Ryan White Title I
Service Delivery Policies
Fiscal Year 2006-07
(Year 16)

Section III –

- **Ryan White Title I System-wide Standards of Care**
- **Ryan White Title I Coordinated Case Management Standards of Service**
- **Ryan White Title I Minimum Primary Medical Care Standards for Chart Review**
- **Treatment Guidelines & Additional Service Delivery Standards**

Miami-Dade County
Office of Strategic Business Management

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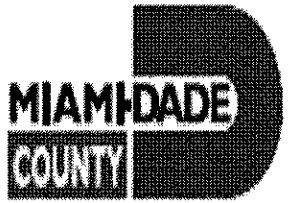
MIAMI-DADE COUNTY
RYAN WHITE TITLE I PROGRAM



SYSTEM-WIDE
STANDARDS OF CARE

Effective August 12, 2002
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MIAMI-DADE COUNTY
RYAN WHITE TITLE I PROGRAM
SYSTEM-WIDE STANDARDS OF CARE

The following sets of standards are an essential component of the Ryan White Title I quality management program and form the basis for on-going monitoring and evaluation of Title I funded service providers by the Miami-Dade County Office of Strategic Business Management and/or its authorized representatives. It is not expected that contracted organizations be in full compliance with the System-wide Standards of Care as outlined below at the time of contract execution. It is assumed, however, that the service provider has read and understands the standards, and by signing a contract the provider is agreeing to make every effort to progress towards full compliance with these standards. The County recognizes that progress towards achieving compliance with the standards will differ from one service provider to another, both in terms of rate of progress and substance. During contract negotiations, each service provider is expected to set time specific goals for their organization's progress towards compliance with the standards in the form of a work plan. This work plan may be revised by the provider throughout the year with the prior written approval of the County. Revisions may be requested only if circumstances outside the provider's control impede its ability to achieve compliance with the standards by the target dates indicated in the originally approved work plan.

No Barriers to Service

Standard #1

Client access to services, system wide, shall be facilitated and barriers to service eliminated.

Guidelines	Indicator	Data Source
(1.1 – 1.5) Providers shall eliminate barriers to service caused by: (A) hours of operation (B) language and culture (C) lagtime. *Exemptions: (A) All services not specified (B) None (C) 1.5 None; (C) 1.6 Prescription Drugs, Case Management, MAI Case Management*	**A: Hours of Service:**	
	1.1 Medical care, pharmaceuticals, case management and home health care shall provide a minimum of 40 hours access to services per week including 4 hours after 6 P.M. weeknights and 4 hours on weekends	➢ Scope of Service Description ➢ Posted hours of service
	1.2 24-hour on-call access to pharmaceutical services, emergency medical care, home health care and crisis counseling	➢ Scope of Service Description ➢ Posted hours of service
	B: Language:	
	1.3 When 20% of clients prefer another language or require special assistance, such as illiteracy, native language speakers, translators or special assistance shall be made available as appropriate	➢ Record Review ➢ Personnel Files ➢ Observation ➢ Written Policies and Procedures ➢ Invoices (reviewed during on-site visit)
	1.4 Interpreters for hearing impaired and special assistance for those requiring such (as visually impaired persons) shall be made available	➢ Observation ➢ Personnel Files ➢ Record Review
	1.5 Cultural sensitivity and linguistic competency are demonstrated as a component of care for target populations	➢ Observation ➢ Personnel Files ➢ Record Review

Guidelines	Indicator	Data Source
	C: Lagtime: 1.6 80% of clients will see a direct service worker no later than 5 workdays from the client's initial date of contact or date of case management referral 1.7 80% of clients initially presenting at a non-case management agency shall be referred to a case management agency no later than 2 workdays from the date of initial contact with the referring agency	➢ Record Review • Intake information including date of initial contact or copy of referral • SDIS referral report

Staff Qualifications/Training

Standard #2

Agencies shall ensure that all staff have sufficient education, knowledge, skills and experience to competently serve the HIV/AIDS client population: agencies must provide initial orientation and training for new staff and ensure all staff participate in ongoing HIV/AIDS trainings, thereby promoting provision of high quality, up-to-date services.

