

Universal Organization and Service Standards

**Office of Public Health
STD/HIV/Hepatitis Program**

2021

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About the Standards of Service

This document is intended to provide a direction to the practice of HIV/AIDS care coordination by integrating the practice of medical and non-medical case management in the State of Louisiana.

The document is intended to provide a framework for evaluating the practice of HIV/AIDS case management and to define the professional case manager's accountability to the public and to the client.

These standards are not intended to provide implementation strategies to meet all the agency models and any service delivery contingency but rather provide a broad framework of quality care that all agencies should be working towards.

The ongoing development and review of this document is maintained through a collaborative effort of case managers, agencies, and policymakers who come together to ensure these standards of service meet the needs of persons living with HIV.

Services Vision, Mission and Goals

Vision

We envision a Louisiana where, empowered through developing the knowledge and skills necessary to access quality services, people living with HIV can achieve optimal health outcomes and reduce the impact of HIV in their lives and to the Louisiana healthcare system. When HIV infections do occur, every person will have access to high quality care and supportive services, including stable housing, free from stigma and discrimination.

Mission

The mission this program is to provide accessible and culturally competent HIV care coordination services to a highly diverse population of individuals living with HIV in Louisiana. Utilizing a holistic approach, these services are intended to assist clients to obtain some level of self-sufficiency and independence in navigating a complex healthcare system. These services specifically help clients access quality medical care and the supportive services necessary to help overcome barriers to adherence to HIV treatment to successfully manage HIV as a chronic disease, resulting in improved health outcomes.

Goals

Self-Management. Viral Suppression. Better Health Outcomes.

Client-Centered Approach to Case Management

The client-centered model contains the key ingredients of a helping relationship: empathy, acceptance, warmth and genuineness. The fundamental tenet of the approach is that all people have an inherent tendency to strive toward growth, self-actualization, and self-direction. A client-centered approach places the needs, values and priorities of the client as the central core around which all interaction and activity revolve. Understanding how the client perceives their needs, their resources, and their priorities for utilizing services to meet their needs is essential if the relationship is truly going to be client-centered.

Each client has the right to personal choice though these choices may conflict with reason, practicality or the case management team's professional judgment. The issue of valuing a client's right to personal choice is a relatively simple matter when the care coordination team and client's priorities are compatible. It is when there is a difference between the priorities that the case management team must make a diligent effort to distinguish between their own values and judgments and those of their client.

It is the HIV case management team's responsibility to:

- Offer accurate information to the client.
- Assist the client in understanding the implications of the issues facing him/her, and of the possible outcomes and consequences of decisions.
- Present options to the client from which he/she may select a course of action or inaction.
- Offer direction when necessary to make sure a client does not harm themselves or others.

Glossary

- Agency—Organization funded to perform services
- AIDS—Acquired immunodeficiency syndrome
- CBO—Community Based Organization
- Client—Person receiving services from an agency
- HER—Electronic Health Record
- FPL—Federal Poverty Level
- HHS—The Department of Health and Human Services
- HRSA—Health Resources and Services Administration
- HIP—Health Insurance Program
- HOPWA—Housing Opportunities for People With AIDS
- HQS—Housing Quality Standards, set for HUD funding
- HUD—The Department of Housing and Urban Development

- Must, Shall, Will—Denotes a mandatory requirement
- LAHAP—Louisiana Health Access Program
- LDH—Louisiana Department of Health
- L-DAP—Louisiana Drug Assistance Program
- OPH—Office of Public Health
- PLWH—People Living with HIV
- Providers—Individuals delivering services to clients
- Service Provider or Provider—Individual providing services
- Should, May, Can—Denotes a preference, but not a mandatory requirement
- SHHP—STD/HIV/Hepatitis Program, located within OPH
- RWHAP—Ryan White HIV/AIDS Program

Organizational Standards

Eligibility Verification and Intake Standards

1	Standard	Measure
1.1	<i>General Eligibility—Ryan White Part B</i>	
1.1.A	Each agency shall verify the eligibility for services under Part B of individuals presenting for services	Each agency maintains a completed Client Eligibility form and all current supporting documentation for each client on file.
1.1.B	Self-attestation is allowed at the 6-month recertification.	Client's file includes full documentation or documentation of self-attestation.
1.2	<i>General Eligibility—HOPWA</i>	
1.2.A	Each agency shall verify the eligibility of services under HOPWA of individuals presenting for services.	Each provider maintains a completed Client Eligibility and Review Verification form and all current supporting documentation for each client on file.
1.2.B	Agency shall recertify eligibility for HOPWA services annually.	Annual recertification shall include updated household composition and updated income data.
1.3	<i>Eligibility for Ryan White and HOPWA Services</i>	
1.3.A	HIV Status: Verification of HIV status shall be in written form.	Client's file includes one of the following: LAHAP Proof of Positivity Form, Letter from MD in client file, SHP proof of positive form, or EHR print out.

1.3.B	Income: Clients shall be documented to meet financial eligibility for all programs in which they are enrolled.	Client's file includes documentation of income including but not limited to: Pay Stubs, Disability Determination Letter, W4, benefit award letter, Certification of No Income/Cash Only Income.
1.3.C	Residency: Clients should reside in service area covered by agency. Clients do not have to be a permanent resident of the United States to receive services. Clients may receive services at an agency outside of the service area of their residence.	Client's file includes Louisiana Driver's License, utility bill, voter registration, Social Security Statement. If clients are receiving services outside of their service area of residence the agency must provide a letter with the client's signature stating that they are not receiving services at more than one agency.
1.3.D	Insurance Status: Client will be informed of third party payer application requirements. Minimally, clients must apply for Louisiana Medicaid or a marketplace insurance plan – or have a documented denial from Medicaid dated within the prior year.	Client's file includes one or more of the following: Medicaid card, Medicaid denial letter, private insurance card, private insurance termination notice, Medicare card, LAHAP application or approval.
1.3.E	Financial resources, insurance and/or Medicaid/Medicare status of all clients shall be documented and payment shall be sought from any and all third party payers before using Ryan White funds.	Documentation in client's file.
1.4	<i>Intake and Assessment</i>	
1.4.A	All prospective clients who contact the agency outside of normal business hours or otherwise leave a message without talking to an agency staff person will be contacted by the agency within 3 business days of the initial contact.	Case managers should document when the client first contacted the agency in their case notes.
1.4.B	Each prospective client who is scheduled for an Intake appointment will be informed of the date and time of the Intake	Case managers should document when the client first contacted the agency in their case notes. "First Contact" documentation completed by

