

Universal Organization and Service Standards

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

2018

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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/AIDS.

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

Universal Service Standards

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.

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.
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	<p>Residency: Clients should reside in service area covered by agency.</p> <p>Clients do not have to be a permanent resident of the United States to receive services.</p> <p>Clients may receive services at an agency outside of the service area of their residence.</p>	<p>Client's file includes Louisiana Driver's License, utility bill, voter registration, Social Security Statement.</p> <p>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.</p>
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 6 months.	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.	"First Contact" documentation completed by each agency.
1.4.B	Each prospective client who is scheduled for an Intake appointment will be informed orally of the date and time of the Intake appointment and what documents should be brought to the appointment.	"First Contact" documentation completed by 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.
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. Providers will be given monthly missing data reports by SHP staff.	Monthly missing data reports are addressed by the last business day of the following month.

Quality Improvement & Assurance

2	Standard	Measure
2.1	Agencies must participate in one QI project per year that addresses improvement in service quality and delivery.	Agency has a Quality Management plan updated biannually and approved by SHP Quality Management Staff.

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 or applications 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 a human services related field, or have 3 years case management experience with 10 continuing education hours in leadership and administrative training.	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 must be available.
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 Abuse 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 state monitor.	Licenses kept on file.
3.1.H	Performance evaluations must be conducted annually for all staff members.	Evaluations are kept on file and available to LDH.
3.2	<i>Training Requirements</i>	

<p>3.2.A</p>	<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"> • Service Provider policies and procedures • Information Security and Confidentiality • Documentation in case records • Client rights and responsibilities • Abuse and neglect reporting procedures • Recognizing and defining abuse and neglect • Emergency and safety procedures • Data management and record keeping • Infection control and universal precautions • Working with persons living with HIV • Professional ethics 	<p>Certificates of completion kept in personnel files. Curricula should be available to LDH upon request.</p>
	<p>All new employees must receive an additional training during the first ninety 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 • Support and service planning for people with complex medical and social service needs • Resource identification and access • Interviewing and interpersonal skills • Communication skills 	<p>Certificates of completion kept in personnel files. Curricula should be available to LDH upon request.</p>

	<ul style="list-style-type: none"> Cultural awareness 	
3.2.B	All case managers must complete 20 hours of continuing education each calendar year.	Certificates of completion kept in personnel files, and available to submit annually with auditing requirements.
3.3	<i>Case Loads</i>	
3.3.A	Non-Medical Case Management caseloads should not exceed forty (40) non-medical case managed clients per full-time case manager.	Caseloads should be regularly audited by supervisors to ensure compliance. Caseloads shall be available to LDH.
3.3.B	Medical Case Management caseloads should not exceed thirty (30) non-medical case managed clients per full-time case manager.	Caseloads should be regularly audited by supervisors to ensure compliance. Caseloads shall be available to LDH.
3.4	<i>Subcontracting</i>	
3.4.A	All subcontractors shall adhere to all local, state and federal regulations within their field of service delivery.	Documentation on site at Part B funded agency.
3.4.B	The Ryan White Part B funded agency must keep documentation from any subcontractor on file, including: current contracts, current professional licenses, and current board certifications.	Documentation on site at Part B funded agency.
3.4.C	HIV training opportunities will be made known to non-HIV-specific subcontractors	Documentation of communication with subcontractor about training opportunities

<i>Access to Care</i>		
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

<p>4.1.B</p>	<p>Efforts to inform low income individuals of availability of services should be ongoing.</p>	<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
<p>4.1.C</p>	<p>It is then the service provider's responsibility to refer the client to a service provider with the appropriate language capacity. If no such service provider exists, interpreter services will be provided at no cost to the client.</p>	<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>
<p>4.1.D</p>	<p>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>	<p>Provider maintains a list of interpreters and/or translators. There is documentation of staff training to explain information in plain language and with cultural sensitivity.</p>
<p>4.2</p>	<p><i>Access to Services</i></p>	
<p>4.2.A</p>	<p>Services must be provided regardless of an individual's ability to pay for the service or previous health condition.</p>	<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. • 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 for referral.
<p>4.2.B</p>	<p>Providers must be accessible to low income individuals with HIV</p>	<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
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Ethics

