical chart • Agency client data report consistent with funding requirements
G. Clients will receive timely and appropriate immunizations in accordance with USPHS Guidelines:	• Client medical chart • Agency client data report consistent

Standard	Measure/Method
✓ Influenza annually ✓ Pneumoccocal pneumonia and then repeat once at five years ✓ Tetanus every 10 years or as medically indicated ✓ One-time TDAP vaccine ✓ HPV vaccine for women who meet ACIP guidelines ✓ Hepatitis A or B vaccine if indicated per ACIP guidelines If a client is not immunized, appropriate documentation will be included in the primary care medical chart.	with funding requirements
H. Clients will be assessed for educational, nutritional and psychosocial needs. Appropriate referrals will be made as needed in accordance with the Memphis TGA Universal Standards of Care. Issues to be discussed include, but are not limited to the following: ✓ New or ongoing substance abuse or mental health issues ✓ Housing status ✓ Risk behaviors	• Client medical chart • Agency client data report consistent with funding requirements
I. Provider shall screen sexually active clients for sexually transmitted diseases annually in accordance with the USPHS Guidelines. Clients at high risk shall be screened at least every six months. If clients have been screened at another facility, the client's primary medical care chart shall contain copies of the appropriate documentation.	• Client medical chart • Agency client data report consistent with funding requirements
J. Contraception counseling for sexually active clients will be made available or a referral to the appropriate agency will be provided to clients.	• Client medical chart
K. Providers shall assess risk behaviors and offer or refer clients as needed for lifestyle education and counseling services regarding such areas as exercise, smoking cessation, risk reduction and safer sex practices.	• Client medical chart
L. Providers will offer primary medical care for the treatment of HIV-infected pregnant women in a manner consistent with the USPHS recommended protocol or a referral to the appropriate agency will be provided to clients.	• Client medical chart • Agency client data report consistent with funding requirements
M. Providers will offer primary medical care for the treatment of HIV-infected infants and children in a manner consistent with the USPHS recommended protocol or a referral to the appropriate agency will be provided to clients.	• Client medical chart • Agency client data report consistent with funding requirements
N. Provides shall offer or refer clients for age and gender appropriate health maintenance screenings (e.g. mammograms, PAP Tests, prostate exams).	• Client medical chart
O. Providers shall offer clients not currently on antiretroviral (ARV) therapies, who qualify for ARV treatment by DHHS guidelines, education and counseling on the risks	• Client medical chart

Standard	Measure/Method
and benefits of antiretroviral therapy at least biannually (twice a year).	
P. Provider shall offer clients ARV therapy or changes in therapy treatment in accordance with USPHS Guidelines. Documentation of clients' acceptance/refusal of and adherence to ARV therapy shall be noted in the client chart.	• Client medical chart
Q. Providers shall educate clients on ARV therapy on the side effects of their medication at least biannually (twice a year).	• Client medical chart
R. Providers shall monitor ARV therapy in accordance with USPHS Guidelines inclusive of resistance testing when appropriate.	• Client medical chart
S. Client ARV treatment and other medication lists shall be kept up to date and will be easily accessible in the medical chart.	• Client medical chart
VIII. Service Coordination/ Referral	
A. Agency staff shall act as a liaison between the client and other service providers to support coordination and delivery of high quality care.	• Client record-documentation of with whom staff are communicating and progress to linking client to primary care if appropriate
B. Agencies will have mechanisms in place for clients who require emergency medical care.	• Policy on file
C. Agencies will have a referral process for care of HIV related problems outside of their direct service area.	• Policy on file
IX. Clients' Rights and Responsibilities	
A. See Universal Standards of Care for detailed information	
B. The agency has a formal policy as governed by State law for clients who may be incapable of making their own treatment or care decisions.	• Policy on file • Client record
C. Agency staff will ensure that the client understands and signs consent for medical treatment prior to the initiation of treatment.	• Client record
D. Clients have the right to make decisions to accept/refuse medical or surgical treatment, medications and other pertinent therapies.	• Policy on file
E. Agency staff will inform clients of their responsibility for scheduling appointments, being on time, and calling the provider to cancel or reschedule if an appointment cannot be kept.	• Policy on file
F. Agency staff will inform clients fully about the nature of services offered including	• Policy on file

Standard	Measure/Method
their rights to participate in the development and progress in meeting treatment plan goals as well their ability to terminate services at any time.	