	appointment and what documents should be brought to the appointment.	each agency.
1.4.C	Each client should be screened for additional supportive programs including but not limited to: Supplemental Nutrition Assistance Program (SNAP), Women, Infants and Children (WIC), Medicare/Medicaid, and Social Security Disability.	Applications for supportive programs are conducted within 30 days of first contact with an agency and documented in case notes. These applications should only be completed again when a client has a significant change in income or household size and may become eligible for the program.
1.5	<i>Documentation of services—Ryan White Part B and HOPWA</i>	
1.5.A	Documentation of services shall occur in the appropriate system within two business days of delivery.	Case notes and services entry reflect the date of service provision. Documentation is written in either SOAP (Subjective, Objective, Assessment, Plan) or DAP (Describe, Assess, Plan) format as demonstrated by case notes.
1.5.B	All documentation of services must be completed by the person providing the service.	Documentation contains all relevant information about service provided and is ended with case manager's initials to indicate an electronic signature.
1.5.C	All documentation of services must reflect the actual date that the service was provided.	Case notes and services entry reflect the date of service provision.
1.6	<i>Data Entry—Ryan White Part B and HOPWA</i>	
1.6.A	All data must be entered as described in "Field Requirements in LaCAN CAREWare."	Field requirements outlined in document are met in CAREWare.
1.6.B	Data error reports must be corrected. Agencies will be given monthly missing data reports by SHP staff.	Monthly missing data reports are completed within 10 days of receipt by the agency. If errors are not corrected in that time period SHHP will return the invoice to the agency and require resubmission when the errors are corrected.

Quality Improvement & Assurance

2	Standard	Measure
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2.1	Agencies must participate in one Quality Improvement (QI) project per year that addresses improvement in service quality and delivery.	Quarterly reports submitted of the performance measures pertaining to the QI project
2.2	Agencies must have a Quality Management (QM) Plan updated biannually and approved by SHP Services Quality Manager, to include the required yearly QI project.	Submission of QM Plan to SHP Services Quality Manager, within first 30 days of the new contract.
2.3	Agencies must conduct a Client Satisfaction Survey annually, survey must be approved by SHP Services Quality Improvement Coordinator to obtain input from the clients in the design and delivery of services.	Documentation of content, use and confidentiality of the Client Satisfaction Survey. Annual submission of results to the Quality Improvement Coordinator.
2.4	Agencies must structure an ongoing Consumer Advisory Board (CAB) <u>or</u> the existence of an ongoing suggestion box for client input.	Documentation of CAB meetings to include: meeting minutes, sign in sheets and meeting calendar. Documentation of content, use and confidentiality of the suggestion box.

Staffing Requirements & Qualifications

3	Standard	Measure
3.1	<i>Educational Requirements</i>	
3.1.A	Medical Case Managers must be medical professionals who have access to client level medical information and the skills to understand the implications of that data. Medical Case Managers must be a Registered Nurse, or a Licensed Practical Nurse licensed to practice in the State of Louisiana.	Resume, applications, or licenses demonstrating relevant experience kept on file.
3.1.B	Non-Medical Case Managers must have achieved a Bachelor's Degree in Social Work (BSW) or a Bachelor's degree in a human services related field with at least one year of case management experience.	Resume or applications demonstrating relevant experience kept on file.
3.1.C	Case management supervisors must have achieved a graduate level degree in social work or a human services related field, or have 3 years case management experience.	Resume or applications demonstrating relevant experience kept on file.

3.1.D	A Case Management Supervisor may supervise full-time case managers or a combination of full-time case managers and other professional-level human services staff not to exceed 8.0 full time employees.	Organizational chart with clear lines of supervision must be available, and updated annually.
3.1.E	Mental Health service provider(s) must be fully licensed mental health professionals with the State of Louisiana. Providers in the process of seeking full licensure must be supervised by a licensed therapist qualified by the State of Louisiana to provide clinical supervision.	Licenses, and resume or applications demonstrating relevant experience kept on file.
3.1.F	Substance use service provider(s) must be fully licensed mental health or substance use professionals with the State of Louisiana. Providers in the process of seeking full licensure must be supervised by a licensed therapist qualified by the State of Louisiana to provide clinical supervision.	Licenses, and resume or applications demonstrating relevant experience kept on file.
3.1.G	All licenses held by direct service providers must be available. Providers must be in good standing with their licensing board. If disciplinary action occurs it is the provider's responsibility to inform the Support Services Monitor.	Licenses, and resume or applications demonstrating relevant experience kept on file.
3.1.H	Performance evaluations must be conducted annually for all staff members.	Evaluations are kept on file and available upon request to LDH.
3.2	<i>Training Requirements</i>	
3.2.A	<p>All direct service staff are required to complete an orientation within the first 30 working days including but not limited to:</p> <ul style="list-style-type: none"> • Agency policies and procedures • Information Security and Confidentiality • Documentation in case records • Client rights and responsibilities • Abuse and neglect reporting procedures • Emergency and safety procedures • Data management and record 	Certificates of completion kept in personnel files. Curricula should be available to LDH upon request.