5	Standard	Measure
5.1	<i>Required Policies</i>	
5.1.A	All providers must have an Employee Code of Ethics including <ul style="list-style-type: none"> • Conflict of Interest • Fair dealing – engaged in fair and open competition • 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 • Confidentiality 	Agency has a statement or policy onsite.
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 or policy onsite. All releases are updated annually.
	All services provided will serve the best interests of the client/consumer 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.C	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.D	All providers must have a discrimination policy and a procedure for discrimination complaints.	Agency has a statement or policy onsite.
5.1.E	All providers shall maintain a grievance procedure, which provides for the objective review of client grievances and alleged violations of universal and service standards. Clients will be routinely informed about and assisted in utilizing this procedure and shall not be discriminated against for so doing.	Agency has a statement or policy onsite.
5.1.F	Agency will maintain a written policy, personnel procedures, and standard assessment that address stress and burnout.	Agency has policy and procedure on file.
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 violations.	Copies of valid license shall be kept on file. If a board violation occurs, the agency must disclose it to OPH within 60 days.

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.
6.1.B	HOPWA funded agencies shall adhere to regulations set forth in 24 CFR Part 5 Subsection L which 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 on site.
6.2.B	A written "Suicidal Ideation Protocol" is required for every agency.	A copy of this written protocol must be available upon request by the Louisiana Department of Health and Hospitals, STD/HIV Program.

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 eligibility, depression, anxiety, substance use and housing needs.	Digital or physical copies of screenings are kept in client files.
7.1.C	Initial Assessment Within five (5) working days of first contact, a comprehensive assessment of needs shall be completed to evaluate the client's needs, including, but not limited to the following: <ul style="list-style-type: none"> • Medical history, current health/primary care status, all current prescriptions, as well as: <ul style="list-style-type: none"> ○ treatment adherence/disease progression, ○ nutrition health, ○ oral health, 	Documentation in client's file.

	<ul style="list-style-type: none"> ○ liver health (Hepatitis in general and Hepatitis C in particular) and ○ HIV transmission risk reduction • 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 	
7.1.D	At a minimum, Medical Case Management intervention activities must include assessment, education and counseling on: (a) treatment adherence/disease progression, (b) nutrition health, (c) oral health, (d) liver health (Hepatitis in general and Hepatitis C in particular) and (e) HIV transmission risk reduction including PreP Access and U=U Education.	Documentation in the progress notes.
7.1.E	A full intake and eligibility assessment should be completed within 10 working days of the first assessment.	Documented in client's file.
7.1.F	<p>If the Intake completion is delayed because of missing documents, during the 30 day calendar period, the client must be notified at least 3 times about what documents are missing.</p> <p>The final notification must be in writing and include information that the client's file will be closed if the</p>	Client file progress notes and a copy of the final written notification (if applicable.)

	missing documentation is not produced.	
7.1.G	Contact with client should be attempted every 30-60 days depending on level of need.	Documented in client's file.
7.1.H	A Care Plan, including a housing plan, based on client's goals is created within the first 30 days of services.	Digital or physical copies of screenings are kept in client files.
7.1.I	Face-to-face contact will be made and repeated at least quarterly.	Documented in client's file.
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.
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.
7.3	<i>Termination</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 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 	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 HIV agency will make and document a minimum of 3 phone follow-up attempts within a one-month period after the end of the client's re-screening month for clients who do not respond to a request to re-screen.	Documentation of attempted follow-up in progress notes.
7.3.D	All clients who have been inactivated due to "lost to follow-up" must be referred to the Louisiana Links program within four (4) business days after the final attempt.	Documented in client's file.

Non-Medical Case Management Services

8	Standard	Measure
8.1	<i>Enrollment/Assessment/Reassessment</i>	
8.1.A	Every active client must have their Care Plan updated every 6 months.	Completed and current (within the past 6 months) Service Plan in the client file.
8.1.B	<p>Within five (5) working days of first contact, a comprehensive assessment of needs 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, 	Documentation in client's file.

