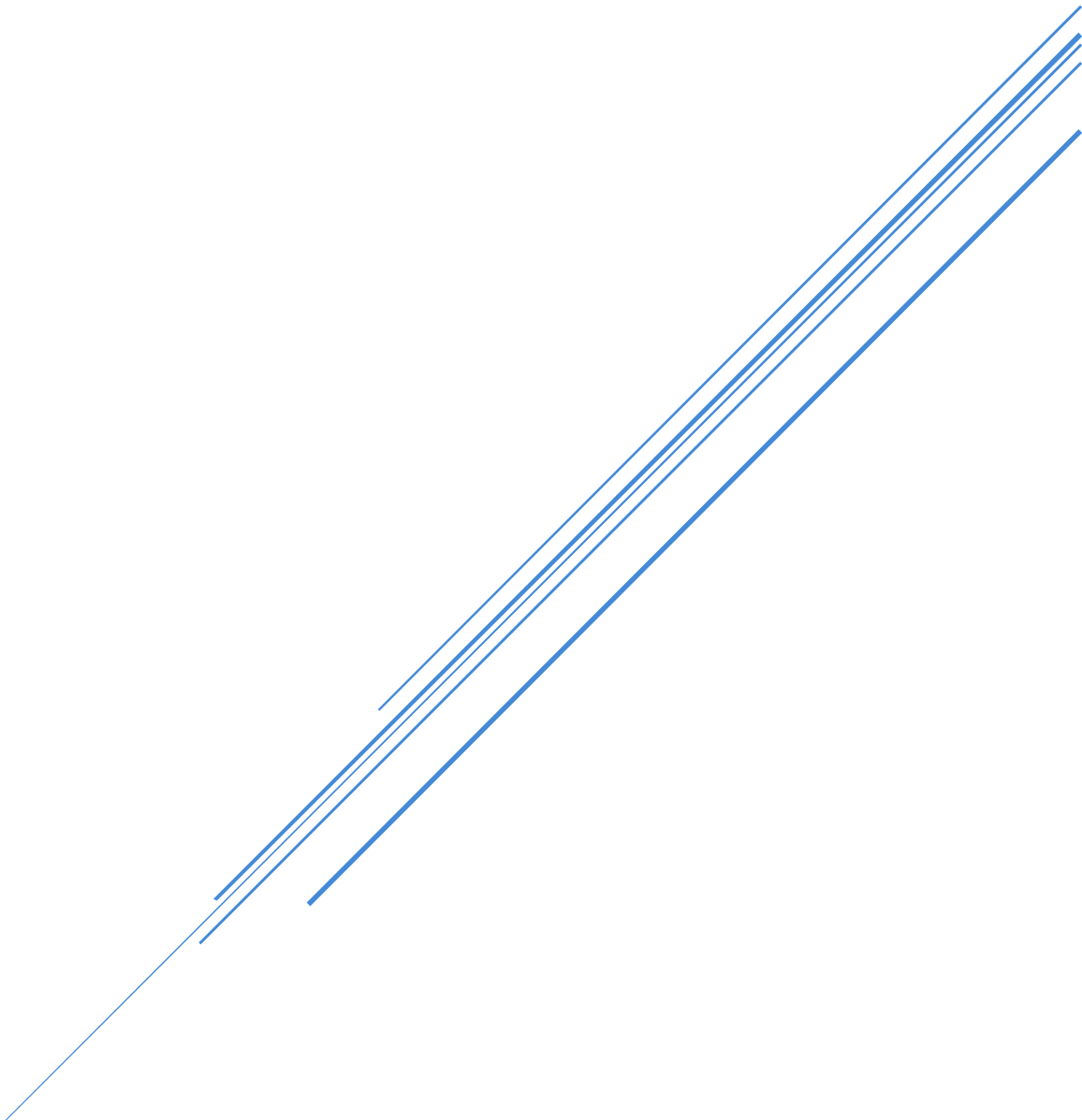


ATLANTA EMA STANDARDS OF CARE

FY2022-FY2024



Prepared by

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The Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) provides funding for Ryan White Part A Services in the Atlanta EMA and Ending the HIV Epidemic (EHE) initiatives in Cobb, DeKalb, Fulton, and Gwinnett Counties. The contents of this manual were developed to ensure compliance with the programmatic requirements of the RWHAP Part A program, and EHE funding and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government.

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PURPOSE

The purpose of this document is to guide the delivery and implementation of HIV Care services in the Atlanta Eligible Metropolitan Area (EMA). These standards and measures aim to ensure that uniformity of service exists in the Atlanta EMA such that the consumers of a service receive the same quality of service regardless of where the service is provided. This document provides an overview of the universal service standards each funded agency (subrecipient) must meet in addition to standards by funded service category. The standards of care are the minimum requirements that the subrecipient are expected to meet when providing HIV services funded by the Department for HIV Elimination (Recipient). In addition to being adherent to these service standards, subrecipients must also adhere to Health Resources and Services Administration (HRSA), HIV/AIDS Bureau's (HAB) National Monitoring Standards and the current Atlanta EMA Part A Policies and Procedures Manual. Subrecipients may exceed these standards. Standards are monitored by programmatic, fiscal, and quality management Recipient staff through site visits, chart reviews, and program monitoring activities.

This is a living document and may change based on HRSA/HAB requirements, the needs of people living with HIV/AIDS in the Atlanta EMA, and the services offered by providers.

How to Use this Document

The Atlanta EMA Standards establishes the minimum standards intended to help agencies meet the needs of their clients. Subrecipients must follow these standards when implementing a specific service category. Adherence to these standards ensures quality services are consistent and can be evaluated uniformly. When accessing the standards electronically, use your mouse to left click on the part or section you would like to access from the table of contents, and you will be quickly linked to the corresponding page.

APPLICATION OF STANDARDS

These standards apply to all agencies that are funded to provide core medical and/or support services by the Department for HIV Elimination to include but not limited to the following funding streams:

- Ryan White Part A
- Ending the HIV Epidemic

If a subrecipient is unable to meet a particular standard, the subrecipient must provide documentation to the Recipient's office to explain why the standard was unable to be met and the corrective action.

STANDARDS DEVELOPMENT PROCESS

The standards were developed based on the HRSA Part A National Program Monitoring Standards and HRSA Policy Clarification Notice, 16-02 Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds. In addition, the Quality Management (QM) staff coordinates with the QM Committee of the Metropolitan Atlanta HIV Health Services Planning Council (Planning Council) and select taskforces to review the latest service

guidelines, conduct research on quality management standards, and to review existing standards from other Ryan White jurisdictions.

ACKNOWLEDGEMENTS

Fulton County would like to thank all the Ryan White recipients who collaborated with the Atlanta EMA on this project, as well as the members of the various task forces and committees who gave generously of their time to provide valuable input to the development of these quality management standards and measures.

UNIVERSAL STANDARDS

The Planning Council and the Recipient developed the Standards of Care for HIV/AIDS Services for each service category as well as universal standards. All Ending the HIV Epidemic (EHE), Part A and Minority AIDS Initiative (MAI) funded programs are expected to comply with these standards. Through site visits and program monitoring, the Department for HIV Elimination will monitor each program’s adherence to the Standards of Care. The universal standards are based on:

- HRSA Universal National Monitoring Standards
- Atlanta EMA Part A Manual

SUBRECIPIENT POLICIES AND PROCEDURES

Subrecipients must have policies and procedures in place to ensure the safety and confidentiality of clients. Subrecipient must provide access to appropriate and applicable files, policy manuals, or records, as requested by the recipient to ensure compliance. Subrecipients must have the following in place:

Standard	Measure
<p>A. Subrecipient must have policies and procedures in place that address confidentiality (HIPAA), grievance procedures, and supervision requirements per federal and state law and local regulations.</p>	<ul style="list-style-type: none"> • Policy and procedure manual • Grievance procedure posted in visible location • HIPAA and Grievance Procedure must be uploaded into e2Fulton annually
<p>B. Subrecipient has eligibility requirements for services in written form. This is inclusive of:</p> <ul style="list-style-type: none"> ✓ Clients’ rights and responsibilities ✓ PHI/confidentiality ✓ Eligibility for services ✓ Universal client consent ✓ Data sharing agreements ✓ Business Associate Agreement 	<ul style="list-style-type: none"> • Policy on file • HIPAA , Clients’ rights and responsibilities, and Universal client consent must be uploaded into e2Fulton annually

<p>C. Subrecipient is licensed and/or accredited by the appropriate city/county/state/federal subrecipient.</p>	<ul style="list-style-type: none"> ● Current licensure on file from appropriate city/county/state/federal agency
<p>D. Subrecipient has written policies and procedures in place that protect the physical safety and well-being of staff and clients. This is inclusive of:</p> <ul style="list-style-type: none"> ● Physical subrecipient safety <ul style="list-style-type: none"> ● Meets fire safety requirements ● Complies with Americans with Disabilities Act (ADA) ● Is clean, comfortable and free from hazards ● Complies with Occupational Safety and Health Administration (OSHA) infection control practices ● Follows recommendations of Centers for Disease Control and Prevention (CDC) guidelines and National Institutes of Health (NIH) guidelines during pandemics and outbreaks ● Maintains and updates an emergency preparedness plan ● Crisis management and psychiatric emergencies <ul style="list-style-type: none"> ● How to assess emergent/urgent vs. routine need ● Verbal intervention ● Non-violent physical intervention ● Emergency medical contact information ● Incident reporting ● Voluntary and involuntary inpatient admission ● Trauma informed care ✓ Refusal and/or termination of services ● Personnel <ul style="list-style-type: none"> ● Roles and responsibilities of staff, including supervision responsibilities and caseload or staff/client ratio ● Client/Parent/Guardian Rights and Responsibilities ● Health Record Storage and Maintenance 	<ul style="list-style-type: none"> ● Policy on file ● Program Monitoring/Site Visit

<ul style="list-style-type: none"> ● Complies with Department of Health and Human Services (DHHS), Office of Civil Rights HIPAA requirements ✓ Business Association Agreements on file 	
E. Subrecipient has private, confidential office space for seeing clients (e.g., no half-walls or cubicles, all rooms must have doors).	● Program Review/Site Visit
F. Subrecipient will have all inactivated client records in a confidential locked location for a three-year period or as stipulated by law.	● Site Visit/Program Monitoring

GRIEVANCE PROCEDURES

Per the Fulton County contractual agreement, subrecipients agree to have in place a grievance process by which client complaints against the agency with respect to funded services might be addressed. A copy of the subrecipient’s grievance process must be submitted with the first request for reimbursement. Subrecipient will provide a summary of any complaint filed under this process as well as the status and final disposition of any such complaint.