	<ul style="list-style-type: none"> • keeping <ul style="list-style-type: none"> • Infection control and universal precautions • Working with persons living with HIV • Professional ethics 	
	<p>All new employees must receive an additional training during the first 90 working days of employment.</p> <p>This training must include the following, at a minimum:</p> <ul style="list-style-type: none"> • Screening and assessment techniques and procedures • Care planning for people with complex medical and social service needs • Interviewing and interpersonal skills • Cultural awareness and anti racist frameworks 	<p>Certificates of completion kept in personnel files. Curricula should be available to LDH upon request.</p>
3.2.B	<p>All case managers must complete 20 hours of continuing education each calendar year.</p> <p>At least one of these hours must be related to LAHAP applications, or other health insurance programs.</p>	<p>Certificates of completion kept in personnel files, and available to submit annually with auditing requirements.</p>
3.2.C	<p>All case managers must complete Undoing Racism and Deconstructing Heterosexism and Transphobia within the first year of employment.</p>	<p>Certificates of completion kept in personnel files.</p>
3.3	<i>Case Loads</i>	
3.3.A	<p>Non-Medical Case Management caseloads should not exceed forty (40) non-medical case managed clients per full-time case manager.</p>	<p>Caseloads should be regularly audited by support services supervisors for compliance. Caseloads shall be available to LDH.</p>
3.3.B	<p>Medical Case Management caseloads should not exceed thirty (30) non-medical case managed clients per full-time case manager.</p>	<p>Caseloads should be regularly audited by support services supervisors for compliance. Caseloads shall be available to LDH.</p>
3.4	<i>Subcontracting</i>	
3.4.A	<p>All subcontractors shall adhere to all local, state and federal regulations within their field of service delivery.</p>	<p>Agency has a policy and documentation of adherence on site.</p>
3.4.B	<p>The Ryan White Part B funded agency</p>	<p>Agency has a policy and documentation</p>

	must keep documentation from any subcontractor on file, including: current contracts, current professional licenses, and current board certifications.	of adherence on site.
3.4.C	HIV training opportunities will be made known to non-HIV-specific subcontractors	Agency has a policy and documentation of adherence on site.

Access to Care

4	Standard	Measure
4.1	<i>Outreach and Communication</i>	
4.1.A	Each service provider should have structured and ongoing efforts to obtain input from clients about the design and delivery of services	<ul style="list-style-type: none"> • Maintain documentation of outreach activities including Consumer Advisory Board, and public meetings • At least annually implement client satisfaction tools, document existence of a suggestion box or other feedback mechanism
4.1.B	Efforts to inform low-income individuals of availability of services should be ongoing.	<ul style="list-style-type: none"> • Maintain documentation of activities and informational materials such as: <ul style="list-style-type: none"> ○ Newsletters ○ Brochures ○ Posters ○ Attendance of health fairs or other community events ○ Any other promotional materials
4.1.C	Refer the client to a service provider with the appropriate language capacity when necessary. If no such service provider exists, interpreter services will be provided at no cost to the client.	<p>Service provider maintains updated documentation of staff's language capabilities, including the names and job titles of specific staff.</p> <p>Agencies should have an agreement for translation services in place.</p>
4.1.D	All services will be provided in such a way as to overcome barriers to access and utilization, including efforts to accommodate linguistic and cultural diversity.	<p>Provider maintains a list of interpreters and/or translators.</p> <p>There is documentation of staff training to explain information in plain language and with cultural sensitivity.</p>
4.2	<i>Access to Services</i>	
4.2.A	Services must be provided regardless of an individual's ability to pay for the service or previous health condition.	<p>Agencies must have the following:</p> <ul style="list-style-type: none"> • Policy on service provision regardless of health history or ability to pay should be given to client on first visit.

		<ul style="list-style-type: none"> • Maintain documentation of policies demonstrating ability to provide services regardless of ability to pay. • Maintain files of eligibility determination and outcomes. • Maintain a file of individuals refused services with reasons, and documentation of referral.
4.2.B	Providers must be accessible to low income individuals with HIV.	<ul style="list-style-type: none"> • Facility is accessible by public transportation, and if not accessible providers has policies and procedures that provide transportation • Facility complies with Americans with Disabilities Act of 1990 requirements
4.2.C	In all cases, the provider shall ensure that, to the greatest extent possible, clients who leave care are linked with appropriate services to meet their needs.	Documentation in client's record indicating referrals or transition plan to other providers/agencies
4.2.D	<p>All agencies funded for HOPWA services must have policies addressing the following:</p> <ul style="list-style-type: none"> • Requiring application to other affordable housing • Survivor grace periods • Termination • Waitlists for all services, particularly TBRA, STRMU, and FBHA services 	Agency has a statement or policy onsite.

Ethics

5	Standard	Measure
5.1	<i>Required Policies</i>	
5.1.A	<p>All providers must have an Employee Code of Ethics including:</p> <ul style="list-style-type: none"> • Conflict of Interest • Fair dealing • Protection and use of company assets • Compliance with laws, rules, and regulations • Timely and truthful disclosure of significant accounting deficiencies • Timely and truthful disclosure of noncompliance 	Agency has a statement or policy onsite.