Guidelines	Indicator	Data Source
(2.1 – 2.2) Supervisory staff and direct service staff shall meet the qualifications of education and experience required by the Miami-Dade County Office of Strategic Business Management and the Miami-Dade HIV/AIDS Partnership. *Exemptions: 2.1 None; 2.2 Home Delivered Meals, Food Bank, Utility Assistance, Transportation Vouchers, Prescription Drugs, Case Management (Refer to Case Management Standards for education/experience requirements).*	2.1 80% minimum of direct service supervisors are licensed and/or have a bachelor's degree in social sciences, counseling or nursing; have management experience; or have equivalent HIV/AIDS or related experience 2.2 80% minimum of direct service staff have an associate degree (AA) in social sciences, counseling or nursing. HIV/AIDS or related experience, including living with HIV, may be substituted on a year-for-year basis. Exempt personnel must be supervised by staff that meets minimum supervisory qualifications (2.1)	➢ Personnel Files • Copies of degrees/licenses • Documentation of work experience (letters of recommendation, work references, etc) ➢ Personnel Files • Copies of degrees/licenses • Documentation of work experience, HIV/AIDS experience (letters of recommendation, work references, training certificates, etc) • Personnel Records

Guidelines	Indicator	Data Source
(2.3) Initial orientation and training shall be given to new staff. *Exemptions: None*	2.3 Documentation of initial orientation and training including Ryan White Title I services, standards and requirements	➢ Personnel Files • Signed, dated orientation schedule or Orientation Attendance Log • Signed, dated Ryan White Title I standards or form acknowledging training/receipt of same • Signed, dated job description
(2.4) Staff members will have a clear understanding of their job definition and responsibilities. *Exemptions: None*	2.4 Written job description including responsibilities	
(2.5 – 2.6) Policies and procedures for service provision shall be in written form and made available to all staff. *Exemptions: None*	2.5 Written Policies and Procedures (P & P's) 2.6 Documentation that staff have read and are familiar with P & P's	➢ Administrative Policies and Procedures ➢ Personnel Records • Signed, dated agency policies and procedures • Signed, dated letter documenting P&P review, understanding
(2.7) Training in OSHA and universal precautions appropriate to job duties is provided and staff adheres to these principles. *Exemptions: None*	2.7 Documentation of training	➢ Signed, dated training acknowledgement, attendance logs with dates and subject matter of training, agency training logs ➢ Signed, dated Ryan White Title I standards or form acknowledging receipt/training on same
(2.8) Direct service staff are knowledgeable about Ryan White Title I standards and service requirements. *Exemptions: None*	2.8 Annual update on Ryan White Title I standards and service requirements	➢ Personnel Records • Proof of attendance, certificate or other documentation including training subject matter, date(s) of attendance, hours in training

Guidelines	Indicator	Data Source
(2.9) Staff shall remain updated on HIV/AIDS information. *Exemptions: None*	2.9 At least once annually: direct service staff shall attend an HIV/AIDS seminar/training appropriate to their level of service delivery	➢ Agency training record
(2.10) Personnel working with children are to be screened in accordance with state or local laws. *Exemptions: None*	2.10 Clearance letters for abuse and criminal screening	➢ Personnel files

Documentation Standards

Standard #3

Standardized forms and consistent up-to-date protocols will be utilized across the system to ensure uniform quality of care.

Guidelines	Indicator	Data Source
(3.1 – 3.11) Documentation for intake and service provision shall include, at a minimum, standard forms and required client data. The treatment or care plan shall be unique for each client, culturally sensitive, non-judgmental, personalized and with an appropriate standard of care with respect to a person's right to privacy. *Exemptions: Pharmaceuticals, Transportation Vouchers, Utility Assistance, Outreach Services, Food Bank*	Record contains: 3.1 Financial assessment and proof of HIV OR a Ryan White Title I Certified Referral 3.2 Consent for enrollment/treatment OR a Ryan White Title I Certified Referral 3.3 Consent to Release and Exchange Information (SDIS) OR a Ryan White Title I Certified Referral 3.4 Intake history (Client demographics and personal contact information) 3.5 Documentation client confidentiality explained 3.6 Documentation grievance procedure explained 3.7 Documentation choice of providers explained 3.8 Service provision history 3.9 Treatment/Service Plan documenting reason(s) for treatment, process and	➢ Record Review • All required forms are complete, initialed, dated, signed as appropriate • Copies of required eligibility documents are present, current (within 6 months), and legible • Documentation of eligibility screening for third party payers is present • Cases are closed as appropriate