Subrecipient agrees to provide notification of its Grievance Procedures to all clients and such provision of information shall be documented within the files of the subrecipient.

Standard	Measure
A. Grievance policy exists.	<ul style="list-style-type: none"> ● Policy on file ● Grievance Policy must be uploaded into e2Fulton
B. Client will be informed of the grievance policy at first contact.	<ul style="list-style-type: none"> ● Client record ● Documentation in client chart initialed or signed by client (may include electronic signature) ● Grievance Policy must be uploaded into e2Fulton

CLIENT’S RIGHTS AND RESPONSIBILITIES

Subrecipient are required to provide notification of the agency’s Clients Rights and Responsibilities to all clients rendered services. Client files shall include an affirmation signed by the client indicating receipt of information. Client Rights and Responsibilities shall include at a minimum:

- ✓ Fulton County Non-Discrimination Policy
- ✓ Title VI Non-Discrimination Statement
- ✓ Confidentiality statement and/or HIPAA protections
- ✓ Client Referral information
- ✓ Language assistance services
- ✓ Participation in service planning

- ✓ Subrecipient rules and regulations
- ✓ Provision of services regardless of ability to pay

Standard	Measure
A. Client confidentiality policy exists for all service settings.	<ul style="list-style-type: none"> • Policy on file • HIPAA policy must be uploaded into e2Fulton
B. A current (in the last 12 months) release of Protected Health Information (PHI) exists for each specific request for information and each request is signed by the client.	<ul style="list-style-type: none"> • Client record • Initialed or signed Client Rights and Responsibilities document must be uploaded into e2Fulton annually
C. The subrecipient has a formal policy as governed by Georgia law for clients who may be incapable of making their own treatment or care decisions.	<ul style="list-style-type: none"> • Policy on file • Legal/medical consultation policy
D. Client will be informed of the client confidentiality policy, their rights and responsibilities and their eligibility for services at first face to face contact.	<ul style="list-style-type: none"> • Client record • Documentation in client chart initialed or signed by client (may include electronic signature) • The initialed or signed documentation must be uploaded into e2Fulton

PROGRAM STAFF

Subrecipient must have sufficient staffing to support program activities. Staff should be qualified, knowledgeable, and licensed (when required) to provide quality services. Subrecipient must be knowledgeable of all policies and procedures related to funding and services. Subrecipient must maintain documentation that all staff involved in eligibility determination have been provided annual training in eligibility requirements.

Subrecipient must ensure that staff are trained on the use of people first language. Subrecipient must ensure that staff receive the following trainings at least 6 hours annually:

- ✓ Customer service training
- ✓ Cultural humility training
- ✓ Trauma-informed care training

Standard	Measure
A. Staff is trained and knowledgeable about HIV/AIDS and available resources.	<ul style="list-style-type: none"> ● Personnel Records
B. Staff have appropriate skills, relevant experience, cultural and linguistic competency and relevant licensure to provide services to persons living with HIV/AIDS.	<ul style="list-style-type: none"> ● Staff résumés in personnel files ● Certifications and Licensures in file ● Training records in personnel file
C. Subrecipient staff will have a clear understanding of their job description and responsibilities as well as agency policies and procedures including billing and collection policies.	<ul style="list-style-type: none"> ● Personnel records ● Written job description that includes roles and responsibilities, and a statement of having been informed of subrecipient policies and procedures in file signed by staff and supervisor
D. Subrecipient staff administering screening questions must have completed training for using the Atlanta EMA screening tool (see page 14).	<ul style="list-style-type: none"> ● Training records

ACCESS TO SERVICES

Standard	Measure
<p>A. Subrecipient is accessible to desired target populations. Accessibility includes:</p> <ul style="list-style-type: none"> ✓ Proximity to community impacted by HIV ✓ Proximity to mass transit ✓ Proximity to low-income individuals ✓ Proximity to underinsured/uninsured individuals 	<ul style="list-style-type: none"> ● Site visit/Program Monitoring ● Subrecipient client data report consistent with funding requirements
B. Subrecipient is compliant with ADA requirements for non-discriminatory policies and practices and for the provision of reasonable accommodations to address communication (e.g., sign language interpreter).	<ul style="list-style-type: none"> ● Policy on file
C. Subrecipient demonstrates the ability to provide culturally and linguistically appropriate care according to the Atlanta EMA standards for desired target population (Title VI signage, I speak cards, language line, etc.).	<ul style="list-style-type: none"> ● Personnel and training records ● Program Review/Site Visit ● Client satisfaction survey

	<ul style="list-style-type: none"> • Subrecipient client data report consistent with funding requirements
D. Subrecipient demonstrates input from clients in service design and delivery.	<ul style="list-style-type: none"> • Client satisfaction survey • Existence of functioning Consumer Advisory Board (CAB); agencies may ask for client input from the Consumer Caucus or other agencies' CABs
E. Subrecipient is accessible using HIPAA-compliant applications to provide telehealth/care services with service-specific features and security.	<ul style="list-style-type: none"> • Policy on file • Personnel and training records • Program review

ELIGIBILITY DETERMINATION AND SCREENING PPPN-001

The Department for HIV Elimination requires that individuals receiving HIV care and treatment services must have a diagnosis of HIV, with the exception for food – which can be provided for other members of the household and childcare where the caregiver is a PLWH. Additionally, funds may not be used for any item or service “for which payment has been made or can reasonably be expected to be made” by another payment source. Subrecipients must have a process in place to determine and document a client’s eligibility for either a Part A or EHE funded service.

The following are the requirements that must be met for all clients seeking services under Part A:

1. Documentation of the eligible individual having HIV.
2. Proof that the individual resides in one of the 20 counties of the Atlanta Eligible Metropolitan Area. These counties are – Barrow, Bartow, Carroll, Cherokee, Clayton, Cobb, Coweta, DeKalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Henry, Newton, Paulding, Pickens, Rockdale, Spalding and Walton.
3. Must have an income ≤ 400% of the most current Federal Poverty Level
4. Must have no other payer source for services provided through RWHAP.

The following are the requirements that must be met for all clients seeking services under EHE:

1. Proof of HIV status.
2. Proof of services received within the EHE jurisdiction.
3. Proof of payor of last resort.

Additional information regarding the Eligibility Determination and Screening can be found in FCRW [PPPN-001 Client Eligibility](#). **RWHAP recipients and subrecipients should NOT**

disenroll clients until a formal confirmation has been made that the client is no longer eligible for Ryan White services (see HRSA PCN 21-02).

RYAN WHITE HIV/AIDS PROGRAM PART A

The Department for HIV Elimination will monitor procedures to ensure that all Part A subrecipients verify and document client eligibility and insurance status. Subrecipients must adhere to the following standards:

Standard	Measure
<p>A. Subrecipient determines client eligibility for Part A services. Client eligibility will be reassessed every 12 months. The process to determine client eligibility must be completed in a time frame so that treatment and screening is not delayed. Eligibility assessment must include at a minimum:</p> <ul style="list-style-type: none"> ✓ Proof of HIV status ✓ Proof of income not greater than 400% of Federal Poverty Level ✓ Proof of residency within the Atlanta EMA ✓ Proof of payor of last resort ✓ Proof of active participation in primary care or documentation of the client’s plan to access primary care <ul style="list-style-type: none"> • At least 1 visit with a primary care provider every 6 months • For affected children < 4, at least 1 primary care visit within 12 months. 	<ul style="list-style-type: none"> • Client record • Policy on file • Subrecipient client data report consistent with funding requirements • Self-attestation form • Documents must be uploaded into e2Fulton annually.
<p>B. New and re-enrolling clients will be screened for case management, mental health, substance abuse and legal needs using the standardized Atlanta EMA screening tool per screening protocol during a face-to-face contact from appropriate program staff immediately following eligibility determination. All clients will be rescreened annually to address any new client needs.</p>	<ul style="list-style-type: none"> • Client record with Atlanta EMA Screening tool • EMA Screening tool must be uploaded into e2Fulton • Client data entered consistent with funding requirements in e2Fulton • Client record - if client disagrees with the screening disposition, the client record must include signature of client noting this and the scheduled appointment time with the identified subrecipient grievance staff person