	<ul style="list-style-type: none"> Confidentiality Anti-discrimination and affirmative outreach Grievances 	
5.1.B	Agencies must have a release of information available for clients to sign if they wish for their information to be released to another person or agency.	Agency has a release of information and policy onsite. All releases are updated annually.
5.1.C	All services provided must serve the best interests of the client emphasizing confidentiality, respect for the client's rights and protect the client's dignity and self-esteem.	Agency has a statement or policy onsite.
5.1.D	All providers must have internal controls and policies and procedures in place that are designed to prevent, detect, and report known or suspected fraud and abuse activities.	Agency has a statement or policy onsite.
5.1.E	All providers must have a discrimination policy and a procedure for discrimination complaints.	Agency has a statement or policy onsite.
5.1.F	<p>All providers shall maintain a grievance procedure, which provides for the objective review of client grievances and alleged violations of universal and service standards.</p> <p>Clients will be routinely informed about and assisted in utilizing this procedure and shall not be discriminated against for so doing.</p>	<p>Agency has a statement or policy onsite. Agency staff reviews grievance policy annually with all clients.</p>
5.1.H	Agency will maintain a written policy, personnel procedures, and standard assessment that address stress and, vicarious trauma and burnout.	Agency has policy and procedure on file.
5.1.I	Agency must create and maintain a document outlining Client Rights and Responsibilities.	Agency has a statement or policy onsite. This document is only required at initial intake, or if there are updates made by the agency.
5.2	<i>Training and Licenses</i>	
5.2.A	Provider(s) must demonstrate that they will adhere to applicable Professional Standards of Practice and Code of Ethics of their licensure	Proof of at least 3 CEUs in ethics every two years must be kept in file.
5.2.B	Providers shall be in good standing with their licensure boards and not be under investigation for ethical or other	Copies of valid license shall be kept on file. If a board violation occurs, the agency must disclose it to OPH within 14

violations.	days.
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Compliance

6	Standard	Measure
6.1	<i>Program Compliance</i>	
6.1.A	Agency shall monitor for programmatic compliance on a periodic basis.	Provider has documentation of self-monitoring for programmatic compliance. Agencies shall complete any SHHP regularly required compliance reports on time, and any additional requests within 30 days of request.
6.1.B	HOPWA funded agencies shall adhere to regulations set forth in 24 CFR Part 5 Subsection L that addresses changes under the Violence Against Women Act.	Have available HUD-5382 and 5380 forms for survivors of domestic violence, sexual assault, or stalking. Agency provides all landlords with the VAWA Lease Addendum to be added to all leases.
6.2	<i>Required Policies</i>	
6.2.A	All agencies must have a home visit safety protocol.	Agency has a policy and protocol on site. A copy of this written protocol must be available upon request to SHHP.
6.2.B	A written "Suicidal Ideation Protocol" is required for every agency.	Agency has a policy and protocol on site. A copy of this written protocol must be available upon request to SHHP.

HRSA Ryan White Services Categories

All services funded to provide services through Ryan White Part B must adhere to the Universal Service Standards outlined in this document.

Medical Case Management, including Treatment Adherence Services

7	Standard	Measure
7.1	<i>Enrollment/Assessment/Reassessment</i>	
7.1.A	Clients will be reassessed every 6 months for changes in eligibility.	Reassessment is documented in CAREWare.
7.1.B	Case managers will conduct face-to-face assessments every 6 months including but not limited to: program	Digital or physical copies of screenings are kept in client files.

	eligibility, depression, anxiety, substance use and housing needs.	
7.1.C	<p>Initial Assessment</p> <p>Within five (5) working days of first contact, a comprehensive biopsychosocial assessment shall be completed to evaluate the client's needs, including, but not limited to the following:</p> <ul style="list-style-type: none"> • Medical history, current health/primary care status, all current prescriptions. • Available support systems • Substance use history and status • Emotional/mental health history and status • Available financial resources (including insurance status) with emphasis on securing 3rd -party insurance coverage, public benefits, and other resources. • Availability of food, shelter, and transportation • Need for legal assistance 	Documentation in client's file.
7.1.D	<p>At a minimum, Medical Case Management intervention activities must include assessment, education and counseling on:</p> <ul style="list-style-type: none"> • Treatment adherence/disease progression • Nutrition health • Oral health • Liver health (Hepatitis in general and Hepatitis C in particular) • HIV transmission risk reduction including PreP access and U=U Education. 	Documentation in the case notes.
7.1.E	A full intake and eligibility assessment should be completed within 15 days of the first contact.	Documented in client's file.
7.1.F	If the Intake completion is delayed because of missing documents the client must be notified at least 3 times about what documents are missing. Agencies may keep the files open for up to 30 days waiting for complete documentation.	Client file case notes and a copy of the final written notification (if applicable.)

	The final notification must be in writing and include information that the client's file will be closed if the missing documentation is not produced.	
7.1.G	Contact with client should be based off the client's acuity score.	Documented in client's file.
7.1.H	A Care Plan, including a housing plan, based on client's goals is created within the 30 days of the first contact and updated annually thereafter.	Digital or physical copies of screenings are kept in client files.
7.1.I	Face-to-face contact should be made at least quarterly.	Documented in client's file. *This standard may be waived due to public health emergencies like COVID-19 or other natural disasters.
7.1.J	Medical Case Manager will review documentation of monitoring client's current immunological parameters (for example, CD4 count, and HIV viral load) and appointment adherence at least quarterly.	Documented in client's file or EHR.
7.2	<i>Referral & Coordination</i>	
7.2.A	Medical Case Managers will refer clients for Non-Medical Case Management and any other necessary services within 10 business days. Medical Case Managers will follow-up on the outcomes of referrals made.	Documented in client's file.
7.2.B	Case consultations should be documented by supervisory staff and must be a formal meeting.	Document in case notes.
7.3	<i>Termination/Graduation</i>	
7.3.A	<p>Reasons for client termination:</p> <ul style="list-style-type: none"> • Client completes all goals outlined in care plan • Client is no longer eligible for Ryan White Part B or HOPWA services • Client has requested for services to be terminated • Client has acted in a way that puts providers or staff in danger • Client cannot be contacted after repeated attempts over a 12-month period including the 6-month reassessment requirement • Client dies 	Reason for termination is documented in case notes.

7.3.B	A summary of termination (for all reasons) must be placed in each client's file within 30 days of inactivation.	Termination Summary in progress notes that include required elements from standards.
7.3.C	In the case of clients who are "lost to follow-up", the agency will make and document a minimum of three phone follow-up attempts within a one-month period after the end of the client's reassessment month. Additional attempts at contact may be made through Outreach activities.	Documentation of attempted follow-up in progress notes.

