

# Las Vegas Transitional Grant Area Planning Council

## *Universal Programmatic and Administrative Standards of Care*



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<b>Originated</b>	<b>Ratified</b>
October 2012	

### **1. Overview/Purpose**

The Federal Ryan White Program is funded through the Health Services Resources Administration (HRSA) HIV/AIDS Bureau (HAB) and works with cities, states, and local community-based organization to provide HIV-related services to more than half a million people each year. The Ryan White program is for those who do not have sufficient health care coverage or financial resources for coping with HIV disease. Ryan White fills gaps in care not covered by these other sources.

Ryan White Part A program *provides emergency assistance* to Eligible Metropolitan Areas and Transitional Grant Areas that are most severely affected by the HIV/AIDS epidemic.

The Las Vegas Transitional Grant Area (TGA) is committed to ensuring that appropriate and adequate services funded under Ryan White Part A meet the needs of those eligible persons living with HIV/AIDS; access is available to care and Part A services; and that all funded programs provide a standard system of delivery of care to all of its clients. These standards align with current Public Health Services (PHS) Guidelines and the Health Resources and Services Administration's (HRSA) standards and performance measures for service delivery to ensure the highest quality of services.

The following standards apply to all programs regardless of the type of service activity provided. These are the basic standards that all clients should expect when applying for/or receiving a Ryan White Part A funded service in the Las Vegas Transitional Grant Area. Additional standards may apply based on specific service category requirements and will be *in addition* to these standards. The standards set forth describe the provider's minimum programmatic and clinical requirements. Providers and individuals may exceed these standards.

While the following standards have been identified as basic standards of care they are not limited to these specific standards and each provider is still expected to carry out all terms as specified in the Part A contracts; follow all directives as outlined in the Ryan White Part A Manual and institute any modifications that may be required through updated HRSA/HAB policies or changes in the Ryan White legislation under the direction of the grantee.

## **2. Key Definitions**

The Las Vegas Transitional Grant Area (TGA) has designated the following definitions in an effort to standardize language across all programs for both the community being served and the staff providing these services.

As used herein, the term:

Grantee: Ryan White Part A Las Vegas TGA-Clark County Social Services.

Client: includes the terms “patient” and “consumer”.

Provider: includes the terms “service provider”; “agency”; “organization” and “subgrantee”.

## **3. Eligibility- Part A**

The following eligibility criteria is to be used for determining if a client is eligible for Part A services. This documentation must be verified during each eligibility assessment and re-assessment period. Every potential Part A client must have an initial eligibility assessment to ensure that they are eligible to receive a Part A service and will undergo an eligibility re-assessment every six months to ensure that the client’s status has not changed. All Part A client must meet the following criteria regardless of their service needs to be eligible for Part A services.

Although a client may be eligible for Part A services based on these general eligibility criteria, the specific service need that the client may be seeking may require additional eligibility criteria to be reviewed for service eligibility.

For complete guidelines and data entry procedures and definitions please refer to the “Ryan White Part A Eligibility Guidelines and Data Entry Procedures”.

1. Proof of HIV Infection
2. Proof of Nevada or Arizona Residency
3. Proof of Identification
4. Proof of Household
5. Proof of Income Level
6. Asset Test (Regarding Income Determination)
7. Miscellaneous Provisions

## **4. Clients Rights and Confidentiality**

All providers' staff should be able to document the following in terms of clients' rights and confidentiality for each Part A funded client that are receiving services. In addition, this documentation shall be available for program monitoring compliance by the grantee designated staff:

1. All provider staff will attend HIPAA training as well as any State or County confidentiality trainings offered.
2. The provider will provide assurances and a method for protection of client rights in the process of care provision.
3. The provider will provide assurances and a method for protection of client confidentiality (in accordance with Nevada State law as well as with HIPAA) with regard to medical information transmission, maintenance and security.
4. All providers who distribute checks on the clients behalf will ensure that the agency name on the check will not indicate HIV and/or AIDS services.
5. All correspondence to a client, which includes but is not limited to, mail and faxes will not include HIV and/or AIDS in its titles.
6. The provider will provide assurances regarding the provision of culturally appropriate care to its clients. Specifically, the providers' staff must have appropriate training, supervision and/or experience with caring for those groups most affected by the epidemic. This training may be provided within the providers' organization as well as any other grantee recommended trainings.
7. Respect, confidentiality and equal access to all clients will be assured.