Memphis TGA Ryan White Part A & MAI Psychosocial Support Services Standards of Care

PURPOSE

The purpose of the Ryan White Part A and MAI Psychosocial Support Standards of Care is to ensure that uniformity of service exists in the Memphis Transitional Grant Area (TGA) such that the consumers of a service receive the same quality of service regardless of where or by whom the service is provided. Standards will be used as contract requirements, in program monitoring, and in quality management. If an agency is unable to meet a particular standard, the agency must document why the standard was unable to be met and explain the steps it is taking to meet that standard.

DEFINITION

Psychosocial support services are the provision of support and counseling activities, HIV support groups, pastoral care, caregiver support, and bereavement counseling.

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.

Child abuse and neglect counseling is not a service currently funded in the Memphis TGA. Counseling as such that is needed is referred out to local mental health and child advocacy agencies.

STANDARDS DEVELOPMENT PROCESS

These standards were developed through extensive background research on standards of care, a review of existing standards from other Ryan White Part A Eligible Metropolitan Areas (EMA) and TGAs, meetings of the Evaluation and Assessment Committee of the Memphis TGA Ryan White Planning Council and meetings with the Ryan White Part A Grantee.

APPLICATION OF STANDARDS

Memphis TGA Ryan White Part A & MAI Psychosocial Support Services Standards of Care

These standards apply to all agencies that are funded to provide Psychosocial Support Services through Ryan White Part A and/or MAI within the Memphis TGA. These Standards should be used in combination with the Universal Standards of Care that apply to any agency or provider funded to provide any Ryan White Part A and/ or MAI service.

Standard	Measure/Method
I. Policies and Procedures	
A. See Universal Standards of Care for detailed information	
II. Program Staff	
A. Staff is knowledgeable about available resources to avoid duplication of services.	• Policies and procedures on file • Documentation in staff files
B. 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 training on these topics • Documentation of participation of all staff involved in delivering Part A services
C. Psychosocial support service providers possess the knowledge, skills, and experience necessary to competently perform expected services.	• Documentation in personnel records
D. The provider is responsible for ensuring that staff providing psychosocial support is overseen by a licensed or certified professional and/or that staff members consult with practitioners with extensive HIV related experience.	• Documentation in personnel records. • Documentation of training in personnel records
III. Access to Services	
A. See Universal Standards of Care for detailed information.	
IV. Eligibility Determination/Intake/Screening	
A. Upon initial contact with the client, agency will assess the client for emergent/urgent or routine psychosocial needs.	• Client record
B. Provider verifies client eligibility for services.	• Documentation in client file

Memphis TGA Ryan White Part A & MAI Psychosocial Support Services Standards of Care

Standard	Measure/Method
	• Agency client data consistent with funding requirements
C. Client is informed of the client confidentiality and grievance policies at first face to face contact.	• Client record • Client satisfaction survey
V. Assessment/ Plan of Care	
A. Client receives at first meeting a review of services available at the agency based on the client's identified needs in the referral.	• Client record • Agency client data report consistent with funding requirements
B. A service plan is developed and agreed-upon by the client and provider, which outlines service goals, objectives, and interventions. This should include client identified needs as well as plans for continuity of primary medical care for those who are currently receiving medical care.	• Client record including completed treatment plan signed by the client • Client satisfaction survey
C. Evidence of client progress toward meeting established goals through documentation of activity including sign-in sheets, progress notes, group curricula etc.	• Client record
D. Client's needs and service plan are reviewed and revised a minimum of every six months.	• Client record • Agency client data report consistent with funding requirements
VII. Service Coordination/ Referral	
A. See Universal Standards of Care for detailed information.	