Guidelines	Indicator	Data Source
	progress, outcomes of treatment 3.10 Eligibility screening for third party payers 3.11 Treatment/Service Plan update at least once per year *Note: Case managers are required to update Title I Certified Referrals (Recertification) every 6 months.*	
(3.12 – 3.15) Referrals: Providers will maintain adequate documentation on referral activities. *Exemptions: None*	3.12 Inbound referrals for all Title I Certified Referrals, shall record origin of referral and service requested 3.13 Outbound referrals for all Title I Certified Referrals shall record the referral destination and service requested 3.14 All inbound referrals filed in client record 3.15 Service referrals not initiated by a case manager shall be documented in a progress note or treatment plan	➢ SDIS Referral Report ➢ Record Review
(3.16 – 3.18) Providers will avail themselves of all available resources to provide needed services to HIV/AIDS clients including the Ryan White service network, key points of service entry, city, state and private organizations. *Exemptions: None*	3.16 Linkage agreements 3.17 Service resources 3.18 Inbound, Outbound Referrals	➢ Administrative Records ➢ Lists of Service Resources ➢ SDIS Referral Report

Quality Assurance/Performance Improvement

Standard #4

Ongoing quality assurance activities with regular feedback to staff promote performance improvement and quality care.

Guidelines	Indicator	Data Source
(4.1 – 4.4) Supervisory record reviews are conducted regularly, with feedback to direct care staff resulting in improved performance.	4.1 Record reviews conducted quarterly 4.2 No less than 40 records or 10% of Ryan White Title I population (whichever is	➢ Supervisor's Records • Documentation of reviews with identifying client information • Documentation of employee feedback

Guidelines	Indicator	Data Source
Exemptions: None	less) 4.3 Evidence of feedback between supervisor and employee 4.4 Documentation review ensures Ryan White eligibility standards are met and that case notes are appropriate, timely and legible	➢ Record Review
(4.5) Medical Services: Quality assurance or patient care review meetings will identify problems to be resolved through action. *Exemptions: None*	4.5 Documentation of quarterly patient care reviews or quality assurance meetings recording attendance, date, subject matter, steps taken to resolve identified problems with time frames for resolution.	➢ Meeting minutes ➢ Attendance logs
(4.6) Non-Medical Services: Quality improvement issues will be addressed through staff meetings. *Exemptions: None*	4.6 Documentation of quarterly quality improvement meetings recording attendance, date, subject matter, steps taken to resolve identified problems with times frames for resolution.	➢ Meeting minutes ➢ Attendance logs
(4.7 – 4.8) Annual client satisfaction survey conducted and results utilized as appropriate to improve service delivery. *Exemptions: None*	4.7 Client satisfaction survey to include: Rating of services, perception of treatment by staff, satisfaction with services provided, fair access to services provided.	➢ Review of client satisfaction survey
	4.8 Written plans and objectives incorporate results as appropriate from client satisfaction surveys	➢ Client Satisfaction Survey ➢ Administrative records

Confidentiality

Standard #5

Every agency shall provide staff with initial and ongoing training regarding client confidentiality to ensure client information is protected in accordance with state and federal laws.

Guidelines	Indicator	Data Source
(5.1 – 5.2) Every agency shall have a written Policy and Procedure (P & P) addressing confidentiality. *Exemptions: None*	5.1 Written P & P addressing HIV confidentiality and agency procedures, including policies and procedures that limit access to passwords, electronic files, medical records, faxes, release of client information	➢ Administrative P & P's
	5.2 P & P is signed and dated annually by staff	➢ Personnel files • Signed, dated copy of P & P for all staff
(5.3) Services shall be provided in a confidential setting. *Exemptions: None*	5.3 Areas in which client contact occurs allow exchange of confidential information in a private manner.	➢ Observation
(5.4) All hard copy materials and records shall be securely maintained.	5.4 Records, hard copy materials maintained under double lock in files and in areas secure from public access.	➢ Observation
(5.5) All clients shall be informed regarding their rights to confidentiality. *Exemptions: None*	5.5 Documentation signed and dated by client acknowledging client has been fully informed of his/her right to confidentiality.	➢ Record review
(5.6) No release of client information without a signed, dated client release. *Exemptions: None*	5.6 Signed, dated Release of Information* specific to HIV, TB, STD, substance abuse and mental health OR note reflecting client's unwillingness to sign a Release.	➢ Record Review

	** This release shall be renewed annually.*	

Program Operating Requirements (POR)

POR #1	Indicator	Data Source
(POR 1.1 – 1.4) Operating procedures affecting clients shall be posted publicly. *Exemptions: None*	The following shall be posted in an area to which clients have free access: POR 1.1 Hours of operation POR 1.2 Grievance procedures POR 1.3 Client's Bill of Rights and Responsibilities POR 1.4 Ryan White Title I Service Prices (cost per unit of service)	➢ Observation