Non-Medical Case Management Services

8	Standard	Measure
8.1	<i>Enrollment/Assessment/Reassessment</i>	
8.1.A	<p>Within five (5) working days of first contact, a comprehensive biopsychosocial assessment shall be completed to evaluate the client's needs, including, but not limited to the following:</p> <ul style="list-style-type: none"> • Medical history, current health/primary care status, all current prescriptions • Available support systems • Substance use history and status • Emotional/mental health history and status • Available financial resources (including insurance status) with emphasis on securing 3rd -party insurance coverage, public benefits, and other resources. • Availability of food, shelter, and transportation • Need for legal assistance 	Documentation in client's file.
8.1.B	<p>Active case management clients must have their acuity score and Care Plan updated annually.</p> <p>Initially, Care Plans must be created within the first 30 calendar days of services. They should be updated upon annual eligibility updates.</p>	Completed and current (within the last year) Care Plan in the client file.
8.1.C	If the Intake completion is delayed because of missing documents, during the 30 day calendar period, someone	Client file case notes and a copy of the final written notification (if applicable.)

	must notify the client at least 3 times about what documents are missing. The final notification must include information that the client's file will be closed if the missing documentation is not produced.	
8.1.D	Case managers will conduct eligibility assessments every 6 months.	Eligibility is documented in CAREWare.
8.1.E	For clients with an acuity score of 27 or higher a Care Plan based on client's goals, including a housing plan, is required upon their 6 month eligibility reassessment.	Completed and current (within the last six months) Care Plan in the client file.
8.1.F	If client presents with increased need, a full reassessment should occur and contact should be aligned with the new acuity score.	Documented in the program's policy.
8.1.G	Home visits are required annually for all individuals with an acuity score greater than 37. Individuals with a score of 1 or 37 may have a home visit at the discretion of the case manager.	Document in case notes.
8.1.H	Services provided to friends or family members of a client should be documented as collateral contact.	Documented in case notes and service entry.
8.2	<i>Referral & Coordination</i>	
8.2.A	Referrals to additional services are entered into CAREWare with date, time, and status.	Documented in referral tab of CAREWare.
8.2.B	Case consultations should be documented by supervisory staff and must be a formal meeting.	Document in case notes.
8.3	<i>Termination/Graduation</i>	
8.3.A	<p>Reasons for client termination:</p> <ul style="list-style-type: none"> • Client has achieved goals in care plan and is moved into self-management • Client is no longer eligible for Ryan White Part B or HOWPA services • Client has requested for services to be closed • Client has acted in a way that puts provider personnel in danger • Client cannot be contacted after repeated attempts over a 	Documented in client's file.

	12-month period including the 6-month reassessment requirement <ul style="list-style-type: none"> Client dies 	
8.3.B	A summary of termination (for all reasons) must be placed in each client's file within 30 days of inactivation.	Termination Summary in case notes that include required elements from standards.
8.3.C	In the case of clients who are "lost to follow-up", the agency will make and document a minimum of three phone follow-up attempts within a one-month period after the end of the client's reassessment month. Additional attempts at contact may be made through Outreach activities.	Documentation of attempted follow-up in progress notes.

Mental Health Services

# 9	Standard	Measure
9.1	<i>Crisis Response</i>	
9.1.A	<p>An appointment will occur within five (5) working days of a client's request for mental health services.</p> <p>In emergency circumstances, an appointment will occur within twenty-four (24) hours.</p> <p>If service cannot be provided within these time frames, the Agency will offer to refer the client to another organization that can provide the requested services in a timelier manner.</p>	Documentation in client's file.
9.1.B	Agencies must arrange for twenty-four (24) hour crisis response by a licensed professional for active clients who may experience emotional emergencies.	Agency must have a written protocol for crisis intervention, and have a contract or MOU with a local mental health hotline.
9.2	<i>Documentation</i>	
9.2.A	Individual/family client case records shall include documentation of eligibility, assessment, treatment plans, case notes and discharge summary.	<p>Client records must be in SOAP or DAP format, and be available for monitoring if the service provider is a staff member at the agency.</p> <p>If the agency is using an outside contractor, notes do not have to be available.</p>

Oral Health Care

# 10	Standard	Measure
10.1	<i>Training and Licenses</i>	
10.1.A	Referrals shall be made only to persons who are licensed by the State of Louisiana, including but not limited to dentists, dental hygienists or dental assistants with state radiology certification.	Copies of licensure should be requested and kept on file.
10.2	<i>Documentation</i>	
10.2.A	An oral health treatment plan should be created within 30 working days of first contact if required treatment exceeds regularly scheduled cleanings.	Providers should have a copy of the treatment plan available upon request.
10.2.B	Provider will have written policy for discharge, transition, and referrals for specialty care.	Provider written policy for discharge, transition, and referrals for specialty care.
10.2.C	Outcomes of oral health appointment should be noted in client's file.	Documented in client file.
10.2.D	Copies of client's bills, and proof of payment must be submitted with invoice to SHP.	Documentation is submitted via Citrix with each invoice.