<p>C. Clients are informed of the client confidentiality policy and grievance policy at first face to face contact.</p>	<ul style="list-style-type: none"> ● Client record ● Confidentiality and Grievance Policy must be uploaded into e2Fulton ● Client satisfaction survey
<p>D. Client is informed of services available and what a client can expect if s/he enrolls in services, including methods and scope of service delivery. Clients will also be informed of the documentation requirements for services.</p>	<ul style="list-style-type: none"> ● Client record ● Client satisfaction survey
<p>E. Staff will provide client with referral information to other services, as appropriate.</p>	<ul style="list-style-type: none"> ● Policy on file
<p>F. Subrecipient staff acts as a liaison between the client and other service providers to support coordination and delivery of high-quality care. For those clients not in Outpatient/Ambulatory Health Services, subrecipient staff must note progress towards linking the client into Outpatient/Ambulatory Health Services.</p>	<ul style="list-style-type: none"> ● Client record – documentation of with whom staff are communicating and progress to linking client to primary care if appropriate ● Subrecipient client data report consistent with funding requirements ● Policy on file
<p>G. Subrecipient has eligibility requirements for services in written form. This is inclusive of:</p> <ul style="list-style-type: none"> ✓ Clients’ rights and responsibilities ✓ PHI/confidentiality ✓ Grievance ✓ Eligibility for services 	<ul style="list-style-type: none"> ● Policy on file ● Documents must be uploaded into e2Fulton annually

ENDING THE HIV EPIDEMIC (EHE)

Clients who receive services funded by EHE must have a HIV diagnosis. Subrecipients must check and verify insurance status to ensure EHE funds remain the payor of last resort. The Department for HIV Elimination will monitor procedures to ensure that all EHE subrecipients verify and document client eligibility and insurance status.

Standard	Measure
<p>A. Subrecipient determines client eligibility for EHE services. The process to determine client eligibility must be completed in a time frame so that treatment and screening is not delayed. Eligibility assessment must include at a minimum:</p> <ul style="list-style-type: none"> ✓ Proof of HIV status ✓ Proof of payor of last resort 	<ul style="list-style-type: none"> ● Client record ● Policy on file ● Subrecipient client data report consistent with funding requirements ● Self-attestation form

	<ul style="list-style-type: none"> • Documents must be uploaded into e2Fulton
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ATLANTA EMA SCREENING TOOL

The Atlanta EMA Screening Tool consists of standardized Case Management, Mental Health, Substance Use, and Legal screening questions. The purpose of this tool is to provide a uniform way to identify non-medical needs of Persons Living with HIV (PLWH). Given this standardized approach, clients will receive the same follow-up for assessment, treatment and/or referrals based on their responses, regardless of the subrecipient.

All agencies must use the Atlanta EMA Screening Tool if receiving Part A funds to provide Outpatient/Ambulatory Health Services, Substance Abuse-Outpatient Services, Mental Health Services, Case Management (medical or non-medical) or Referral for Health Care and Support services.

Please note that agencies may decide to add more questions to their screening tool; however, the questions listed in the Atlanta EMA Screening Tool must be asked first before an subrecipient’s additional questions.

Standard	Measure
A. New and re-enrolling clients will be screened for case management, mental health, substance abuse and legal needs using the standardized Atlanta EMA screening tool per screening protocol during a face-to-face contact from appropriate program staff immediately following eligibility determination. All clients will be rescreened during recertification annually to address any new client needs.	<ul style="list-style-type: none"> • Client record with Atlanta EMA Screening tool • EMA Screening tool must be uploaded into e2Fulton • Client data entered consistent with funding requirements • Client record - if client disagrees with the screening disposition, the client record must include signature of client noting this and the scheduled appointment time with the identified subrecipient grievance staff person
B. Subrecipient staff administering screening questions must have completed training for using the Atlanta EMA screening tool.	<ul style="list-style-type: none"> • Training records
C. Staff will provide client with referral information to other services, as appropriate.	<ul style="list-style-type: none"> • Policy on file
D. Agencies that are referring a client for a case management, mental health, substance use or legal	<ul style="list-style-type: none"> • Client record

assessment must upload a copy of the screening tool in e2Fulton within two business days to the entity that will be completing the assessment.	<ul style="list-style-type: none"> EMA Screening tool must be uploaded into e2Fulton
E. Clients who disagree with their screening disposition will have an appointment with the identified subrecipient grievance staff person within 72 hours. The client record must include a signature from the client noting this and the schedule appointment time with the identified subrecipient grievance staff person.	<ul style="list-style-type: none"> Client record
F. Clients will be rescreened within 5 business days of the client reporting emergent needs that will have serious, immediate consequences for the client if those needs are not met.	<ul style="list-style-type: none"> Client record

SERVICE COORDINATION AND REFERRAL PROCESS

Standard	Measure
A. Subrecipient staff acts as a liaison between the client and other service providers to support coordination and delivery of high-quality care. For those clients not in Outpatient/Ambulatory Health Services, subrecipient staff must note progress towards linking the client into Outpatient/Ambulatory Health Services. Clients in need of routine medical care will be scheduled to be seen for an initial appointment within 3 -7 calendar days from the eligibility verification date.	<ul style="list-style-type: none"> Client record – documentation of with whom staff are communicating and progress to linking client to primary care if appropriate Policy on file
B. Staff will provide client with referral information to other services, as appropriate.	<ul style="list-style-type: none"> Policy on file
C. Client is informed of services available and what client can expect if s/he enrolls in services, including methods and scope of service delivery. Clients will also be informed of the documentation requirements for services.	<ul style="list-style-type: none"> Client record
D. Referral sources should be provided with a minimum of the following: <ul style="list-style-type: none"> ✓ Authorization form from client to provide records to referral source ✓ Concise problem statement (documenting necessity of specialty referral) ✓ Relevant lab tests and pharmacy data available at time of appointment 	<ul style="list-style-type: none"> Client record
E. A client may be terminated from receiving services for any of the following reasons: <ul style="list-style-type: none"> ✓ Death 	<ul style="list-style-type: none"> Policy on file Client record

<ul style="list-style-type: none"> ✓ Client request ✓ Client no longer residing within the Atlanta EMA ✓ Client no longer an active participant in Outpatient/Ambulatory Health Services ✓ Client earns over 400% of the Federal Poverty Level ✓ Client’s actions put the subrecipient, staff, or other clients at risk ✓ Client no longer requires services ✓ Client fails to contact the subrecipient for a period of 6 months despite at least 3 documented attempts to contact the client by the Case Manager. 	<ul style="list-style-type: none"> • Agency client data report consistent with funding requirements
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QUALITY MANAGEMENT STANDARDS

Title XXVI of the Public Health Service Act RWHAP Parts A – D1 requires the establishment of a clinical quality management (CQM) program to:

- *Assess the extent to which HIV health services provided to patients under the grant are consistent with the most recent Public Health Service guidelines, (otherwise known as the HHS guidelines) for the treatment of HIV disease and related opportunistic infections; and*
- *Develop strategies for ensuring that such services are consistent with the guidelines for improvement in the access to, and quality of HIV services. It is the responsibility of the recipient to work directly with subrecipients to implement, monitor and provide any needed data on the CQM program.*

Each subrecipient must have a quality management program to assess and improve quality of service delivery. Subrecipients are responsible for ensuring quality management components are met per contractual requirements, in addition to the following:

- ✓ Ensuring that the medical management of HIV infection is in accordance with HHS HIV-related guidelines.
- ✓ Ensuring that services are provided in accordance with the Part A EMA Standards of Care.
- ✓ Developing and implementing a QM Program that includes the following:
 - Written QM plan
 - Leader and team to oversee the QM Program
 - Organizational goals, objectives, and priorities
 - Performance measures and mechanisms to collect data
 - Project-specific Continuous Quality Improvement (CQI) plans
 - Communication of results to all levels of the organization, including consumers when appropriate
- ✓ Fully participating in the Part A QM Committee and monitoring performance measures as determined by the Part A QM Plan.

- ✓ Ensuring that all physicians, pharmacists, and all other licensed medical professionals possess current licensure and/or certification. Any lapse in licensure and/or the occurrence of suspension that deems a medical professional unable to practice medicine under current laws is to be immediately reported to the subrecipient’s Part A Project Officer.
- ✓ Participating in the chart reviews conducted by the Part A Program.
- ✓ Providing QM Plan, reports, and other information related to the subrecipient QM Program as requested by the Part A office.

See HRSA PCN 15-02, Clinical Quality Management
 See Atlanta EMA Quality Management Plan

Standard	Measure
A. Subrecipient must have a Quality Management Plan and annual QM Work Plan.	<ul style="list-style-type: none"> • QM Plan • QM Work Plan
B. Subrecipient must have a QM Committee or team who meets at least quarterly.	<ul style="list-style-type: none"> • QM Meeting Minutes • QM Meeting Agenda
C. Subrecipient must comply with relevant service category definitions and EMA standards of care.	<ul style="list-style-type: none"> • Site Visits • Chart audits • Program monitoring
D. Subrecipient must collect and analyze at a minimum the EMA performance measures quarterly.	<ul style="list-style-type: none"> • Data reports • Site Visit • Program monitoring
E. Agency must have a quality improvement project.	<ul style="list-style-type: none"> • QI Project Storyboard • QI tools • Program Monitoring

CORE MEDICAL SERVICES

As of 2006, Ryan White legislation requires that not less than 75 percent of the funds be used to provide core medical services (including the co-occurring conditions of the individual) that are needed in the eligible area for individuals with HIV/AIDS who are identified and eligible under the Ryan White HIV/AIDS Program (RWHAP). The HIV care continuum and service delivery coordination efforts are dependent on the availability of core services through RWHAP funding and other payers. Core Services monitoring expectations are included in the HRSA Universal National Monitoring Standards.