	<p>public benefits, and other resources.</p> <ul style="list-style-type: none"> • Availability of food, shelter, and transportation • Need for legal assistance 	
8.1.C	If the Intake completion is delayed because of missing documents, during the 30 day calendar period, someone must notify the client at least 3 times about what documents are missing. 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.	Client file progress notes and a copy of the final written notification (if applicable.)
8.1.D	Case managers will conduct assessments every 6 months including but not limited to: program eligibility, depression, anxiety, substance use and housing needs.	Digital or physical copies of screenings are kept in client files. All contacts and attempted contacts must be documented along with outcome of contact.
8.1.E	Care Plan based on client's goals, including a housing plan, is created within the first 30 working days of services.	Digital or physical copies of screenings are kept in client files.
8.1.F	Every active client will have their Care Plan updated every 6 months.	Completed and current (within the past 6 months) Care Plan in the client file.
8.1.G	If client presents with increased need, a reassessment should occur and client should be referred into Medical Case Management or increased frequency of contact with Non-Medical Case Management.	Documented in the program's policy.
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.
8.3	<i>Termination</i>	
8.3.A	Reasons for client termination: <ul style="list-style-type: none"> • Client has achieved goals in care plan and is moved into self-management 	Documented in client's file.

	<ul style="list-style-type: none"> • Client is no longer eligible for Ryan White Part B 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 	
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 progress notes that include required elements from standards.
8.3.C	In the case of clients who are "lost to follow-up", the HIV agency will make and document a minimum of 3 phone follow-up attempts within a one-month period after the end of the client's re-screening month for clients who do not respond to a request to re-screen.	Documentation of attempted follow-up in progress notes.
8.3.D	All clients who have been inactivated due to "lost to follow-up" must be referred to the Louisiana Links program within four (4) business days after the final attempt.	Documented in client's file.

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>	Documentation in client's file.

	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.	
9.1.B	Provider(s) must arrange for twenty-four (24) hour crisis response by a licensed professional for active clients who may experience emotional emergencies.	Agency written protocol for crisis intervention, and has 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, progress notes and discharge summary.	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. If the agency is using an outside contractor, notes do not have to be available.

Oral Health Care

# 10	Standard	Measure
10.1	<i>Training and Licenses</i>	
10.1.A	Referrals shall be made only to provider(s) who can demonstrate that they will adhere to clinical standards of care accepted for the dental treatment of HIV-infected individuals and perform oral health care techniques approved by the American Dental Association.	Personnel files/resumes/applications for employment reflect requisite experience/education. Standards of care should be given to provider in any formal agreement created.
10.1.B	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	Providers should have a copy of the treatment plan available upon request.

	treatment exceeds regularly scheduled cleanings.	
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.

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 child care providers.	Agencies must have policy and procedure on file.
11.1.C	Any staff or volunteers identified by agency for onsite child care must be thoroughly screened including reference checks, background checks, & fingerprinting prior to beginning work and should be maintained in the client file.	Agencies must have policy on file.
11.1.D	Check for child care services should be mailed from the agency to individual providing childcare services.	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.

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	<p>All completed requests for assistance shall be approved or denied as soon as possible but at least within two (2) business days.</p> <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.
12.2.B	Client must be properly screened for other available assistance programs and is ineligible, requires additional assistance, or there are no other resources.	Case notes documenting need and attempts at locating other available resources signed by Case Manager.
12.2.C	One payment in each sub-category of this definition may be made on behalf of self-declared HIV-infected individuals. Agency must obtain all necessary documentation regarding HIV status within thirty (30) days of the first payment made on behalf of the individual. One payment may be made for a self-declaration of an emergency with the approval of Case Management Supervisor, or agency CEO.	Copy of check or credit card statement in file except for medications services (which would be documented on a monthly pharmacy invoice).