Child Care Services

# 11	Standard	Measure
11.1	<i>Required Policies and Procedures</i>	
11.1.A	Agencies must establish and provide each client with a copy of reimbursement policies related to Child Care services.	Policies must be given to service provider at or before the time of service.
11.1.B	Clients should be able to identify childcare providers.	Agencies must have policy and procedure on file.
11.1.C	Any staff or volunteers identified by agency for onsite childcare must be thoroughly screened including reference checks, background checks, and fingerprinting prior to beginning work and should be maintained in the client file.	Agencies must have policy on file.
11.1.D	Checks for childcare services should be mailed from the agency directly to individual providing childcare services. Agencies should not provide checks or cash directly to clients.	Agencies must have policy and procedure on file.
11.2	<i>Documentation</i>	

11.2.A	Agency should provide a care log, and self-addressed stamped envelope so that caregiver may send care log back upon completion.	Agencies must have policy and procedure on file. Child care log must be made available to LDH upon request.
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Emergency Financial Assistance

# 12	Standard	Measure
12.1.A	<i>Eligibility</i>	
	Any client may utilize this service regardless of their eligibility for other services.	Documented in provider policies.
12.2	<i>Documentation</i>	
12.2.A	All completed requests for assistance shall be approved or denied as soon as possible but at least within five (5) business days. <ul style="list-style-type: none"> a. Provision of medication to client within one (1) business day of request approval. b. Payment to the vendor shall be issued in response to an essential utility need (as identified by Case Manager and Agency) within three (3) business days of approval of request. 	Documented in client's file by case notes and services.
12.2.B	Clients must be properly screened for other available assistance programs.	Case notes documenting need and attempts at locating other available resources signed by Case Manager.
12.2.C	Payments may be made on behalf of self-declared PLWH with the approval of Case Management Supervisor, or agency CEO. Agencies must obtain all necessary documentation regarding HIV status within thirty (30) days of the first payment made on behalf of the individual.	Documented in client's file by case notes and services.
12.2.D	Copies of client's bills, and proof of payment must be submitted with invoice to SHP.	Documentation is submitted via Citrix with each invoice.

Food Bank and Food Voucher

# 13	Standard	Measure
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13.1	<i>General Requirements</i>	
13.1.A	Clients must be properly screened for other available food assistance programs, such as Louisiana Supplemental Nutrition Assistance Program (SNAP) and WIC. New applications should be submitted annually	Copies of annual application should be on file with agency.
13.1.B	Agencies must have in place a mechanism to ensure that food vouchers are not used on ineligible items including alcohol, tobacco and firearms.	Agency has written policy and procedures on utilization of services.
13.2	<i>Food Voucher Services</i>	
13.2.A	Agencies must specify criteria, policies and procedures for utilization of food bank and food voucher services.	Agency has written policy and procedures on utilization of services.
13.2.B	Clients must be provided with a list of eligible and prohibited items.	Agency has written policy and procedures on informing clients about eligible and prohibited items.
13.3	<i>Food Bank Services</i>	
13.3.A	Agencies must have a mechanism in place to secure donations of food, groceries, and additional funding for the food bank.	Provider written policy and procedures on donation of food
13.3.B	Agencies must maintain appropriate permits, which may include Food Dealer's Permit, Occupancy Permit and Fire Marshall's Permit.	Copies of all permits must be posted on food bank premises
13.3.C	Agencies must have acknowledgement of food borne illness documentation.	Acknowledgement signed by client is kept on file.

Health Education/Risk Reduction

# 14	Standard	Measure
14.1	<i>Assessment and Content</i>	
14.1.A	Agencies will assure that educational materials and messages are relevant, and appropriate to age, language and culture.	Provider has sample copies of materials on file.
14.1.B	At the point of bi-annual eligibility verification the agency should conduct an assessment of client's health education needs, including but not limited to:	As documented in the client file.

	<ul style="list-style-type: none"> Ability to identify one's own sources of assistance and coverage and describe their interactions, such as between a private insurer and LA HAP; Self-efficacy in navigating tasks related to health coverage such as: identifying network providers, consulting a Summary of Benefits, filing a coverage determination appeal, etc. 	
14.2	<i>Documentation and Training</i>	
14.2.A	Attendance records must be kept for group and individual sessions.	Logs of group attendance are maintained at agency. Individual sessions are documented in case notes.
14.2.B	Provider(s) must demonstrate topic-specific knowledge which will be used to provide these services.	Training of providers is documented in employee file.
14.2.C	Providers must have a high school degree and two years of related experience.	Experience is documented in employee file.

Housing Services

# 15	Standard	Measure
15.1	<i>Training and Documentation</i>	
15.1.A	Provider(s) must demonstrate that employees authorized to provide Housing Assistance have extensive knowledge of local, State and Federal housing resources and know how clients can access these services.	Training of providers is documented in employee file.
15.1.B	<p>Payments may be made on behalf of self-declared PLWH with the approval of Case Management Supervisor, or agency CEO.</p> <p>Agencies must obtain all necessary documentation regarding HIV status within thirty (30) days of the first payment made on behalf of the individual.</p>	Documented in client's file by case notes and services.
15.1.C	Cash payments to clients are prohibited.	Documentation of the payment method, and payee, is kept in client file.
15.1.D	Copies of client's bills, and proof of payment must be submitted with	Documentation is submitted via Citrix with each invoice.

	invoice to SHP.	
15.1.E	All clients receiving Housing services must have a documented Housing Plan. This may be part of their current Care Plan if they have one.	As documented in CAREWare, and case notes.

Medical Transportation

# 16	Standard	Measure
16.1	<i>Licensure Requirements</i>	
16.1.A	<p>All service provider drivers must hold, and maintain as current, all appropriate licensing for operating the service provider's vehicle/fleet of vehicles in the State of Louisiana.</p> <p>All agency drivers (volunteer or staff) who are transporting clients must possess a valid and appropriate driver's license, & proof of liability insurance.</p>	<p>Documented in provider transportation policy.</p> <p>A copy of the current license & current insurance card must be included in the personnel record of the employee or volunteer providing this service.</p>
16.2	<i>Documentation</i>	
16.2.A	Service provider must maintain detailed records in legible form of mileage driven, name of individuals provided with transportation, origin, destination, and purpose for all trips provided.	Documented in provider transportation policy.
16.2.B	Provider's operation hours must accommodate transportation need to and from all appointments scheduled at primary medical and social service facilities within the region.	Documented in provider transportation policy.
16.2.C	Family members and significant others will be allowed to accompany persons with HIV according to HRSA guidelines and policy.	Documented in provider transportation policy.
16.2.D	Agency procedures shall include use of seatbelts/restraint systems as required by law, including use of child safety seats as applicable.	Documented in provider transportation policy.
16.2.E	Reimbursement for mileage shall not exceed the State reimbursement rate.	Documented in provider transportation policy.