POR #2	Indicator	Data Source
(POR 2.1) Manual or backup systems are kept current. *Exemptions: None*	POR 2.1 Manual or backup systems are updated at least weekly	➢ Record Review ➢ SDIS

POR #3	Indicator	Data Source
(POR 3.1– 3.4) Client participation and education in the treatment process shall be maximized. *Exemptions: None*	Documentation shall reflect: POR 3.1 Client and family (as defined by client) participation in care decisions POR 3.2 Development of client's understanding of treatment options POR 3.3 Client empowerment POR 3.4 Monitoring of client adherence to prescribed plans of treatment and care including medication regimens	➢ Record Review • Progress Notes • Treatment/Care Plans
(POR 3.5) Client education and knowledge lead to improved compliance, health status. *Exemptions: None*	POR 3.5 Documentation of client education and/or resources provided, as appropriate	

POR: Facility/Operation		
POR #4	**Indicator**	**Data Source**
(POR 4.1 – 4.6) All provider sites are safe and secure. *Exemptions: None*	POR 4.1 Site is clean and well-maintained, inside and out POR 4.2 Clients have untroubled access coming and going POR 4.3 Security personnel are available as needed	➢ Observation ➢ Personnel Records
	POR 4.4 Written policy to refuse service to clients who are being verbally abusive, threatening physical abuse or possessing illegal substances or weapons on provider property	➢ Administrative Policies and Procedures
	POR 4.5 Facility complies with applicable Occupational Safety and Health Administrative (OSHA) requirements	➢ Observation
	POR 4.6 Facility complies with the American's with Disability Act's programmatic and accessibility requirements	➢ Observation

POR #5	Indicator	Data Source
(POR 5.1) Client access to care will be facilitated during regular hours and after hours (nights and weekends). *Exemptions: As noted in Standard 1.1*	POR 5.1 Written P & P addresses contacts (including appointments) during regular hours and walk-ins, emergency and after hours (nights, weekends and holidays) care.	➢ Administrative Policies and Procedures *(Refer to Standard #1.1)*

POR #6	Indicator	Data Source
(POR 6.1 – 6.2) Clients shall receive an explanation of the agency's grievance procedures and confirm their understanding of such. *Exemptions: None*	POR 6.1 Written P & P's addressing formal and informal grievance procedures for clients POR 6.2 Documentation that patient has had grievance procedures, formal and informal explained and/or given to him and understands same.	➢ Administrative Policies and Procedures ➢ Record Review

POR #7	Indicator	Data Source
(POR 7.1 – 7.2) Agency policies are known to staff and supervisors. *Exemptions: None*	POR 7.1 Written P & P's addressing agency procedures including a formal grievance procedure for staff. POR 7.2 Documented acknowledgement that staff are familiar with written P & P's, including grievance procedures.	➢ Administrative Policies and Procedures ➢ Personnel Records

POR: Accreditation Standards

POR #8	Indicator	Data Source
(POR 8.1) Agency complies with appropriate professional licensing in accordance with professional training and responsibilities of caregivers, the agency's functions, or both, through national associations and/or the Florida Department of Health. *Exemptions: None*	POR 8.1 Current licenses, accreditations are Posted and on file	➢ Administrative Records ➢ Observation
(POR 8.2) Staff are licensed as specified in the Title I Service Descriptions. *Exemptions: None*	POR 8.2 Copies of current licenses are on file	➢ Personnel Records

POR: Patient Acknowledgement of Services Received

POR #9	Indicator	Data Source
(POR 9.1) Patient acknowledgement of service(s) received shall be maintained.	POR 9.1 Patient shall acknowledge by signature and date, specified services received at each visit. Required information includes patient name, date of service, definition of unit, service provided, number of units.	➢ Record Review • Signed, dated logs with name and services received noted OR ➢ Billing Review • Signed, dated encounters or superbills with name and services received noted OR • Receipt given to client with a copy in the chart *(Refer to POR #1.4)*

POR: Service Delivery Information System (SDIS)

POR # 10	Indicator	Data Source
(POR 10.1 – 10.2) Timely entry into the SDIS of new client information, updated client information and services provided. *Exemptions: None*	POR 10.1 New client information shall be entered at intake POR 10.2 Updated client information and service information shall be entered in accordance with time specifications detailed in the current Title I Ryan White contract	➢ Record Review ➢ SDIS

POR #11	Indicator	Data Source
(POR 11.1) A record (client chart) shall be maintained for each individual client	POR 11.1 An individual record (chart) shall be maintained for each client that records the services provided by Ryan White Title I.	➢ Record Review