Standard	Measure/Method
B. Referral sources should be provided with a minimum of the following: ✓ Authorization form from client to provide records to referral source ✓ Concise problem statement	Client record
VIII. Client Rights and Responsibilities	
A. See Universal Standards of Care for detailed information.	
B. Clients must be afforded information regarding transfer to another agency.	• Policy on file
C. The agency has a formal policy as governed by State law for clients who may be incapable of making their own treatment or care decisions.	• Policy on file • Legal/medical consultation policy

Standard	Measure/Method
B. Referral sources should be provided with a minimum of the following: ✓ Authorization form from client to provide records to referral source ✓ Concise problem statement	Client record
VIII. Client Rights and Responsibilities	
A. See Universal Standards of Care for detailed information.	
B. Clients must be afforded information regarding transfer to another agency.	• Policy on file
C. The agency has a formal policy as governed by State law for clients who may be incapable of making their own treatment or care decisions.	• Policy on file • Legal/medical consultation policy

Memphis TGA Ryan White Part A & MAI Referral for Health Care/Supportive Services Standards of Care

PURPOSE

The purpose of the Ryan White Part A & MAI Referral for Health Care/Supportive Services Standards of Care is to ensure that uniformity of service exists in the Memphis Transitional Grant Area (TGA) such that the consumers of a service receive the same quality of service regardless of where or by whom the service is provided. Standards will be used as contract requirements, in program monitoring, and in Quality Management. If an agency is unable to meet a particular standard, the agency must document why the standard was unable to be met and explain the steps it is taking to meet that standard.

The purpose of Referral to Health Care/Supportive Services is to connect Persons Living with HIV/AIDS (PLWHA) with information regarding available Medical and Supportive Services, and to connect those Persons Living with HIV/AIDS who are unaware of their status with available HIV testing services.

DEFINITION

- ***Referral for health care/supportive services*** is the act of directing a client to a service in person or through telephone, written, or other type of communication. Referrals may be made within the non-medical case management system by professional case managers, informally through support staff, or as part of an outreach program.

APPLICATION OF STANDARDS

These standards apply to all agencies that are funded to provide Referral to Health Care/Supportive Services through Ryan White Part A and/or MAI within the Memphis TGA. These Standards should be used in combination with the Universal Standards of Care that apply to any agency or provider funded to provide any Ryan White Part A and/ or MAI service.

Memphis TGA Ryan White Part A & MAI Referral for Health Care/Supportive Services Standards of Care

STANDARDS DEVELOPMENT PROCESS

These standards were developed through extensive background research on standards of care, a review of existing standards from other Ryan White Part A Eligible Metropolitan Areas (EMA) and TGAs, meetings of the Evaluation and Assessment Committee of the Memphis TGA Ryan White Planning Council and meetings with the Ryan White Part A Grantee.

Standard	Measure/Method
I. Policies and Procedures	
A. See Universal Standards of Care	
II. Program Staff	
A. All Referral Coordinators hired by subcontractor/provider agencies that are funded in whole or part to provide Referral services with Ryan White Part A funds must possess at a minimum a HS diploma or GED.	• Documentation in client files
B. Agencies providing Referral services must document efforts to assist staff and volunteers in securing ongoing education and training to assess client needs and provide appropriate referrals.	• Documentation in personnel files and/or agency training/in-service records • Policy on file

Memphis TGA Ryan White Part A & MAI Referral for Health Care/Supportive Services Standards of Care

Standard	Measure/Method
C. Referral coordinators, staff and volunteers must participate in annual training for at least five (5) hours per year on one or more of the following topics: • Cultural Issues / Competency • Community Resources / Services (health, housing, income….) • Assessment of Client Issues/Needs • Appropriate referrals to meet client needs	• Documentation in personnel file and/or agency training/in-service records
III. Access to Services	
A. Agency is accessible to desired populations. Accessibility includes: ✓ Proximity to community ✓ Proximity to mass transit (where applicable) ✓ Proximity to low-income individuals ✓ Proximity to underinsured or uninsured individuals ✓ Proximity to individuals living with HIV ✓ Accessibility during extended hours	• Documentation provided in funding application • Site visit observation of facility and its location within the community • Client data report showing client profile consistent with contract requirements
IV. Eligibility Determination/Intake/Screening	
A. Provider determines client eligibility for services based on Part A presumptive eligibility guidelines.	• Agency client data report consistent with funding requirements
B. Referral services are specifically designed to be provided to: • PLWHA who are newly diagnosed; OR • PLWHA who are in medical care, but have identified issues that adversely impact retention in care; OR • PLWHA who are out of care; OR • PLWHA who are unaware of their status •	• Documentation in client record

Memphis TGA Ryan White Part A & MAI Referral for Health Care/Supportive Services Standards of Care