As stated in the Ryan White legislation, the term “core medical services,” with respect to an individual living with HIV/AIDS (including the co-occurring conditions of the individual) means the following 13 core medical services are fundable:

- ✓ AIDS Drug Assistance Program Treatments
- ✓ AIDS Pharmaceutical Assistance
- ✓ Early Intervention Services (EIS)

- ✓ Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals
- ✓ Home and Community-Based Health Services
- ✓ Home Health Care
- ✓ Hospice
- ✓ Medical Case Management, including Treatment Adherence Services
- ✓ Medical Nutrition Therapy
- ✓ Mental Health Services
- ✓ Oral Health Care
- ✓ Outpatient/Ambulatory Health Services
- ✓ Substance Abuse Outpatient Care

OUTPATIENT/AMBULATORY HEALTH SERVICES

SERVICE DEFINITION

Outpatient/Ambulatory Health Services provide diagnostic and therapeutic-related activities directly to a client by a licensed healthcare provider in an outpatient medical setting. Outpatient medical settings may include the following: clinics, medical offices, mobile vans, using telehealth technology, and urgent care facilities for HIV-related visits. Allowable activities include:

- ✓ Medical history taking
- ✓ Physical examination
- ✓ Diagnostic testing (including HIV confirmatory and viral load testing), as well as laboratory testing
- ✓ Treatment and management of physical and behavioral health conditions
- ✓ Behavioral risk assessment, subsequent counseling, and referral
- ✓ Preventive care and screening
- ✓ Pediatric developmental assessment
- ✓ Prescription and management of medication therapy
- ✓ Treatment adherence
- ✓ Education and counseling on health and prevention issues
- ✓ Referral to and provision of specialty care related to HIV diagnosis, including audiology and ophthalmology

Provision of professional diagnostic and therapeutic services rendered by a physician, physician's assistant, clinical nurse specialist, or nurse practitioner in an outpatient setting (not a hospital, hospital emergency room, or any other type of inpatient treatment center, consistent with HHS guidelines^{1,2} and including access to antiretroviral and other drug therapies, including

1 Panel on Antiretroviral Guidelines for Adults and Adolescents. Guidelines for the use of antiretroviral agents in HIV-1-infected adults and adolescents. Department of Health and Human Services. Available at <http://aidsinfo.nih.gov/contentfiles/lvguidelines/AdultandAdolescentGL.pdf>.

2 Panel on Opportunistic Infections in HIV-Infected Adults and Adolescents. Guidelines for the prevention and treatment of opportunistic infections in HIV-infected adults and adolescents: recommendations from the Centers for

prophylaxis and treatment of opportunistic infections and combination antiretroviral therapies. Care is provided by health care professionals certified in their jurisdiction to prescribe medications in an outpatient setting such as a clinic, medical office, and mobile van. Services include diagnostic testing, early intervention and risk assessment, preventive care and screening, practitioner examination, medical history taking, diagnosis and treatment of common physical and mental conditions, prescribing and managing medication therapy, education and counseling on health and nutritional issues, well-baby care, continuing care and management of chronic conditions, and referral to and provision of specialty care (includes all medical subspecialties even ophthalmic and optometric services). Included as part of OAHs is the provision of laboratory tests integral to the treatment of HIV infection and related complications; necessary based on established clinical practice; ordered by a registered, certified, licensed provider; consistent with medical and laboratory standards; and approved by the Food and Drug Administration (FDA) and or Certified under the Clinical Laboratory Improvement Amendments (CLIA) Program.

POLICIES AND PROCEDURES

Standard	Measure
<p>A. Subrecipient is required to maintain documentation of the following which shall be made available to the Recipient and HRSA upon request and during site visits:</p> <ul style="list-style-type: none"> ✓ Care is provided by health care professionals certified in their jurisdictions to prescribe medications in an outpatient setting such as a clinic, medical office, or mobile van. ✓ Only allowable services are provided. ✓ Services are provided as part of the treatment of HIV infection. ✓ Specialty medical care relates to HIV infection and/or conditions arising from the use of HIV medications resulting in side effects. ✓ Services are consistent with HHS Guidelines ✓ Service is not being provided in an emergency room, hospital or any other type of inpatient treatment center. ✓ Documentation that laboratory tests are: <ul style="list-style-type: none"> • Integral to the treatment of HIV and related complications, necessary based on established clinical practice, and ordered by a registered, certified, licensed provider. 	<ul style="list-style-type: none"> • Site Visit/Program Monitoring • Chart audits

Disease Control and Prevention, the National Institutes of Health, and the HIV Medicine Association of the Infectious Diseases Society of America. Available at: http://aidsinfo.nih.gov/contentfiles/lvguidelines/adult_oi.pdf.

<ul style="list-style-type: none"> • Consistent with medical and laboratory standards. • Approved by the Food and Drug Administration (FDA) and/or Certified under the Clinical Laboratory Improvement Amendments (CLIA) Program. 	
<p>B. Subrecipient should have processes in place to:</p> <ul style="list-style-type: none"> ✓ Schedule the client for the first available medical appointment with a licensed provider. ✓ Provide care needs and/or support services prior to first scheduled appointment with licensed provider. ✓ Provide warm hand off for patient referrals including transfer of patient referrals, medical records and other relevant documents that are inclusive of follow-up to ensure the appointment is kept. ✓ Establish a sustainable long-term care plan. ✓ Initiate immediate ART. 	<ul style="list-style-type: none"> • Policy on file
<p>C. If a person is eligible to receive Ryan White or EHE services, client must be provided a list of all Ryan White Part A and EHE clinics.</p>	<ul style="list-style-type: none"> • Policy on file • Client medical record – documentation of client’s provider
<p>D. Clients have the right to expect fair treatment and service provision.</p>	<ul style="list-style-type: none"> • Policy on file
<p>E. A current PHI exists for each specific request for information and each request is signed by the client.</p>	<ul style="list-style-type: none"> • Client medical record
<p>F. Subrecipient staff will ensure that the client understands and signs consent for medical treatment prior to the initiation of treatment.</p>	<ul style="list-style-type: none"> • Policy on file • Client medical record
<p>G. The subrecipient has a formal policy as governed by Georgia law for clients who may be incapable of making their own treatment or care decisions.</p>	<ul style="list-style-type: none"> • Policy on file • Legal/medical consultation policy
<p>H. Clients have the right to make decisions to accept/refuse medical or surgical treatment, medications and other pertinent therapies.</p>	<ul style="list-style-type: none"> • Policy on file
<p>I. Subrecipient staff will inform clients of their responsibility for scheduling appointments, being on time, and calling the provider to cancel or reschedule if an appointment cannot be kept.</p>	<ul style="list-style-type: none"> • Policy on file
<p>J. Subrecipient staff will inform clients fully about the nature of services offered including their rights to participate in the development and progress in meeting</p>	<ul style="list-style-type: none"> • Policy on file

treatment plan goals as well as their ability to terminate services at any time.	
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ELIGIBILITY DETERMINATION/SCREENING (ADDITIONAL)

Standard	Measure
A. Upon initial contact with client, subrecipient will assess client for emergent or routine medical care according to agency policies and procedures. Clients with urgent medical needs shall be referred to an emergency care facility in accordance with subrecipient policies and procedures.	<ul style="list-style-type: none"> • Client record • Policy on file • Self-attestation form
B. Clients in need of medical care will be scheduled to be seen for an initial appointment within 3-7 business days from the eligibility verification date	<ul style="list-style-type: none"> • Client record
C. Clients must be seen face-to-face or via telehealth at least every six months in order to be considered an active client receiving Part A or EHE services.	<ul style="list-style-type: none"> • Client record

STAFFING

Care is provided by health care professionals certified in the Atlanta EMA to prescribe medications in an outpatient setting such as a clinic, medical office, and mobile van. Health care professionals are inclusive of but not limited to, physicians, physicians’ assistants, nurse practitioners, registered nurses, licensed practical nurses, and medical assistants.

Standard	Measure
A. Subrecipient staff will document services provided, the dates and frequency of services provided, and those services are for treatment of HIV. Clinician notes must be signed by the licensed provider of services.	<ul style="list-style-type: none"> • Client medical record • Chart audits
B. Subrecipient staff are trained and knowledgeable about primary medical care, HIV disease and treatment and available resources that promote the continuity of client care.	<ul style="list-style-type: none"> • Resume in personnel file • Credential verification in personnel file • Training records
C. Subrecipient will ensure that all staff, inclusive of but not limited to, physicians, physicians’ assistants, nurse practitioners, registered nurses, licensed practical nurses, and medical assistants providing primary care or assisting in the provision of primary care are licensed/certified to practice within their concentrated area consistent with city, county, state and federal law.	<ul style="list-style-type: none"> • Personnel records
D. Subrecipient staff will receive supervision, training and continuing education hours as required by	<ul style="list-style-type: none"> • Personnel records

licensure/certification. In addition, clinical staff (including physicians, physician assistants, nurse practitioners, pharmacists and nurses) will receive continuing education hours in HIV/AIDS specialty course work.	<ul style="list-style-type: none"> ● Training records
E. Subrecipient staff will have a clear understanding of their job description and responsibilities as well as agency policies and procedures.	<ul style="list-style-type: none"> ● Written job description that includes roles and responsibilities and a statement of having been informed of subrecipient policies and procedures in file signed by staff and supervisor.
F. Subrecipient staff will follow protocols on management of occupational exposure to HIV consistent with the latest version of the federal guidelines. Staff will also adhere to state public health practices for infection control.	<ul style="list-style-type: none"> ● Policy on file ● Program Review
G. All newly hired staff will complete orientation training prior to providing client care.	<ul style="list-style-type: none"> ● Personnel file

