

Ryan White Program Service Delivery Guidelines Fiscal Year 2019 (Year 29)

Section III –

- **Ryan White Program System-wide Standards of Care**
- **Ryan White Program Case Management Standards of Service**
- **Enhanced National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health Care**
- **HAB HIV Performance Measures (web links to the following measures):**

Frequently Asked Questions	HIV-Exposed Children
Core	Medical Case Management (MCM)
All Ages	Oral Health [Care]
Adolescent/Adult	AIDS Drug Assistance Program (ADAP)
Children	Systems-Level

- **Ryan White Program Minimum Primary Medical Care Standards for Chart Review**
- **Dear Colleague Letter – Viral Loads**
- **Dear Colleague Letter – Mental Health Services**
- **Ryan White Program Oral Health Care Standards**
- **Treatment Guidelines & Additional Service Delivery Standards**



***Miami-Dade County
Office of Management and Budget
Grants Coordination***

MIAMI-DADE COUNTY RYAN WHITE PROGRAM



SYSTEM-WIDE STANDARDS OF CARE

Changes effective May 1, 2018
revised 4/30/2018

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**MIAMI-DADE COUNTY
RYAN WHITE PROGRAM
SYSTEM-WIDE STANDARDS OF CARE**

The following sets of standards are an essential component of the Ryan White Program's quality management program and form the basis for on-going monitoring and evaluation of Ryan White Program-funded service providers by the Miami-Dade County Office of Management and Budget-Grants Coordination and/or its authorized representatives. With the exception of staff qualifications (Standard #2), it is not expected that *newly* contracted organizations be in full compliance with the System-Wide Standards of Care 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. However, all providers are expected to maintain full compliance at all times with documentation of client eligibility (*Standard #3*).

SYSTEM-WIDE STANDARDS OF CARE

No Barriers to Service

Standard #1

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

Guidelines	Indicator	Data Source
<p>(1.1 – 1.5) Providers shall eliminate barriers to service caused by: (A) hours of operation, (B) language and culture, and/or (C) lagtime. <i>Exemptions: (A) All services not specified (B) None (C) 1.5 None; (C) 1.6 Prescription Drugs, Medical Case Management, MHI Medical Case Management</i></p>	<p>A: Hours of Service: 1.1 Medical care, pharmaceuticals, and medical case management shall provide a minimum of 40 hours access to services per week including 4 hours outside of regular business hours (9:00 am – 5:00 pm, Monday-Friday). Outpatient medical care and oral health care providers will offer, post, and maintain daily walk-in slots to accommodate clients with urgent/emergent health issues.</p> <p>1.2 24-hour on-call access to pharmaceutical services, emergency medical and oral health care, and crisis counseling</p>	<ul style="list-style-type: none"> ➤ Scope of Service Description ➤ Posted hours of service
	<p>B: Language: 1.3 Agencies must offer and provide language assistance services, including bilingual staff and interpreter services (including Spanish and Haitian Creole) at no cost to each client with limited English proficiency, at all points of contact, in a timely manner during all hours of operation.</p>	<ul style="list-style-type: none"> ➤ Record Review ➤ Personnel Files ➤ Observation ➤ Written Policies and Procedures ➤ Invoices (reviewed during on-site visit)

Staff Qualifications/Training

Standard #2

Agencies shall ensure that all staff has 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 core service staff shall meet the qualifications of education and experience required by the Miami-Dade County Office of Management and Budget- Grants Coordination and the Miami-Dade HIV/AIDS Partnership. Agencies should implement strategies to recruit, retain, and promote at all levels of the organization a diverse staff and leadership that are representative of the demographic characteristics of the service area. <i>Exemptions: 2.1 None, 2.2, Food Bank, Transportation Vouchers, Prescription Drugs, Medical Case Management (Refer to Case Management Standards for education/experience requirements).</i>	2.1 Core 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 Core service staff have an associate's 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)	<ul style="list-style-type: none"> ➤ Personnel Files <ul style="list-style-type: none"> • Copies of degrees/licenses • Documentation of work experience (letters of recommendation, work references, etc)
(2.3) Initial orientation and training shall be given to new staff. <i>Exemptions: None</i>	2.3 Documentation of initial orientation and training including Ryan White Program services, standards and requirements	<ul style="list-style-type: none"> ➤ Personnel Files <ul style="list-style-type: none"> • Signed, dated orientation schedule or Orientation Attendance Log • Signed, dated Ryan White Program standards or form acknowledging training/receipt of same • Signed, dated job description