Standard	Measure/Method
V. Assessment/ Plan of Care	
A. Client's service needs for the following will be assessed: ▪ Client's HIV status (known or unknown) ▪ Client's current linkage and retention in medical care ▪ Client's need for supportive services ▪ Client's need for general information about HIV/AIDS	• Policy and procedures related to client assessment • Documentation in client record
B. Referrals for services will be made based on client's stated needs.	• Policy and procedures related to client referral • Documentation in client record
VII.. Service Coordination/ Referral	
A. Providers must demonstrate strong linkages with HIV testing providers, HIV/AIDS medical providers, MCM and EIS providers and other system points of entry. These linkages must be documented in the form of written Memoranda of Agreement.	• Agency documentation of MOUs
VIII. Client Rights and Responsibilities	
A. See Universal Standards of Care	
B. A client may refuse any or all service needs and referrals.	• Documentation in client record • Policy on file
C. Client must have the right to access a complaint process; as can be found in the agency's written Grievance Policy.	• Documentation in client record • Policy on file

Memphis TGA Ryan White Part A & MAI Substance Abuse-Outpatient Standards of Care

PURPOSE

The purpose of the Ryan White Part A and MAI Substance Abuse- Outpatient Standards of Care is to ensure that uniformity of service exists in the Memphis Transitional Grant Area (TGA) such that the consumers of a service receive the same quality of service regardless of where or by whom the service is provided. Standards will be used as contract requirements, in program monitoring, and in quality management. If an agency is unable to meet a particular standard, the agency must document why the standard was unable to be met and explain the steps it is taking to meet that standard.

The purpose of substance abuse outpatient services is to address and stabilize substance abuse issues so that a person is able to engage in and maintain participation in HIV medical care.

DEFINITION

Substance Abuse Services- Outpatient is the provision of medical or other treatment and/or counseling to address substance abuse problems (i.e., alcohol and/or legal and illegal drugs) in an outpatient setting, rendered by a physician or under the supervision of a physician, or by other qualified personnel. This includes but is not limited to psychiatrists, psychologists, licensed clinical social workers and licensed alcohol and drug abuse counselors. This service provides clients with HIV/AIDS regular, ongoing alcohol and drug/ substance abuse monitoring and counseling on an individual and group basis in a state licensed outpatient setting.. This does not include case management services or time spent in therapy discussing case management issues such as Medicaid disability/ eligibility, housing, resource identification and/or referral, financial concerns, transportation, and other community level service needs.

STANDARDS DEVELOPMENT PROCESS

These standards were developed through extensive background research on standards of care, a review of existing standards from other Ryan White Part A Eligible Metropolitan Areas (EMA) and TGAs, meetings of the Evaluation and Assessment Committee of the Memphis TGA Ryan White Planning Council and meetings with the Ryan White Part A Grantee

APPLICATION OF STANDARDS

The standards apply to all agencies that are funded to provide Substance Abuse Outpatient Services through Ryan White Part A or MAI within the Memphis TGA. These standards should be used in combination with the Universal Standards of Care that apply to any agency or provider funded to provide any Ryan White Part A and/or MAI service.

Memphis TGA Ryan White Part A & MAI Substance Abuse-Outpatient Standards of Care

Standard	Measure/Method
I. Policies and Procedures	
A. See Universal Standards of Care for detailed information.	
II. Program Staff	
A. Agency must ensure that direct treatment and/or rehabilitation services are provided by qualified alcohol and drug abuse personnel. ***Qualified Alcohol and Other Drug Abuse Personnel refers to persons who meet the criteria described in items (a), (b) and (c) as follows:*** ***a. Currently meet one (1) of the following conditions:*** ***1. Licensed or certified by the State of Tennessee as a physician, registered nurse, practical nurse, clinical or counseling psychologist, psychological examiner, social worker, alcohol and other drugs of abuse counselor, teacher, professional counselor, or marital and family therapist, or if there is no applicable licensure or certification by the state has a bachelor's degree or above in a behavioral science or human development related area; OR*** ***2. Actively engaged in a recognized course of study or other formal process for meeting criteria of part (1) of item (a) above, and directly supervised by a staff person who meets criteria in part (1) of item (a) above, who is trained and qualified as described in items (b) and (c) below, and who has a minimum of two (2) years experience in his/her area of practice; and*** ***b. Are qualified by education and/or experience for the specific duties of their position; and*** ***c. Are trained in alcohol or other drug specific information or skills. (Examples of types of training include, but are not limited to, alcohol or other drug specific in-services, workshops, substance abuse schools, academic coursework and internships, field placement, or residencies).***	• Policies and procedures on file • Documentation in staff files
B. A physician must be employed or retained by written agreement to serve as medical consultant to the program.	• Documentation in staff file OR • Documentation of consultant agreement on file