## **5. Grievance Procedures-Part A**

All providers will ensure that:

1. Each client will receive a copy of a Ryan White Part A grievance procedure upon eligibility and acceptance as a Part A client. The grievance procedure will clearly indicate the process of a grievance regarding Ryan White Part A service(s) only with final appeal directly to the Part A grantee office.
2. Grievance procedures will be signed by each client with a signed copy included in the clients Part A files.
3. The grievance procedure will be reviewed with each client no less than one time annually and no more than two times per year.

## **6. Client Satisfaction**

Client satisfaction surveys as well as other provider methods will be monitored at minimum on an annual basis for each provider site. The program indicator is as follows:

- 75% of clients will report being satisfied or very satisfied with the Ryan White Part A services they have received for their HIV status over the past 12 months.

## **7. Access, Care Coordination and Provider Continuity**

- ❖ All providers, regardless of type of service that they are funded to provide (core or support) will ensure that (medical) case coordination and collaboration between providers will occur in order to ensure that all of the client's needs are being met, identify any potential for needs to go unmet and measure the progress of the clients care.
- ❖ Providers will document the following regarding access to and continuity of care:
  - Care/action plans that will include timeframes for delivery of services (this should be documented in the client's chart).
  - Procedures for making, receiving and tracking referrals to/from other providers must be developed and implemented and will include follow-up procedures.
  - Procedures for providing feedback to referring providers when a client is referred from another provider.
  - For all those providers that are providing Part A services, with the exception of outpatient ambulatory medical services, verification that a client is currently receiving primary medical care should be documented in the client's chart.
- ❖ All providers that provide financial assistance on behalf of eligible clients and services (i.e., utilities, rent, medications, health insurance assistance, etc.) must have procedures in place that ensure that under no circumstances the financial assistance will be made directly to a client. In any event that the original or part of the financial payment assistance is directly reimbursed by the third party is forwarded to the client; a process to recover these funds must be enacted and collected immediately.

As per HRSA Policy Notice 10-02, Federal funds are not to be directly provided to and/or used by the client.

- *In no case may Ryan White HIV/AIDS Program funds be used to make direct payments of cash to recipients of services. Where direct provision of the service is not possible or effective, vouchers, coupons, or tickets that can be exchanged for a specific service or commodity (e.g., food or transportation) must be used. Grantees are advised to administer voucher programs in a manner which assures that vouchers cannot be used for anything other than the allowable service, and that systems are in place to account for disbursed vouchers.*

## **8. Fees**

All providers must adhere to the negotiated fees as stated in the contract between the provider

and the Part A grantee. Any changes to fees, specifically for an increase, must receive prior approval by the grantee in order to assure that the grant can substantiate the increase in costs as well as maintain access for eligible clients. Decrease in fees must also be reported so that expansion to serve more clients can be reviewed and implemented if applicable.

### **9. Licensing, Knowledge, Skills and Experience**

All staff providing Ryan White Part A funded services will have appropriate licensing, certification and/or experience in the HIV field as prescribed by the individual service category that the provider receives funding for.

### **10. Program Data and Reporting**

Program data for each Ryan White Part A funded program will be collected and reported through CAREWare, the Ryan White client level data collection system. This data will be used to monitor program progress as well as clinical outcomes. This data should also be reflected in each of the client's individual client charts.

### **11. Quality Assurance and Service Measures**

1. All providers will have written quality-assurance activities and methods that can identify any areas that may require improvement and action steps required to strategically improve these areas.
2. The provider organization will provide for methods to monitor services areas in need of improvement.
3. Regular utilization review of the clinical measures and data for individual clients will be conducted to ensure client's progress is being monitored. Utilization review decisions will be clinically based on best practices and consistent with emerging national standards.
4. Indicators are used to measure and determine, over time, performance of a particular element of care. Outcomes are benefits or other results (positive or negative) for clients that may occur during or after their participation in a program. The Las Vegas TGA has developed three categories of measures to accurately track compliance vs. client progress vs. overall program performance. All measures will be tracked on an annual basis by grant year in their respective categories, which are; Agency Compliance Indicators, Client Level Outcome Measures, and Overall Program Performance Measures. The intent is that agency compliance with standards of care will improve the overall health and well-being of the clients and improve access to care. The primary method of data collection is CAREWare, in addition to an annual chart review at each agency receiving Part A funding and client satisfaction surveys. Providers should refer to the Las Vegas TGA Quality Management Plan for the most up to date indicators, measures and outcomes.
5. Agency Compliance Measures for all services and their percentage goals are listed next to their respective standards in the Service Standards section. All agencies are expected to uphold the outlined standards to a minimum of the designated percentage goal and