Other Professional Services—Tax Preparation

# 17	Standard	Measure
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17.1	<i>Contractor Requirements</i>	
17.1.A	Contractor must be available to provide services to eligible clients through telephone contact, personal visits with the client in the appropriate setting, or in the offices of the agency or contractor.	Documented in agency agreement with contractor.
17.1.B	Individuals providing services must be appropriately licensed Enrolled Agents, Certified Public Accountants, or appropriately designated Supervised Preparers, and/or Non-1040 Preparers.	Documented in agency agreement with contractor. For additional information about the licensure of tax preparers see IRS Policy Notice 2011-6.
17.2	<i>Documentation Requirements</i>	
17.2.A	Contractors should keep a log of all activities on behalf of Ryan White Part B clients and submit it to the Agency as needed.	Agency maintains logs of activity.

Outreach Services

# 18	Standard	Measure
18.1	<i>Training Requirements</i>	
18.1.A	Agencies must demonstrate that employees hired to provide Outreach Services have adequate knowledge of local primary care sites and other supportive service agencies, and are able to appropriately assist eligible people with HIV in accessing these services.	Resumes, or applications must be kept on file.
18.2	<i>Documentation Requirements</i>	
18.2.A	Agencies must have adequate consent to follow up with clients to perform outreach services.	Documented in client file.
18.2.B	Client will be considered discharged upon successful referral to case management provider or primary care provider.	1. With client consent, documentation of client contact with case management or primary medical care. OR 2. Written note indicating that client expressly refused referral services. OR 3. At least 4 documented follow-up attempts in CAREWare.
18.2.C	Any client may utilize this service regardless of their eligibility for other	Documented in provider policies.

	services.	
18.2.D	Outreach activities may be conducted for up to 6 months after the client's eligibility has expired. After 6 months the case should be closed.	Documented in client file.

Psychosocial Support Services

# 19	Standard	Measure
19.1	<i>Training Requirements</i>	
19.1.A	Service Providers do not have to be mental health professionals to provide Psychosocial Support Services. If provider(s) are mental health professionals (including but not limited to social workers, counselors, psychiatrists, and psychologists) the provider(s) are required to be appropriately licensed or under the supervision of a licensed provider.	Proof of appropriate knowledge (i.e., resumes, curriculum vitae, and/or licensure) of provider(s) must be maintained by service provider agency.
19.1.B	Provider(s) must demonstrate topic-specific knowledge prior to providing any of the eligible services funded under this category	Proof of appropriate knowledge (i.e., resumes, curriculum vitae) of provider(s) must be maintained by service provider agency.
19.2	<i>Documentation Requirements</i>	
19.2.A	Logs must be maintained for all group and individual activates.	Separate group logs, and case note documentation must be maintained for all services rendered.

Referral Services

# 20	Standard	Measure
20.1	<i>Training Requirements</i>	
20.1.A	Agencies must demonstrate that employees hired to provide Outreach Services have adequate knowledge of local primary care sites and other supportive service agencies, and are able to appropriately assist eligible people with HIV in accessing these services.	Resumes, or applications must be kept on file.
20.2	<i>Documentation Requirements</i>	
20.2.A	Any client may utilize this service regardless of their eligibility for other services.	Documented in provider policies.
20.2.B	Referrals must be documented in the	All referrals are entered into CAREWare

	CAREWare Referral tab.	Referral tab.
20.2.C	Agencies must maintain a resource inventory that is updated at least annually.	Resource inventory is available at agency upon request by SHHP.
20.2.F	Agencies shall have a documented referral system in place.	Agency's written referral procedure.
20.2.G	Agencies must document outcomes of referrals in case notes within 90 days.	Documented in agency policies and case notes.

Respite Care Services

# 21	Standard	Measure
21.1	<i>Policies Required</i>	
21.1.A	Agencies must establish and provide each client with a copy of reimbursement policies related to Respite Care services.	Policies must be given to service provider at or before the time of service.
21.1.B	Checks for respite care services should be mailed from the agency directly to the individual or organization providing services. Cash or checks may not be given to clients.	Agencies must have policy and procedure on file.
21.2	<i>Documentation Required</i>	
21.2.A	Agency should include a care log, and self-addressed stamped envelope so that caregiver may send care log back upon completion.	Agencies must have policy and procedure on file.

Substance Use Outpatient Services

# 22	Standard	Measure
22.1	<i>Enrollment/Assessment/Reassessment</i>	
22.1.A	An appointment will occur within five (5) working days of a client's request for substance use services. In emergency circumstances, an appointment will occur within twenty-four (24) hours. If service cannot be provided within these time frames, the Agency will offer to refer the client to another organization that can provide the requested services in a timelier manner.	Client file contains documentation of each item listed above
22.1.B	A substance use treatment plan	Documented in client file.

	should be created within 30 days of first contact.	
22.1.C	Substance Use Service provider(s) must be fully licensed mental health professionals with the State of Louisiana. Counselors and social workers in the process of seeking full licensure must be supervised by a licensed therapist qualified by the State of Louisiana to provide clinical supervision.	Licenses, and resume or applications demonstrating relevant experience kept on file.
22.2	<i>Referral/Coordination</i>	
22.2.A	Service provider agencies shall maintain linkages with one or more inpatient facilities and be able to refer a client to an inpatient treatment program or emergency department, in collaboration with the client, case manager and primary care physician as appropriate.	Agencies must have documentation of a formal or informal agreement with inpatient agencies.
22.2.B	Providers must refer clients seeking substance use services to a primary care provider within the first 14 days of care.	Documentation in client's file, and in the CAREWare referral tab.
22.3	<i>Termination</i>	
22.3.A	Reasons for client termination <ul style="list-style-type: none"> • Client achieves goals outlined in treatment plan • Client is no longer eligible for Ryan White Part B or HOPWA services • Client has requested for services to be closed • Client has acted in a way that puts provider personnel in danger • Client cannot be contacted after repeated attempts over a 12-month period including the 6-month reassessment requirement • Client dies 	Documentation in client's file.