Guidelines	Indicator	Data Source
<p>(2.4) Staff members will have a clear understanding of their job definition and responsibilities. <i>Exemptions: None</i></p>	2.4 Written job description including responsibilities	<ul style="list-style-type: none"> ➤ Administrative Policies and Procedures ➤ Personnel Records • Signed, dated agency policies and procedures • Signed, dated letter documenting P&P review, understanding
<p>(2.5 – 2.6) Policies and procedures for service provision shall be in written form and made available to all staff. <i>Exemptions: None</i></p>	<p>2.5 Written Policies and Procedures (P & P's)</p> <p>2.6 Documentation that staff have read and are familiar with P & P's</p>	<ul style="list-style-type: none"> ➤ Signed, dated training acknowledgement, attendance logs with dates and subject matter of training, agency training logs
<p>(2.7) Training in OSHA and universal precautions appropriate to job duties is provided and staff adheres to these principles.</p> <p>Agencies should ensure that staff at all levels and across all disciplines receive ongoing education and training in culturally and linguistically appropriate service delivery <i>Exemptions: None</i></p>	2.7 Documentation of training	<ul style="list-style-type: none"> ➤ Signed, dated Ryan White Program standards or form acknowledging receipt/training on same ➤ Personnel Records <ul style="list-style-type: none"> • Proof of attendance, certificate or other documentation including training subject matter, date(s) of attendance, hours in training
<p>(2.8) Core service staff is knowledgeable about Ryan White Program standards and service requirements. <i>Exemptions: None</i></p>	2.8 Annual update on Ryan White Program standards and service requirements	<ul style="list-style-type: none"> ➤ Agency training record
<p>(2.9) Staff shall remain updated on HIV/AIDS information. <i>Exemptions: None</i></p>	2.9 At least once annually: core service staff shall attend an HIV/AIDS seminar/training appropriate to their level of service delivery	

Guidelines	Indicator	Data Source
(2.10) Personnel working with children are to be screened in accordance with state or local laws. <i>Exemptions: None</i>	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 – 3.12) 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 and with respect to a person's right to privacy.	Record contains: 3.1 Financial assessment and proof of HIV OR a Ryan White Program Certified Referral 3.2 Eligibility screening for third party payers 3.3 Consent for enrollment/treatment OR a Ryan White Program Certified Referral 3.4 Consent to Release and Exchange Information (SDIS) OR a Ryan White Program Certified Referral 3.5 Intake history (Client demographics and personal contact information) 3.6 Documentation that client confidentiality is explained 3.7 Documentation that grievance procedure is explained 3.8 Documentation that choice of providers is explained 3.9 Service provision history 3.10 Treatment/Service Plan documenting reason(s) for treatment, process and progress, outcomes of treatment	➤ Record Review <ul style="list-style-type: none"> • 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
<p>(3.13 – 3.17) Referrals: Providers must maintain adequate documentation on referral activities. <i>Exemptions: None</i></p>	<p>3.11 Treatment/Service Plan update at least once per year <i>Note: Medical Case Managers are required to update Program Certified Referrals (Recertification) every 6 months dependent on service category</i></p> <p>3.12 SDIS Notice of Privacy Practices</p> <p>3.13 Inbound referrals for all Ryan White Program Certified Referrals, shall record origin of referral and service requested</p> <p>3.14 Outbound referrals for all Ryan White Program Certified Referrals shall record the referral destination and service requested, must have an end date, and will note the type of service referred to (e.g., medical, nutrition)</p> <p>3.15 All inbound referrals filed in client record</p> <p>3.16 Service referrals not initiated by a medical case manager shall be documented in a progress note or treatment plan</p> <p>3.17 An “Out of Network (OON) / Non-Certified Referral for Miami-Dade County Ryan White Part A/MAI Program Services” form shall be accompanied by supporting documents (e.g., proof of HIV, proof of residency, proof of income) as relevant, OON Demographics reporting form, and a completed Client Eligibility Documentation Checklist; original referral shall be kept in client’s chart and</p>	<p>➤ SDIS Referral Report ➤ Record Review</p>