LICENSURE

Standard	Measure
A. Subrecipient will ensure that all staff, inclusive of but not limited to, physicians, physicians’ assistants, nurse practitioners, registered nurses, licensed practical nurses, and medical assistants providing primary care or assisting in the provision of primary care are licensed/certified to practice within their concentrated area consistent with city, county, state and federal law.	<ul style="list-style-type: none"> ● Personnel records

- ❖ Georgia Composite Medical Board - Verify physician and/or physician assistant (PA) licensure online at: <https://services.georgia.gov/dch/mebs/jsp/index.jsp>
- ❖ Georgia Board of Nursing - Verify advanced practice nurse or registered nurse licensure online at: <https://verify.sos.ga.gov/verification/Search.aspx>

TRAINING/SUPERVISION

Standard	Measure
A. Subrecipient staff are trained and knowledgeable about primary medical care, HIV disease and treatment and available resources that promote the continuity of client care.	<ul style="list-style-type: none"> ● Resume in personnel file ● Credential verification in personnel file ● Training records

B. Subrecipient staff will receive supervision, training and continuing education hours as required by licensure/certification. In addition, clinical staff (including physicians, physician assistants, nurse practitioners, pharmacists and nurses) will receive continuing education hours in HIV/AIDS specialty course work.	<ul style="list-style-type: none"> ● Personnel records ● Training records
C. Subrecipient staff will follow protocols on management of occupational exposure to HIV consistent with the latest version of the federal guidelines. Staff will also adhere to state public health practices for infection control.	<ul style="list-style-type: none"> ● Policy on file ● Program Review
D. All newly hired staff must complete orientation training prior to providing client care.	<ul style="list-style-type: none"> ● Personnel file

SERVICE STANDARDS

Standard	Measure
A. Clients in need of medical care will be scheduled for an initial appointment within 3 business days from the eligibility verification date.	<ul style="list-style-type: none"> ● Policy on file ● Client record
B. Agencies will have mechanisms in place for clients who require emergency medical care.	<ul style="list-style-type: none"> ● Policy on file
C. Agencies will have a referral process for care of HIV related problems outside of their direct service area such as linking pregnant clients to prenatal care.	<ul style="list-style-type: none"> ● Policy on file

ASSESSMENT/TREATMENT

Standard	Measure
A. Clients will have a comprehensive initial intake and assessment which will be completed within the first two primary care visits scheduled with the primary care provider. The initial assessment shall include a comprehensive assessment of the patient’s medical, psychosocial and medication history.	<ul style="list-style-type: none"> ● Client medical record
B. Clients’ initial medical visit should occur within 3 business days of enrollment. Medical Visit will include a comprehensive physical examination in accordance with the most current published Department of Health and Human Services Guidelines for the Use of Antiretroviral Agents in HIV Infected Adults and	<ul style="list-style-type: none"> ● Policy on file ● Client medical record

<p>Adolescents³ (HHS Guidelines) with a provider with prescriptive authority to initiate antiretroviral (ARV) medication regimen, if no contraindications.</p>	
<p>C. Client should be enrolled into a Prescription Assistance Program (PAP) or AIDS Drug Assistance Program (ADAP), if eligible, to ensure continuous access to medications. Each client should receive a 30-day supply of medications, unless it is not clinically recommended by the medical provider, until PAP or ADAP begins.</p>	<ul style="list-style-type: none"> • Client medical record
<p>D. Appropriate baseline testing, including laboratory and radiology values, will be performed within the first two primary care visits scheduled with the primary care provider. Tests shall be performed in accordance with the most current published HHS Guidelines.</p>	<ul style="list-style-type: none"> • Subrecipient client data report consistent with funding requirements • Client medical record
<p>E. Each client will receive contact within 14 days of medical visit from a member of the medical team (preferably a nurse) or Provider to follow-up on clinical care, review lab results and ensure successful initiation of ARV therapy.</p>	<ul style="list-style-type: none"> • Client medical record
<p>F. Referrals to specialists (e.g., dentists, optometrists) should be provided including nutritional services as appropriate.</p>	<ul style="list-style-type: none"> • Client medical record • Documentation of whether referred services were provided should be included in the patient’s chart.

TREATMENT PLAN

Standard	Measure
<p>A. Providers shall, in conjunction with the client, develop a comprehensive multi-disciplinary plan of care that will be reviewed and updated as needed or at a minimum of every six months.</p>	<ul style="list-style-type: none"> • Client medical record
<p>B. Providers shall develop and initiate a client treatment adherence plan that is consistent with HHS Guidelines for clients who are being treated with an antiretroviral (ARV) medication regimen. The plan shall be reviewed and updated as conditions warrant.</p>	<ul style="list-style-type: none"> • Client medical record

3 Panel on Antiretroviral Guidelines for Adults and Adolescents. Guidelines for the use of antiretroviral agents in HIV-1-infected adults and adolescents. Department of Health and Human Services. Available at <https://clinicalinfo.hiv.gov/en/guidelines>

C. Providers shall ensure adherence evaluation related to medication regimen and appointment schedules.	<ul style="list-style-type: none"> • Client medical record
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TREATMENT GUIDELINES

Subrecipients must adhere to the following standards:

- Adult/Adolescent Opportunistic Infections
- Women in HIV

HEALTH MAINTENANCE

Standard	Measure
A. Client medical record will contain an up to date “Problems List” separate from progress notes which clearly prioritizes problems for primary care management and additionally identifies at a minimum: <ul style="list-style-type: none"> ✓ HIV status/AIDS diagnosis ✓ History of mental health and substance use disorders ✓ Contact information for ancillary continuing health care (e.g., mental health or substance abuse service provider, OB/GYN or other continuing specialty service) ✓ The status of vaccinations ✓ All known allergies 	<ul style="list-style-type: none"> • Client medical record
B. Each client shall have a primary care visit scheduled at least every four months or as appropriate for current health status in accordance with the HHS Guidelines. Clients must be seen every six months in order to be considered active in primary care.	<ul style="list-style-type: none"> • Client medical record • Subrecipient client data report consistent with funding requirements
C. Clients receiving telehealth services with the medical provider should have a face-to-face visit at least once a year or as appropriate for current health status in accordance with the HHS Guidelines	<ul style="list-style-type: none"> • Client medical record
D. Each client (who keeps an appointment every 3-6 months) shall have his/her CD4+ lymphocyte count evaluated at least every 3-6 months or as appropriate for current health status in accordance with the HHS Guidelines. These results shall be reviewed with the client at medical visits.	<ul style="list-style-type: none"> • Client medical record • Subrecipient client data report consistent with funding requirements
E. Each client (who keeps an appointment every 3-6 months) shall have his/her viral load values evaluated at least every 3-6 months or as appropriate for current health status in accordance with the HHS Guidelines.	<ul style="list-style-type: none"> • Client medical record • Subrecipient client data report consistent with funding requirements

<p>These results shall be reviewed with the client at medical visits. Clients must be seen every six months in order to be considered active in primary care.</p>	
<p>F. Clients will be assessed for Opportunistic Infections (OI) at each primary care visit in accordance with the HHS Guidelines. OI Prophylaxis will be offered as is appropriate.</p>	<ul style="list-style-type: none"> • Client medical record • Subrecipient client data report consistent with funding requirements
<p>G. Clients will have a tuberculosis (TB) screening annually at least one since diagnosis or more frequently in accordance with the HHS Guidelines.</p>	<ul style="list-style-type: none"> • Client medical record • Subrecipient client data report consistent with funding requirements
<p>H. Clients will receive timely and appropriate immunizations in accordance with HHS Guidelines. If a client is not immunized, appropriate documentation will be included in the primary care medical record.</p>	<ul style="list-style-type: none"> • Client medical record • Subrecipient client data report consistent with funding requirements
<p>I. Clients will be assessed for educational, nutritional and psychosocial needs. Appropriate referrals will be made as needed in accordance with the Atlanta EMA quality management standards. Issues to be discussed include, but are not limited to the following:</p> <ul style="list-style-type: none"> ✓ New or ongoing substance abuse or mental health issues ✓ Housing status ✓ Risk behaviors 	<ul style="list-style-type: none"> • Client medical record • Subrecipient client data report consistent with funding requirements
<p>J. Provider shall screen clients for sexually transmitted diseases annually in accordance with the HHS Guidelines. Clients at high risk shall be screened at least every six months. If clients have been screened at another facility, the client’s primary medical care chart shall contain copies of the appropriate documentation.</p>	<ul style="list-style-type: none"> • Client medical record • Subrecipient client data report consistent with funding requirements
<p>K. Providers shall assess risk behaviors and offer or refer clients as needed for lifestyle education and counseling services regarding such areas as exercise, smoking cessation, risk reduction, contraception counseling and safer sex practices.</p>	<ul style="list-style-type: none"> • Client medical record
<p>L. Providers who offer primary medical care for the treatment of pregnant women living with HIV should provide care in a manner consistent with the HHS recommended protocol or document a referral to the appropriate subrecipient will be provided to clients.</p>	<ul style="list-style-type: none"> • Client medical record- documentation of referral and/or linkage • Subrecipient client data report consistent with funding requirements
<p>M. Providers who offer primary medical care for the treatment of infants and children living with HIV in a manner consistent with the HHS recommended</p>	<ul style="list-style-type: none"> • Client medical record

protocol or a referral to the appropriate subrecipient will be provided to clients.	<ul style="list-style-type: none"> • Subrecipient client data report consistent with funding requirements
N. Providers shall offer or refer clients for age and gender appropriate health maintenance screenings (e.g., mammograms, PAP Tests, prostate exams).	<ul style="list-style-type: none"> • Client medical record
O. Providers shall offer clients not currently on antiretroviral (ARV) therapies, who qualify for ARV treatment by HHS Guidelines, education and counseling on the risks and benefits of antiretroviral therapy as needed.	<ul style="list-style-type: none"> • Client medical record
P. Provider shall offer clients ARV therapy or changes in therapy treatment in accordance with HHS Guidelines. Documentation of clients' acceptance/refusal of and adherence to ARV therapy shall be noted in the client chart.	<ul style="list-style-type: none"> • Client medical record
Q. Providers shall educate clients on the side effects of their medication during ARV therapy at least biannually (twice a year).	<ul style="list-style-type: none"> • Client medical record
R. Providers shall monitor ARV therapy in accordance with HHS Guidelines inclusive of drug-resistance testing when appropriate.	<ul style="list-style-type: none"> • Client medical record
S. Client ARV treatment and other medication lists shall be kept up to date and should be accessible in the medical record.	<ul style="list-style-type: none"> • Client medical record