HOPWA Service Categories

All services funded to provide services through HOPWA must adhere to the Universal Service Standards outlined in this document

Permanent Housing Placement (PHP)

# 23	Standard	Measure
23.1	<i>Required Documentation</i>	
23.1.A	Providers must work with clients to develop a care plan that addresses the clients' housing needs, and that demonstrates a plan for the procurement of long-term housing.	Every client has a care plan created within the first 30 working days of service with a housing section completed.
23.1.B	All agencies must be able to assess funded units for their eligibility including: <ul style="list-style-type: none"> • Rent Reasonableness • Fair Market Rent • Lead Based Paint <ul style="list-style-type: none"> ◦ Brochure must be provided. • Habitability Standards • Proof of Ownership • Proof of working smoke detector 	Documentation is maintained in client file.
23.1.C	Copies of client's lease for all funded units must be submitted with the first invoice to SHP. If no lease is in place agencies should work with clients to put one in place.	Documentation is submitted via Citrix with first invoice.
23.2	<i>Required Policies</i>	
23.2.A	Provider shall demonstrate compliance with the HUD code of federal regulations 24 Part 574: Housing Opportunities for Persons with AIDS (HOPWA) (April 1, 2000)	Agency has policy on site.

Resource Identification

# 24	Standard	Measure
24.1	<i>Required Activities</i>	
24.1.A	Providers must work with clients to develop a care plan that addresses the clients' housing needs, and that demonstrates a plan for the procurement of long-term housing.	Every client has a care plan created within the first 30 working days of service with a housing section completed.
24.1.B	Provider shall ensure that activities	Activities are in line with and move

	conducted utilizing resource identification funds will complement activities conducted under the other HOPWA programs including TBRA, STRMU and PHP.	toward the goals set forth in Agency contract.
24.1.C	Provider(s) must demonstrate the capacity to expand housing resources in their service area (for all eligible clients living with HIV, not just clients of the service provider).	Activities are in line with and move toward the goals set forth in Agency contract.
24.1.D	Providers must develop and maintain a housing resource directory for the benefit of clients, staff, and collaborative agencies.	Activities are in line with and move toward the goals set forth in Agency contract.
24.2	<i>Documentation and Policy Requirements</i>	
24.2.A	Provider shall demonstrate compliance with the HUD code of federal regulations 24 Part 574: Housing Opportunities for Persons with AIDS (HOPWA) (April 1, 2000).	Agency has policy on site.
24.2.B	Staff funded through Resource Identification will be required to submit monthly documentation on their activities.	Monthly report submitted to SHHP Support Services Monitor on the last Friday of each month.

Short-Term Rent, Mortgage, and Utility Assistance (STRMU)

# 25	Standard	Measure
25.1	<i>Required Activities and Documentation</i>	
25.1.A	Providers must work with clients to develop a care plan that addresses the clients' housing needs, and that demonstrates a plan for the procurement of long-term housing.	Every client has a care plan created within the first 30 working days of service with a housing section completed.
25.1.B	Client eligibility is to be re-certified, at a minimum, on the anniversary of the client's 52 week eligibility period. The minimum time frame for determining client income shall be no more than the previous twelve months, but no less than the previous three months.	Agency has a policy in place.
25.1.C	Organizations must use the SHHP approved method to calculate the 21 weeks of eligible services.	SHHP documents are completed and kept in client files.
25.1.D	Copies of client's bills, and proof of payment must be submitted with invoice to SHP.	Documentation is submitted via Citrix with each invoice.
25.2	<i>Unit Requirements</i>	
25.2.A	Units must have a functioning smoke detector.	Client self-attestation documented in case notes.

25.2.B	In housing built before 1978, and housing a family with children under the age of six or pregnant women require a visual inspection or landlord verification of lead based paint.	Visual inspection or landlord verification documentation is available on file.
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Tenant Based Rental Assistance

# 26	Standard	Measure
26.1	<i>Documentation and Program Requirements</i>	
26.1.A	Providers must work with clients to develop a care plan that addresses the clients' housing needs, and that demonstrates a plan for the procurement of long-term housing.	Every client has a care plan created within the first 30 working days of service with a housing section completed.
26.1.B	Documentation of Rent Payment Calculations must be kept on file.	TBRA Rent Worksheet and additional documentation as necessary is maintained in client file.
26.1.C	Copies of client's lease must be submitted with the first invoice to SHP.	Documentation is submitted via Citrix with first invoice.
26.1.D	Provider shall demonstrate compliance with the HUD code of federal regulations 24 Part 574: Housing Opportunities for Persons with AIDS (HOPWA) (April 1, 2000).	Agency has policy on site.
26.1.E	Tenants should be reassessed for their appropriateness for the TBRA program annually. The current limit for TBRA housing in 2 years. After a client has reached 2 years on the program a waiver may be submitted for an additional two years. This waiver must include the updated care plan with any actions needed to move the client into long-term housing.	Assessments, waivers and care plans are on file.
26.2	<i>Housing Unit Requirements</i>	
26.2.A	TBRA funded units must be assessed for their eligibility including: <ul style="list-style-type: none"> • Rent Reasonableness • Fair Market Rent • Lead Based Paint <ul style="list-style-type: none"> ○ Brochure must be provided. • Habitability Standards • Proof of Ownership • Proof of smoke detector 	Documentation is maintained in client file.

26.2.B	In housing built before 1978, and housing a family with children under the age of six or pregnant women require a visual inspection or landlord verification of lead based paint.	Visual inspection or landlord verification documentation is available on file.
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