Food Bank and Food Voucher

# 13	Standard	Measure
13.1	<i>General Requirements</i>	
13.1.A	<p>Clients must be properly screened for other available food assistance programs, such as Louisiana Supplemental Nutrition Assistance Program (SNAP) and WIC. New</p>	<p>Copies of annual application should be on file with agency.</p>

	applications should be submitted annually	
13.1.B	Agencies must have in place a mechanism to ensure that food vouchers are not used on ineligible items.	Provider 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.	Provider has written policy and procedures on utilization of services.
13.2.B	Food vouchers should not exceed \$100 per month per client without approval from the Case Management Supervisor.	Provider has written policy and procedures on utilization of services.
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	Agency 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.; • Ability to recall, interpret and follow guidance provided by a medical provider 	
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.

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	Provider(s) must demonstrate that these short-term emergency housing dollars are linked to medical services or are certified as essential to a client's ability to gain	Documented in client file.

	or maintain access to HIV-related medical care or treatment.	
15.1.C	<p>If necessary, one payment may be made on behalf of self-declared HIV-infected individuals before documentation of status is obtained.</p> <p>Agency 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 file.
15.1.D	Cash payments to clients are prohibited.	Documentation of the payment method, and payee, is kept in client file.

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	Non-HIV infected 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

# 17	Standard	Measure
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 monthly.	Agency maintains monthly 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 agencies that provide supportive services, 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 services.	Documented in provider policies.

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	Proof of appropriate knowledge (i.e., resumes, curriculum vitae, and/or licensure) of provider(s) must be maintained by service provider agency.

	licensed or under the supervision of a licensed provider.	
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, or case note documentation for all services rendered.

Substance Use Outpatient Services

# 20	Standard	Measure
20.1	<i>Training Requirements</i>	
20.1.A	Service provider must specify employees eligible to provide services through the Referral for Health Care/Supportive Services category.	Service is included in job descriptions to make referrals on behalf of clients.
20.1.B	Service provider must demonstrate that employees authorized to provide Referrals have topic-specific knowledge regarding referral categories. May be provided routinely or on an emergency basis	Proof of appropriate knowledge (i.e., resumes, curriculum vitae) of provider(s) must be maintained by service provider agency.
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 CAREWare Referral tab.	All referrals are entered into CAREWare Referral tab.
20.2.C	Agencies must maintain a resource inventory that is updated at least twice a year.	Resource inventory is available at agency upon request by LDH.

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	Check for respite care services should be mailed from the agency to individual providing services.	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.

# 22	Standard	Measure
22.1	<i>Enrollment/Assessment/Reassessment</i>	
22.1.A	<p>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.</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>	Client file contains documentation of each item listed above
22.1.B	A substance use treatment plan should be created within 30 days of first contact.	Documented in client file.
22.1.C	<p>Substance Use Service provider(s) must be fully licensed mental health professionals with the State of Louisiana.</p> <p>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.</p>	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 mentioned care providers.
22.2.B	Service providers must link 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	<p>Reasons for client termination</p> <ul style="list-style-type: none"> • Client achieves goals outlined in treatment plan • Client is no longer eligible for Ryan White Part B 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	PHP funded units must be assessed for their eligibility including: <ul style="list-style-type: none"> Rent Reasonableness Fair Market Rent Lead Based Paint Habitability Standards Proof of Ownership Proof of working smoke detector 	Documentation is maintained in client file.
23.1.C	Copies of client's lease must be submitted with the first invoice to SHP.	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 conducted utilizing resource identification funds will complement activities conducted under the other HOPWA programs including TBRA, STRMU and PHP.	Activities are in line with and move 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 STD/HIV program 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	Agency has a policy in place.

	no more than the previous twelve months, but no less than the previous three months.	
25.1.C	Organizations must have in place a policy describing how they intend to calculate the weeks of service within the 52 week eligibility period.	Agency has a policy in place.
25.1.D	Copies of client's bill, 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.	Visual inspection or landlord verification documentation is available on file.

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.
26.2	<i>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• Habitability Standards• Proof of Ownership• Proof of smoke detector	Documentation is maintained in client file.
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