CLIENTS' RIGHTS AND RESPONSIBILITIES (ADDITIONAL)

Standard	Measure
A. Subrecipient staff will ensure that the client understands and signs consent for medical treatment prior to the initiation of treatment.	<ul style="list-style-type: none"> • Policy on file • Client medical record
B. The subrecipient has a formal policy as governed by Georgia law for clients who may be incapable of making their own treatment or care decisions.	<ul style="list-style-type: none"> • Policy on file • Legal/medical consultation policy
C. Clients will be informed of the client confidentiality policy, grievance policy, their rights and responsibilities and their eligibility for services annually.	<ul style="list-style-type: none"> • Client medical record • Documentation in client chart initialed or signed by client (may include electronic signature) • Documents must be uploaded into e2Fulton

<p>D. Clients have the right to make decisions to accept/refuse medical or surgical treatment, medications and other pertinent therapies.</p>	<ul style="list-style-type: none"> • Policy on file
<p>E. Subrecipient staff will inform clients of their responsibility for scheduling appointments, being on time, and calling the provider to cancel or reschedule if an appointment cannot be kept.</p>	<ul style="list-style-type: none"> • Policy on file
<p>F. Subrecipient staff will inform clients fully about the nature of services offered including their rights to participate in the development and progress in meeting treatment plan goals as well as their ability to terminate services at any time.</p>	<ul style="list-style-type: none"> • Policy on file

CLINICAL GUIDELINES AND REFERENCES

- Panel on Antiretroviral Guidelines for Adults and Adolescents. Guidelines for the use of antiretroviral agents in HIV-1 infected adults and adolescents. Department of Health and Human Services. Available at <https://clinicalinfo.hiv.gov/en/guidelines>
- Panel on Opportunistic Infections in HIV-Infected Adults and Adolescents. Guidelines for the prevention and treatment of opportunistic infections in HIV-infected adults and adolescents: recommendation from the Centers for Disease Control and Prevention, the National Institutes of Health, and the HIV Medicine Association of the Infectious Disease Society of America. Available at: <https://clinicalinfo.hiv.gov/en/news/opportunistic-infections-adults-and-adolescents-hiv-guidelines-updates-june-2021> Interim Guidelines. Guidelines for COVID-19 for People with HIV. Department of Health and Human Services. Available at https://clinicalinfo.hiv.gov/sites/default/files/guidelines/documents/HIV_COVID_19_GL__2021_1.pdf
- Panel on Opportunistic Infections in HIV-Exposed and HIV-Infected Children. Guidelines for the Prevention and Treatment of Opportunistic Infections in HIV-Exposed and HIV-Infected Children. Department of Health and Human Services. Available at <https://clinicalinfo.hiv.gov/en/guidelines/hiv-clinical-guidelines-pediatric-opportunistic-infections/updates-guidelines-prevention>
- Panel on Treatment of Pregnant Women with HIV Infection and Prevention of Perinatal Transmission. Recommendations for Use of Antiretroviral Drugs in Transmission in the United States. Available at <https://clinicalinfo.hiv.gov/en/guidelines/perinatal/whats-new-guidelines>

- Panel on Antiretroviral Therapy and Medical Management of Children Living with HIV. Guidelines for the Use of Antiretroviral Agents in Pediatric HIV Infection. Available at <https://clinicalinfo.hiv.gov/sites/default/files/guidelines/documents/PediatricGuidelines.pdf>

ORAL HEALTH SERVICES

SERVICE DEFINITION

Oral Health Care activities include outpatient diagnosis, prevention, and therapy provided by dental health care professionals, including general dental practitioners, dental specialists, dental hygienists, dental residents and dental assistants (licensed as appropriate). Ensure that Dental care is in compliance with state dental practice laws and includes evidence-based clinical decisions that are informed by the American Dental Practice Parameters.

POLICIES AND PROCEDURES

In addition to the Universal Standards, subrecipient providing oral health services must:

- ✓ Comply with all rules and regulations of Georgia Board of Dentistry
- ✓ Follow recommendations of Centers for Disease Control and Prevention (CDC), American Dental Association during pandemics and outbreaks

Standard	Measure
<p>A. Subrecipient is required to assure and maintain documentation of the following which shall be made available to the Recipient and HRSA upon request and during Ryan White Part A site visits:</p> <ul style="list-style-type: none"> ✓ Documentation that services are provided by general dental practitioners, dental specialists, dental hygienists, dental residents and auxiliaries and meet current dental care guidelines <ul style="list-style-type: none"> • Clinical decisions supported by the American Dental Association Practice Parameters and Georgia Board of Dentistry ✓ Documentation of appropriate and valid licensure and certification as required by the State and local laws ✓ Documentation in program files and client records that: <ul style="list-style-type: none"> • Each eligible client has an oral health treatment plan developed that is signed off by the oral health professional providing the services. 	<ul style="list-style-type: none"> • Personnel files • Client records • Site Visit/Program Monitoring • Subrecipient policy/procedure manual

STAFFING

Dental health care professionals include general dental practitioners, dental specialists, dental hygienists, dental residents and dental assistants.

Standard	Measure
A. Staff are trained and knowledgeable about HIV/AIDS issues, the delivery of oral health care and available resources.	<ul style="list-style-type: none"> ● Personnel records
B. Dentists and dental residents will have proof of malpractice coverage.	<ul style="list-style-type: none"> ● Copy of current malpractice coverage on file
C. Staff have appropriate skills, relevant experience and licensure to provide oral health care to persons living with HIV.	<ul style="list-style-type: none"> ● Certifications/licensure on file ● Resumes on file
D. Staff receive supervision as required by licensure/certification. Dental students, residents, and hygienists will be supervised by licensed dentists.	<ul style="list-style-type: none"> ● Personnel records
E. Staff have a clear understanding of their job description and responsibilities as well as subrecipient policies and procedures.	<ul style="list-style-type: none"> ● Written job description that includes roles and responsibilities and a statement of having been informed of subrecipient policies and procedures on file signed by staff and staff supervisor/human resources manager
F. Dental healthcare workers participate in at least six hours of continuing education/training every two years on HIV related oral healthcare issues including but not limited to oral manifestations, dental treatment considerations for PLWH and other co-morbidities, infection control and post exposure prophylaxis.	<ul style="list-style-type: none"> ● Training/education documentation in personnel files

LICENSURE/CERTIFICATION

Standard	Measure
A. Staff receive supervision as required by licensure/certification.	<ul style="list-style-type: none"> ● Personnel records

- ❖ Georgia Department of Community Health - Verify dental care professionals licensure online at: <https://gadch.mylicense.com/verification/Search.aspx?facility=N>

TRAINING/SUPERVISION

Standard	Measure
A. Dental students, residents, and hygienists will be supervised by licensed dentists.	<ul style="list-style-type: none"> ● Personnel records
B. Dental healthcare workers participate in at least six hours of continuing education/training every two years on HIV related oral healthcare issues including but not limited to oral manifestations, dental treatment considerations for PLWH and other co-morbidities, infection control and post exposure prophylaxis.	<ul style="list-style-type: none"> ● Training/education documentation in personnel files

SERVICE STANDARDS

Standard	Measure
A. Subrecipient staff act as a liaison between the client and other service providers to support coordination and delivery of high-quality care. Clients must be enrolled in primary medical care and have been seen by a primary care provider within the past 6 months.	<ul style="list-style-type: none"> ● Client record – documentation of enrollment in primary medical care
B. Documentation of oral health services is included in the client’s chart.	<ul style="list-style-type: none"> ● Client record

ASSESSMENT/TREATMENT

Standard	Measure
A. Subrecipient/subcontractor must maintain a dental record for each client that is signed by the licensed provider. A dental record must include at a minimum a treatment plan, services provided, and any referrals made.	<ul style="list-style-type: none"> ● Client record
B. Clients who are eligible for services and have provided the required documentation shall receive a referral for assessment. Assessment includes at a minimum: <ul style="list-style-type: none"> ✓ Determination of care need (emergency, non-emergency or triage) ✓ Complete health history ✓ Current medications ✓ Relevant laboratory testing every 6 months ✓ Hard and soft tissue examination ✓ X-rays of teeth ✓ Referrals 	<ul style="list-style-type: none"> ● Client record ● Subrecipient client data report consistent with funding requirements

✓ Primary care provider contact number	
C. Documentation of oral health services is included in the client’s chart.	• Client record
D. Clients who receive a clinical oral evaluation should have a dental and medical history at least once a year. Referring subrecipient should provide dental and medical history of client to oral health provider.	• Client record
E. Treatment plan is developed with client within 1 business day of assessment.	• Client record including completed treatment plan signed by client and provider
F. Client’s needs and treatment plan are reviewed and revised a minimum of every 12 months.	• Client record
G. Dental Healthcare Professionals (DHCP) will educate clients on oral disease prevention at each oral health visit.	• Client record
H. Clients who had a clinical oral evaluation should receive a periodontal screen or exam at least once during the treatment year.	• Client record

GUIDELINES TO TELEDENTISTRY

The provision of Teledentistry services is designed to address the urgent/emergent oral health care needs of program clients when a face-to-face encounter with the dental provider is not available or appropriate.