Guidelines	Indicator	Data Source
<p>(3.18 – 3.20) Providers must avail themselves of all other 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. <i>Exemptions: None</i></p>	<p>a copy will be given to the service provider by the client and/or by the referring out of network case manager</p> <p>3.18 Linkage agreements 3.19 Service resources 3.20 Inbound, Outbound Referrals</p>	<ul style="list-style-type: none"> ➤ Administrative Records ➤ Lists of Service Resources ➤ SDIS Referral Report

Quality Assurance/Performance Improvement

Standard #4

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

Guidelines	Indicator	Data Source
<p>(4.1 – 4.4) Supervisory record reviews are conducted regularly, with feedback to core service staff resulting in improved performance. <i>Exemptions: None</i></p>	<p>4.1 Record reviews should be conducted on a quarterly basis</p> <p>4.2 It is recommended that medical case management supervisors continue to conduct at least 20 record reviews or 10% of Ryan White Part A or MAI population (whichever is less) each quarter to monitor quality of services rendered</p> <p>4.3 Evidence of feedback between supervisor and employee</p> <p>4.4 Documentation review ensures Ryan White eligibility standards are met and that case notes are appropriate, timely, and legible</p>	<ul style="list-style-type: none"> ➤ Supervisor's Records <ul style="list-style-type: none"> • Documentation of reviews with identifying client information • Documentation of employee feedback ➤ Record Review ➤ Review submission ➤ Personnel file

Guidelines	Indicator	Data Source
<p>(4.5) Medical Services: Quality assurance or patient care review meetings will identify problems to be resolved through action. <i>Exemptions: None</i></p>	<p>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.</p>	<ul style="list-style-type: none"> ➤ Meeting minutes ➤ Attendance logs
<p>(4.6) Non-Medical Services: Quality improvement issues will be addressed through staff meetings. <i>Exemptions: None</i></p>	<p>4.6 Documentation of quarterly quality improvement meetings recording attendance, date, subject matter, steps taken to resolve identified problems with times frames for resolution.</p>	<ul style="list-style-type: none"> ➤ Meeting minutes ➤ Attendance logs
<p>(4.7 – 4.8) Annual client satisfaction survey conducted and results utilized as appropriate to improve service delivery. <i>Exemptions: None</i></p>	<p>4.7 Client satisfaction survey to include: Rating of services, perception of treatment by staff, satisfaction with services provided, fair access to services provided.</p> <p>4.8 Written plans and objectives incorporate results as appropriate from client satisfaction surveys.</p>	<ul style="list-style-type: none"> ➤ Review of client satisfaction survey ➤ Client Satisfaction Survey ➤ Administrative records
<p>(4.9 - 4.12) Agencies should conduct initial and ongoing organizational self-assessments of CLAS-related activities and are encouraged to integrate cultural and linguistic competence-related measures into their internal audits, performance improvement programs, client satisfaction assessments, and outcome-based evaluations.</p>	<p>4.9 Updated and clearly displayed mission statement to include a commitment to the delivery of culturally and linguistically competent services</p> <p>4.10 Agency information and educational material available in English, Spanish and Creole translated from the appropriate cultural perspective</p>	<ul style="list-style-type: none"> ➤ Record Review ➤ Personnel file ➤ Quality Management Plan ➤ Client satisfaction survey addresses delivery of services in a culturally and linguistically appropriate manner ➤ Written policies and procedures ➤ Observation

Guidelines	Indicator	Data Source
	4.11 Appropriate number of bilingual staff (or a current directory of interpreters) able to provide services in the predominant language(s) of the agency's clients 4.12 Percentage of clients served in their preferred language	

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. <i>Exemptions: None</i>	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 5.2 P & P is signed and dated annually by staff 5.3 Areas in which client contact occurs allow exchange of confidential information in a private manner.	<ul style="list-style-type: none"> ➤ Administrative P & P's ➤ Personnel files <ul style="list-style-type: none"> ● Signed, dated copy of P & P for all staff ➤ Observation
(5.3) Services shall be provided in a confidential setting. <i>Exemptions: None</i>		
(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.	<ul style="list-style-type: none"> ➤ Observation