Memphis TGA Ryan White Part A & MAI Substance Abuse-Outpatient Standards of Care

Standard	Measure/Method
A. 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 as well as substance abuse, including cognitive impairment and generally accepted treatment modalities and practices.	• Documentation of training on these topics • Documentation of participation of all staff involved in delivering Part A services
B. Staff is appropriately certified or licensed as required by the state or local government for the provision of services.	• Documentation in personnel records
III. Access to Services	
A. See Universal Standards of Care for detailed information.	
IV. Eligibility Determination/Intake/Screening	
A. Provider determines client eligibility for services	•
V. Assessment	
A. Agency assures that after each client is determined eligible for the program, particular client needs for this service must be assessed prior to the initiation of the service. The assessment must include gathering information specific to this service including client stated need, reasons for need, relevant history, client resources and access to alternative resources.	• Policy and procedure on file describing the assessment process • Documentation in client file
B. The facility must document that the following assessments are completed prior to the development of an Individual Program Plan (IPP); re-admission assessments must document the following information from the date of last service: ✓ Assessment of current functioning according to presenting problem, including history of the presenting problem; ✓ Basic medical history, including drug usage, a determination of the necessity of a medical evaluation, and a copy, where applicable of the results of the medical evaluation ✓ Screening to identify service recipients who are at high risk for infection with TB according to TB Guidelines, including documentation of the service recipient's risk level, and if applicable, a tuberculin skin test or equivalent, the	• Documentation in client file

Standard	Measure/Method
results of the tuberculin skin test, the date and result of a chest x-ray, and any drug treatment for TB; ✓ Assessment information, including employment and educational skills; financial status; emotional and psychological health; social, family and peer interaction; physical health; legal issues; community living skills and housing needs; and the impact of alcohol and/or drug abuse or dependency in each area of the service recipient's life functioning; and ✓ A six (6) month history of prescribed medications, over the counter medications used frequently, and alcohol or other drugs, including patterns of specific usage for the past thirty (30) days	
VI. Care Plan	
A. A written Plan of Care must be developed prior to the initiation of services with the participation and agreement of the client or guardian. The purpose of the written plan is to turn the assessment into a workable plan of action. The client must be allowed to have an active role in determining the direction of the delivery of services. As appropriate, the written plan may also serve as a vehicle for linking clients to one or more needed services. The plan must be realistic and obtainable.	• Policy on file describing the development of written plan of care
B. An Individual Program Plan (IPP) must be developed and documented for each service recipient within thirty (30) days of admission or by the end of the third face-to-face treatment contact with qualified alcohol and drug abuse personnel, whichever occurs first, and must include: ✓ The service recipient's name ✓ The date of the IPP's development ✓ Standardized diagnostic formulation(s) including, but not limited to, the current Diagnostic and Statistical Manual (DSM) and/or the International Statistical Classification of Diseases and Related Health Problems (ICD) and ASAM PPC ✓ Specified service recipient problems which are related to specified problems	• Documentation in client file

Standard	Measure/Method
and which are to be addressed within the particular service/program component ✓ Interventions addressing goals ✓ Planned frequency of contact ✓ Signatures of appropriate staff; and ✓ Documentation of the service recipient's participation in the treatment planning process.	
VII. Service Coordination/Treatment/ Referral	
A. Agency staff acts as a liaison between the client and other service providers to support coordination, encouragement to seek and/or maintain involvement in primary medical care, and delivery of high quality care, providing appropriate referrals and contacts. For those clients not in primary medical care, agency staff notes progress toward linking the client into primary medical care.	• Policies and procedures on file • Documentation that staff receive and are trained on referral and coordination policies and procedures • Client records document attempted referrals and contacts and referral results, including progress/results of efforts to link client into primary medical care and other core and support services
B. Provision of all Ryan White Part A funded services is documented.	• Documentation of services provided, with dates, in client records
C. Agency must maintain linkages with one or more residential facilities and appropriate community based programs, and be able to refer or place clients in a residential program, in collaboration with the patient, his/her case manager and primary care physician when that is found to be appropriate.	• Policies and procedures on file • Documentation of agreement with
VIII. Monitoring/ Reassessment/ Termination of Treatment Plan	
A. Staff should keep progress notes which include written documentation of progress or changes occurring within the IPP must be made in the individual service recipient record for each treatment contact.	• Documentation in client file
B. The facility must review and, if indicated, revise the IPP at least every ninety (90) days. The revision shall document any of the following which apply: ✓ Change in goals and objectives based upon service recipient's documented	• Documentation in client file