Types of allowable services:

- ✓ To assess/triage the dental care needs of clients, where a set of X-rays are on file for reference. Situations where teledentistry may be appropriate include:
 - Patient who has had a crown dislodged
 - Patient with pain after an extraction
 - Patient with pain (X-ray shows deep cavity)
 - Discuss status of any pending oral health care treatment plans
 - As deemed necessary by dental provider
- ✓ Prescribe medication, as needed and appropriate, to address dental pain
- ✓ Conduct a phone check-in with client to:
 - assess client’s oral health care status and needs
 - provide oral hygiene instruction to maintain good oral health and prevent future dental problems; and
 - remind clients of the importance of remaining adherent to their HIV treatment (i.e., antiretroviral medication regimen).

Additional Resources:

American Dental Association Guidelines on Teledentistry:

- ADA Policy on Teledentistry - <https://www.ada.org/about/governance/current-policies>
- ADA Facts - <https://www.americanteledentistry.org/facts-about-teledentistry/>

CLINICAL GUIDELINES FOR DENTAL PROCEDURES

Emergency dental care	Care related to the treatment of pain or infection, including, but not limited to: emergency examinations, diagnostic dental radiographs, caries control, endodontic access, extractions and subgingival curettage and trauma.
Endodontic procedures	For severely decayed or abscessed teeth that can be maintained if the patient so chooses. When the decay process has proceeded to the vital portions of the tooth (pulp), fillings alone are no longer possible; root canals are a means by which our patients can save severely decayed or necrotic (abscessed) teeth.
Management of oral pathology	Management of oral pathology including biopsy associated with HIV disease such as oropharyngeal candidiasis (thrush), ulcerations, Kaposi’s sarcoma, and oral warts due to human papillomavirus (HPV), which, if left untreated, would increase morbidity and negatively impact quality of life.
Periodontal (gum care)	Recommended for clients with heavy calculus (tartar) buildup above and below the gum line, patients with infected or inflamed gingival gums) or periodontal disease. Maintenance therapy for clients who have previously undergone periodontal therapy is also included in this category.
Preventive dental care	Care that includes but is not limited to dental exams, diagnostic dental x-rays, dental cleanings, office fluoride therapies, and sealants.
Prosthetic care (partial and complete dentures)	Replaces multiple missing teeth and enable clients to maintain proper nutrition, function, speech, and esthetics. Also covered in this category are single unit crowns, crown build-ups and single unit fixed anterior bridges.
Restorative dental care	Includes amalgam (silver) fillings for posterior teeth and tooth colored fillings for anterior teeth.
Surgical procedures	Includes extraction of severely decayed teeth or periodontally involved teeth and biopsies of suspect lesions.

* Please note that these guidelines are meant to be general and allow the dental healthcare provider the flexibility to offer the best care available for RWHAP eligible consumers.

MEDICAL CASE MANAGEMENT SERVICES

SERVICE DEFINITION

Medical Case Management is the provision of a range of client-centered activities focused on improving health outcomes in support of the HIV care continuum by ensuring timely and coordinated access to medically appropriate levels of health and support services and continuity of care.

Activities provided under this service category may be provided by an interdisciplinary team that includes other specialty care providers. Medical Case Management includes all types of case management encounters (e.g., face-to-face, phone contact, telehealth, and any other forms of communication), client-specific advocacy and/or review of utilization of services. Key activities include:

- ✓ Initial assessment of service needs
- ✓ Development of a comprehensive, individualized care plan
- ✓ Timely and coordinated access to medically appropriate levels of health and support services and continuity of care
- ✓ Continuous client monitoring to assess the efficacy of the care plan
- ✓ Re-evaluation of the care plan at least every 6 months with adaptations as necessary
- ✓ Ongoing assessment of the client's and other key family members' needs and personal support systems
- ✓ Treatment adherence counseling to ensure readiness for and adherence to complex HIV treatments
- ✓ Client-specific advocacy and/or review of utilization services

In addition to providing the medically oriented services above, Medical Case Management may also provide benefits counseling by assisting eligible clients in obtaining access to other public and private programs for which they may be eligible (e.g., Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, other state or local health care and supportive services, and insurance plans through the health insurance Marketplaces/Exchanges).

Activities provided under the Medical Case Management service category have as their objective **improving health care outcomes** whereas those provided under the Non-Medical Case Management service category have as their objective providing guidance and assistance in **improving access** to needed services. Visits to ensure readiness for, and adherence to, complex HIV treatments shall be considered Medical Case Management or Outpatient/Ambulatory Health Services. Treatment Adherence services provided during a Medical Case Management visit should be reported in the Medical Case Management service category whereas Treatment Adherence services provided during an Outpatient Ambulatory Health Service visit should be reported under the Outpatient/Ambulatory Health Services category.

POLICIES AND PROCEDURES

Standard	Measure
<p>A. Subrecipient is contractually required to maintain documentation of the following which shall be made available to the recipient and HRSA upon request and during Ryan White Part A site visits:</p> <ul style="list-style-type: none"> ✓ Documentation that service providers are trained professionals, either medically credentialed persons or other health care staff who are part of the clinical care team ✓ Documentation that case notes are shared with other members of the health care team ✓ Documentation of case consultations with other members of the health care team ✓ Documentation that the following activities are being carried out for clients as necessary: <ul style="list-style-type: none"> • Initial assessment of service needs • Development of a comprehensive, individualized care plan including treatment adherence • Coordination of services required to implement the plan • Continuous client monitoring to assess the efficacy of the plan • Periodic re-evaluation and adaptation of the plan at least every 6 months ✓ Documentation in program and client records of case management services and encounters, including: <ul style="list-style-type: none"> • Types of services provided • Types of encounters/communication • Duration and frequency of the encounters ✓ Documentation in client records of services provided, such as: <ul style="list-style-type: none"> • Client-centered services that link clients with health care, psychosocial, and other services and assist them to access other public and private programs for which they may be eligible • Coordination and follow up of medical treatments including ADAP recertification 	<ul style="list-style-type: none"> • Client record

<ul style="list-style-type: none"> ● Ongoing assessment of client’s and other key family members’ needs and personal support systems ● Treatment adherence counseling ● Client-specific advocacy 	
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STAFFING

Medical Case Management is provided by trained professionals including both medically credentialed and other health care staff who are part of the clinical care team through all types of Medical Case Management encounters (e.g., face-to-face, telehealth, phone contact, and any other forms of communication).

Standard	Measure
A. Medical Case Managers are trained and knowledgeable about HIV/AIDS and current resources.	<ul style="list-style-type: none"> ● Personnel records
B. Medical Case Managers have appropriate skills, relevant experience and licensure to provide Medical Case Management services to people living with HIV. All Case Managers are properly trained and meet the staff qualifications for Medical Case Managers as defined in the introduction to this document.	<ul style="list-style-type: none"> ● Resumes in personnel records ● Personnel and training records
C. Medical Case Managers should manage caseloads no more than 50 active clients at a time.	<ul style="list-style-type: none"> ● Site Visit/Program Monitoring

LICENSURE/CERTIFICATION

Medical Case Management services must be provided by a professional with a Bachelor of Social Work (BSW) or other social service field or a Georgia registered professional nursing license.