(5.5) All clients shall be informed regarding their rights to confidentiality. <i>Exemptions: None</i>	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. <i>Exemptions: None</i>	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. <i>* This release shall be renewed annually.</i>	➤ Record Review

Program Operating Requirements (POR)

POR #1	Indicator	Data Source
(POR 1.1 – 1.3) Agencies must make available easily understood client-related materials and post signage in the languages of the commonly encountered groups and/or groups represented in the service area. <i>Exemptions: None</i>	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	➤ Observation

POR #2	Indicator	Data Source
(POR 2.1) Computer and backup systems are kept current. <i>Exemptions: None</i>	POR 2.1 Computer and 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. <i>Exemptions: None</i>	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. <i>Exemptions: None</i>	POR 3.5 Documentation of client education and/or resources provided, as appropriate	

POR: Facility/Operation Requirements

POR #4	Indicator	Data Source
(POR 4.1 – 4.7) All provider sites are safe and secure. <i>Exemptions: None</i>	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 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 POR 4.5 Facility complies with applicable Occupational Safety and Health Administrative (OSHA)	➤ Observation ➤ Personnel Records ➤ Administrative Policies and Procedures ➤ Observation

POR #4	Indicator	Data Source
	<p>POR 4.6 Facility complies with the requirements American's with Disability Act's programmatic and accessibility requirements</p> <p>POR 4.7 Facility complies with the Domestic Violence Leave requirements</p>	➤ Observation

POR #5	Indicator	Data Source
<p>(POR 5.1) Client access to care will be facilitated during regular hours and after hours. <i>Exemptions: As noted in Standard 1.1</i></p>	<p>POR 5.1 Written Policies & Procedures (P & P) address contacts (including appointments) during regular hours and walk-ins, emergency and after hours care.</p>	➤ Administrative Policies and Procedures <i>(Refer to Standard #1.1)</i>

POR #6	Indicator	Data Source
<p>(POR 6.1 – 6.2) Agencies shall provide an explanation of the agency's grievance procedures and confirm clients' understanding of such. Conflict and grievance resolution processes shall be culturally and linguistically sensitive and capable of identifying, preventing, and resolving cross-cultural conflicts or complaints by clients. <i>Exemptions: None</i></p>	<p>POR 6.1 Written P & P's addressing formal and informal grievance procedures for clients</p> <p>POR 6.2 Documentation that client has had grievance procedures, formal and informal explained and/or given to him/her and understands same.</p>	<p>➤ Administrative Policies and Procedures</p> <p>➤ Record Review</p>

POR #7	Indicator	Data Source
(POR 7.1 – 7.2) Agency policies are known to staff and supervisors. <i>Exemptions: None</i>	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. <i>Exemptions: None</i>	POR 8.1 Current licenses, accreditations are posted and on file	➤ Administrative Records ➤ Observation
(POR 8.2) Staff are licensed as specified in the Ryan White Program Service Descriptions. <i>Exemptions: None</i>	POR 8.2 Copies of current licenses are on file	➤ Personnel Records

POR: Client Acknowledgement of Services Received

POR #9	Indicator	Data Source
(POR 9.1) Client acknowledgement of service(s) received and cost shall be maintained.	POR 9.1 Client shall acknowledge by signature and date, specified services and cost of services received at each visit. Required information includes client name, date of service, definition of unit, service provided, and number of units.	<ul style="list-style-type: none"> ➤ Record Review <ul style="list-style-type: none"> • Signed, dated logs with name and services received noted OR ➤ Billing Review <ul style="list-style-type: none"> • 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 of services provided. <i>Exemptions: None</i>	POR 10.1 New client information shall be entered at intake	<ul style="list-style-type: none"> ➤ Record Review ➤ SDIS
10.3 Timely entry of required data (e.g., service utilization data, lab results, demographics, etc.) into the SDIS for all program clients for tracking, billing, and reporting purposes. <i>Exemptions: None.</i>	POR 10.2-10.3 Updated client information and service information shall be entered in accordance with time specifications as detailed in the current Ryan White Program contract.	

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 the Ryan White Program.	➤ Record Review