annually their compliance will be assessed. Additional standards and guidelines pertinent to each agency regardless of the service categories they provide are outlined in the Universal Monitoring Standards document which will also be assessed annually. Providers should refer to the Las Vegas TGA Quality Management Plan for the most up to date indicators, measures and outcomes.

## **12. Clinical Standards**

Each service category may have specific clinical standards developed and outlined to properly measure the client's progress as it relates to the care the client is receiving and requiring. Program wide standards have been developed and are to be followed by all service categories. These indicators are expected to be tracked and monitored annually by all providers.

Clinical measures and standards are to be collected and reported to the grantee for monitoring. Where applicable these standards both clinical and administrative will be reported and monitored through the CAREWare electronic data collection system required for use by all of the Part A providers.

### ***Program wide standard indicators***

#### *In Medical Care*

- 75% of clients that are in medical care (at least one medical visit per measurement period).

#### *Maintained Adherence to Medical Care*

- 75% of clients that maintain adherence to Medical Care visits within the measurement year (at least two medical visits with a provider with prescribing privileges at least three months apart in the measurement year).

#### *Stabilized CD4 T-cell Count*

- 75% of clients will stabilize or increase their CD4 T-cell count from initial count within the measurement period.

#### *Most Recent CD4 Stable*

- 75% of clients with at least one CD4 T-cell count within the measurement year and those that are considered medically stable ( $CD4 \geq 200$ )

#### *Undetectable Viral Load*

- 75% of clients that maintained an undetectable viral load or achieved an undetectable viral load from initial count within the measurement period.

#### *Most Recent Viral Load Undetectable*

- 75% of clients with at least one viral load within the measurement year will be considered undetectable ( $<50$ ).

### **13. Summary**

The universal and administrative standards listed in this document represents the foundation of standards for the Ryan White Part A program for the Las Vegas Transitional Grant Area. They outline the expectations to be followed by every funded Ryan White Part A program, provider, and service. Specific details and definitions are subject to change by HRSA or the grantee depending on language in the legislation that could impact or alter care on the local level; available funding and available resources. Coordination of care should occur on each of the provider level as well as on the grantee level with other Ryan White Parts to ensure access to care, availability of services and that Part A is payor of last resort.

### **14. Recommendations**

All Part A funded providers are to adhere to these program standards, service category specific standards and ensure that they are familiar with their individual Part A contracts to meet the expectations of their deliverables.

### **15. References and further reading**

All Part A funded providers should read their individual Part A contracts as well as but not limited to the Quality Management Plan and all local policies and guidelines set forth by the Part A office regarding the Part A program in the Las Vegas Transitional Grant Area .

References used for these Standards as well as service category specific:

- Part A Eligibility Guidelines Policy: Ryan White Part A Eligibility Guidelines and Data Entry Procedures. Las Vegas TGA, March 2012
- Ryan White HIV/AIDS Treatment Modernization Act of 2006: Definitions for Eligible Services, August 2009
- HIV/AIDS Bureau's (HAB) updated Policy Notice 10-02: *Eligible Individuals and Allowable Uses of Funds for Discretely Defined Categories of Services*, April 2010
- Implementing the National HIV/AIDS Strategy: Overview of Agency Operational Plans; Office of National AIDS Policy: The White House, February 2011
- HIV/AIDS Bureau, Division of Service Systems Monitoring Expectations for Ryan White Part A: Part A Program, Fiscal and Universal Monitoring Standards, April 2012
- Comprehensive HIV/AIDS Services Care Plan, Ryan White Part A HIV/AIDS Program: Las Vegas TGA, 2013-2016

### **16. Appendices**

Not Applicable.