Standard	Measure/Method
progress or identification of any new problems ✓ Change in primary counselor assignment ✓ Change in frequency and types of services provided; and ✓ A statement documenting review and explanation if no change are made in the IPP	
C. Reassessment is an ongoing process that may occur throughout the process of receiving this service. At least once annually the client must complete a reassessment including enrollment and eligibility, formal assessment of the client's need for this service and review/update of the care plan. The purpose of the reassessment is to address the issues noted during the monitoring phase. Reassessment must occur at the time the IPP monitoring. Reassessment includes the following elements: ✓ Updating signatures and/or documentation from intake and Screening to include confidential releases, eligibility requirements and contractual agreements per stated standards ✓ Updating assessment per stated standards ✓ Updating/ revising written plan of care per stated standards ✓ Communication with client regarding services ✓ Entries in the written plan of care ✓ Client acknowledgment of changes resulting from the reassessment	• Documentation in client file
D. Each client may be terminated from services as a result of monitoring, reassessment, or any form of client ineligibility. The purpose of this phase is to systematically conduct closure of the patient's record. The criteria for termination must be the result of previously discussed conditions directly relating to the written plan of care. The purpose of termination may be initiated by the client or service staff.	• Documentation in client file as appropriate • Policy on file
E. Conditions which result in a client's termination from services may include: • Attainment of goals • Non-compliance with stipulations of written plan' • Change in status which results in program ineligibility • Client desire to terminate services • Death	• Documentation in client file as appropriate • Policy on file
VI. Client Rights and Responsibilities	
A. See Universal Standards of Care for detailed information.	

Memphis TGA Ryan White Part A & MAI Health Insurance Premium & Cost Sharing Assistance Standards of Care

PURPOSE

The purpose of the Ryan White Part A and MAI Health Insurance Premium & Cost Sharing Assistance Standards of Care is to ensure that uniformity of service exists in the Memphis Transitional Grant Area (TGA) such that the consumers of a service receive the same quality of service regardless of where or by whom the service is provided. Standards will be used as contract requirements, in program monitoring, and in quality management. If an agency is unable to meet a particular standard, the agency must document why the standard was unable to be met and explain the steps it is taking to meet that standard.

DEFINITION

The definition of Health Insurance Premium & Cost Sharing Assistance is the provision of a cost -effective alternative to ADAP by purchasing health insurance that provides comprehensive primary care and pharmacy benefits for low income clients that provide a full range of HIV medications and essential health benefits and paying co-pays and deductibles on behalf of the client. These funds may also be used to contribute to a client's Medicare Part D true out-of-pocket (TrOOP)[1] costs after all other avenues have been exhausted, including pharmaceutical assistance programs and state based Ryan White Part B programs. These funds may not be used for vision or dental insurance.

The Memphis Area Planning Ryan White Planning Council has established a cap on Health Insurance Premium & Cost Sharing Assistance of $1500 per month or $18,000 per year for the grant year effective FY 2014.

STANDARDS DEVELOPMENT PROCESS

These standards were developed through extensive background research on standards of care, a review of existing standards from other Ryan White Part A Eligible Metropolitan Areas (EMA) and TGAs, meetings of the Evaluation and Assessment Committee of the Memphis HIV and Care Planning Group (H-CAP), in consultation with the Tennessee Ryan White Part B grantee staff, and meetings with the Ryan White Part A Grantee.

[1] Allowable use of Ryan White funds as of January 1, 2011 as specified in the Affordable Care Act.

Memphis TGA Ryan White Part A & MAI Health Insurance Premium & Cost Sharing Assistance Standards of Care

APPLICATION OF STANDARDS

These standards apply to all agencies that are funded to provide Health Insurance Premium & Cost Sharing Assistance through Ryan White Part A or MAI within the Memphis TGA. These Standards should be used in combination with the Universal Standards of Care that apply to any agency or provider funded to provide any Ryan White Part A and/ or MAI service.

Standard	Measure/Method
I. Policies and Procedures	
A. See Universal Standards of Care for detailed information.	
B. Provider agency has clearly stated, written guidelines that list all criteria, including allowable extenuating circumstances, used to determine if a client is eligible for health insurance premium or cost sharing assistance	• Agency files • Policy & Procedure Manual
C. Agency maintains an updated listing and/or formal relationships with other providers of Ryan White and non-Ryan White Health Insurance Premium & Cost Sharing Assistance.	• Written letter(s) of agreement on file, if applicable • Resource listing
D. Services are made available to all individuals who meet program eligibility requirements.	• Client Files
II. Program Staff	
A. See Universal Standards of Care for detailed information.	
B. Staff is knowledgeable about available resources, referral processes, and documentation requirements.	• Documentation of staff training

Memphis TGA Ryan White Part A & MAI Health Insurance Premium & Cost Sharing Assistance Standards of Care

Standard	Measure/Method
C. Agency provides comprehensive orientation for new staff members to ensure that staff is fully trained to implement the written guidelines.	• Personnel file
D. Staff is expected to collaborate with the Grantee's office to conduct annual cost benefit analysis, including assess and compare the aggregate cost of paying for the health insurance option versus paying for the full cost for medications and other essential medical services.	• Documentation of payments and service utilization
III. Access to Services	
A. See Universal Standards of Care for detailed information.	
B. Client satisfaction surveys are conducted on a regular basis, at least annually, and the results of customer surveys are incorporated into the provider's plans and objectives.	• Client satisfaction surveys • Summary of survey results and client recommendations • Review of agency plan in relation to survey results
IV. Eligibility Determination/Intake/Screening	
A. See Universal Standards of Care for detailed information.	
B. Each client must participate in an initial intake and screening process by providing their medical case manager with information that will enable assessment of need for assistance and eligibility for available Health Insurance Premium & Cost Sharing Assistance.	• Policy and procedure on file describing the intake process • Documentation in client file
C. Clients must choose a silver level plan and opt to take any eligible premium tax credits on a monthly basis.	• Documentation in client file
V. Assessment	

Memphis TGA Ryan White Part A & MAI Health Insurance Premium & Cost Sharing Assistance Standards of Care

Standard	Measure/Method
A. Medical case manager will document assessment of client's need for assistance and eligibility for available Health Insurance Premium & Cost Sharing Assistance on the HIP/CSA referral form developed by the Grantee's office.	• Policy and procedure on file describing the assessment process • Documentation in client file
VI. Service Coordination/Treatment/ Referral	
A. Provision of all Ryan White Part A and/or MAI funded services is documented.	• Documentation of services provided, with dates, in client records
B. Health insurance at a minimum must include pharmaceutical benefits equivalent to the HIV antiretroviral and opportunistic infection related medications on the Tennessee Ryan White Part B ADAP formulary, as well as coverage for other essential medical benefit.	• Health plan details, client files
C. To receive cost-sharing reductions, individuals must receive a premium tax credit and enroll in a silver level plan.	• Client files
D. Funds may be used to pay for any remaining premium amount owed to the health insurance company that is not already covered by the client's premium tax credits.	• Client files
E. Funds may be used to cover the cost of Medicaid premiums, deductibles, and co-payments.	• Client files
F. Funds can be used to offset any cost-sharing that Medicaid programs may impose on a beneficiary consistent with federal regulations and RW policy	• Client files
G. Providers are expected to coordinate with CMS, including entering into appropriate agreements, to ensure that funds are appropriately included in TrOOP or donut hole costs.	• Agency files • Policy & Procedure Manual

Memphis TGA Ryan White Part A & MAI Health Insurance Premium & Cost Sharing Assistance Standards of Care

Standard	Measure/Method
	• Written letter(s) of agreement on file, if applicable
H. Funds may not be used to pay costs of liability risk pools or social security.	• Client files
I. All payments will be made directly to the insurance providers. No payments will be made directly to clients.	• Client files, documentation
VII. Client Rights and Responsibilities	
A. See Universal Standards of Care for detailed information.	
B. Clients must have the right to access articulated appeal process when services are terminated.	• Policy on file • Documentation in client file as appropriate
C. Clients must be afforded information regarding transfer to an outside agency.	• Policy on file