- ❖ Georgia Board of Nursing - Verify advanced practice nurse or registered nurse licensure online at: <https://verify.sos.ga.gov/verification/Search.aspx>

TRAINING/SUPERVISION

Standard	Measure
A. Medical Case Managers shall receive a minimum of 1 hour of monthly administrative supervision.	<ul style="list-style-type: none"> ● Personnel records
B. Medical Case Managers will participate in at least 6 hours of continuing education/training annually.	<ul style="list-style-type: none"> ● Training/education documentation in personnel files

SERVICE STANDARDS

MEDICAL CASE MANAGEMENT ASSESSMENT

Standard	Measure
<p>A. Medical Case Management assessment and enrollment will be conducted with a new client within 10 business days of receipt of the Atlanta EMA Screening Tool results.</p>	<ul style="list-style-type: none"> • Client record • Subrecipient client data report consistent with funding requirements • EMA Screening Tool must be uploaded into e2Fulton
<p>B. Medical Case Managers shall assess and document that clients are not receiving duplicate Medical Case Management services at any other subrecipient.</p>	<ul style="list-style-type: none"> • Client record • Documentation from client

INDIVIDUALIZED CARE PLAN (ICP)

Standard	Measure														
<p>A. Medical Case Managers must develop a comprehensive ICP at intake. An appropriate ICP must include behavioral goals, action steps and a timeline for each of the following areas as applicable:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">✓ Income</td> <td style="width: 50%;">✓ Food/nutrition</td> </tr> <tr> <td>✓ Medical</td> <td>✓ Mental health</td> </tr> <tr> <td>✓ Medications</td> <td>✓ Substance use</td> </tr> <tr> <td>✓ Transportation</td> <td>✓ Social support</td> </tr> <tr> <td>✓ Insurance</td> <td>✓ Clothing</td> </tr> <tr> <td>✓ Housing</td> <td>✓ Risk reduction</td> </tr> <tr> <td>✓ Legal</td> <td>✓ Treatment Adherence Counseling</td> </tr> </table>	✓ Income	✓ Food/nutrition	✓ Medical	✓ Mental health	✓ Medications	✓ Substance use	✓ Transportation	✓ Social support	✓ Insurance	✓ Clothing	✓ Housing	✓ Risk reduction	✓ Legal	✓ Treatment Adherence Counseling	<ul style="list-style-type: none"> • Client record with a signed and dated ICP • Documentation that client received a copy of their ICP
✓ Income	✓ Food/nutrition														
✓ Medical	✓ Mental health														
✓ Medications	✓ Substance use														
✓ Transportation	✓ Social support														
✓ Insurance	✓ Clothing														
✓ Housing	✓ Risk reduction														
✓ Legal	✓ Treatment Adherence Counseling														
<p>B. A client’s initial ICP session should occur in a face-to-face interview. Re-evaluation of the care plan should occur at least every 6 months with adaptations as necessary.</p>	<ul style="list-style-type: none"> • Client record • Client satisfaction survey 														

CLIENT MONITORING

Standard	Measure
<p>A. Medical Case Managed clients will have direct contact with their Medical Case Managers every month. Direct contact is bi-directional. It is defined as phone interaction (messages left do not qualify), face-to-face</p>	<ul style="list-style-type: none"> • Client record

<p>contact, secure video conferencing or secure email correspondence (messages sent to and received from client). Clients receiving telehealth services with the medical case manager should have a face-to-face visit at least once a year.</p>	<ul style="list-style-type: none"> ● Subrecipient client data report consistent with funding requirements ● Client satisfaction survey
<p>B. A client may be terminated from receiving Medical Case Management services for any of the following reasons:</p> <ul style="list-style-type: none"> ✓ Death ✓ Client request ✓ Client no longer residing within the Atlanta EMA ✓ Client no longer an active participant in Outpatient/Ambulatory Health Services ✓ Client earns over 400% of the Federal Poverty Level ✓ Client’s actions put the subrecipient, staff, or other clients at risk ✓ Client no longer requires Non-Medical Case Management interventions ✓ Client fails to contact the subrecipient for a period of 6 months despite at least 3 documented attempts to contact the client by the Medical Case Manager. 	<ul style="list-style-type: none"> ● Policy on file ● Client record ● Subrecipient client data report consistent with funding requirements

TREATMENT ADHERENCE COUNSELING

Standard	Measure
<p>A. Medical Case Managers shall provide treatment adherence counseling to ensure readiness for and adherence to complex HIV/AIDS treatments. At a minimum, adherence counseling should include obtaining information of the following:</p> <ul style="list-style-type: none"> ✓ Frequency of missed appointments ✓ Frequency of missed dosages of medications ✓ Challenges for adhering to appointments and/or medications 	<ul style="list-style-type: none"> ● Client Record ● Documented in Individualized Care Plan
<p>B. Adherence counseling should occur at every medical case management direct encounter.</p>	<ul style="list-style-type: none"> ● Policy on file ● Documented in Individualized Care Plan and Case Notes
<p>C. Medical Case Managers will coordinate with client’s health care team related to client care issues such as medication complications, side effects, and general issues impacting clients regarding compliance and/or adherence.</p>	<ul style="list-style-type: none"> ● Client Record ● Documentation that case notes are shared with other members of the health care team

	<ul style="list-style-type: none"> • Documentation of case consultations with other members of the health care team
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MEDICAL NUTRITION THERAPY

SERVICE DEFINITION

Medical Nutrition Therapy services are provided outside of an Outpatient/Ambulatory Health Services visit in individual and/or group settings by a licensed Registered Dietician (RD). Types of services provided include:

- ✓ Nutrition assessment and screening
- ✓ Dietary/nutritional evaluation
- ✓ Food and/or nutritional supplements per medical provider’s recommendation
- ✓ Nutrition education and/or counseling

All services performed under this service category must be pursuant to a medical provider’s referral and based on a nutritional plan developed by the registered dietitian or other licensed nutrition professional. Services not provided by a registered/licensed dietitian should be considered Psychosocial Support Services under the RWHAP.

All medical nutrition therapy services provided by RWHAP funded agencies shall be: medically appropriate, healthful and useable. These services shall be used as a support and to improve access and adherence to HIV/AIDS medical services. Agencies shall assure that no client receives any RWHAP funded medical nutrition therapy services unless such client is found to be eligible for services under Eligibility Standards.

POLICIES AND PROCEDURES

Standard	Measure
<p>A. Subrecipient is required to assure and maintain documentation of the following which shall be made available to the recipient and HRSA upon request and during a site visit:</p> <ul style="list-style-type: none"> ✓ Valid licensure and registration of the dietician as required by the State ✓ Service provisions including number of clients served and quantity of nutritional supplements and food provided to clients ✓ Documentation in client records indicating: <ul style="list-style-type: none"> • Services provided and dates • Nutritional Plan as required, including required information and signature • Physician’s recommendation for the provision of food 	<ul style="list-style-type: none"> • Personnel files • Client records • Site Visit/Program Monitoring

STAFFING

All activities performed under this service category must be pursuant to a medical provider’s referral and based on a nutritional plan developed by the RD or other licensed nutrition professional.

LICENSURE/CERTIFICATION

Standard	Measure
A. Staff receive supervision as required by licensure/certification.	<ul style="list-style-type: none"> ● Personnel records ● Training records

❖ Verify at SOS.GA.GOV

TRAINING/SUPERVISION

Standard	Measure
A. Registered Dietitians participate in 30 hours of accredited continuing education/training within 24 months.	<ul style="list-style-type: none"> ● Training/education documentation in personnel files

SERVICE STANDARDS

Standard	Measure
A. All clients receiving Outpatient/Ambulatory Health Services through a RWHAP or EHE funded provider shall be referred to medical nutrition therapy services (if desired) by a registered dietitian with experience in HIV care.	<ul style="list-style-type: none"> ● Policy on file ● Client record
B. Staff have appropriate skills and relevant experiences to provide food and/or nutrition services to people living with HIV. All professionals providing nutritional counseling and education services are registered dietitians.	<ul style="list-style-type: none"> ● Current certifications on file ● Training attendance in the past year on current nutritional issues and approaches
C. Staff have a clear understanding of their job description and responsibilities as well as subrecipient policies and procedures.	<ul style="list-style-type: none"> ● Written job description that includes roles and responsibilities and a statement of having been informed of subrecipient policies and procedures on file signed by staff and

	<p>staff supervisor/human resources manager</p> <ul style="list-style-type: none"> ● Confidentiality agreement signed by staff
<p>D. Subrecipient staff act as a liaison between the client and other service providers to support coordination and delivery of high-quality care. For those clients not in primary medical care, subrecipient staff must note progress towards linking the client into primary medical care.</p>	<ul style="list-style-type: none"> ● Client record – documentation of who staff are communicating with and progress made in linking clients to primary care if appropriate

NUTRITION COUNSELING AND EDUCATION

Standard	Measure
<p>A. Clients who request nutritional education or counseling shall receive this service within 30 business days of request.</p>	<ul style="list-style-type: none"> ● Client record
<p>B. Counseling provided must follow recommended guidelines by the Academy of Nutrition and Dietetics (AND) such as the utilization of the Nutrition Care Process to provide high quality, customized nutrition care to patients living with HIV. Components include:</p> <ul style="list-style-type: none"> ✓ Assessment and Reassessment ✓ Nutrition Diagnosis ✓ Nutrition Intervention ✓ Nutrition Monitoring ✓ Nutrition Evaluation 	<ul style="list-style-type: none"> ● Client record
<p>C. Basic nutrition education may be provided in a group session. Topics to be addressed at a minimum include:</p> <ul style="list-style-type: none"> ✓ Basic nutrition needs ✓ Food and water safety ✓ Simple drug food interactions. 	<ul style="list-style-type: none"> ● Client record ● Training session agenda
<p>D. In instances of group meal settings, a RD will perform an annual assessment of the menus for support group meals prepared on site and off site to determine that meals meet the referenced nutritional guidelines. Agencies must utilize the appropriate guidelines for group education and/or group counseling from the <i>Food is Medicine Coalition</i> for menu development and current Georgia Academy of Nutrition and Dietetics <i>Diet Manual</i> for therapeutic menus.</p>	<ul style="list-style-type: none"> ● Client record

<p>E. Each client is required to have a nutritional plan developed at intake by a registered dietitian that includes:</p> <ul style="list-style-type: none"> ✓ Recommended services and course of medical nutrition therapy provided including types and amounts of nutritional supplements and food ✓ Initiation and termination service dates ✓ Planned number and frequency of sessions ✓ Signature of registered dietitian 	<ul style="list-style-type: none"> • Client record
<p>F. The Registered Dietitian will monitor and assess the nutritional status throughout the year and when needed will review the nutritional plan for medical nutritional therapy.</p>	<ul style="list-style-type: none"> • Client record • Subrecipient client data report consistent with funding requirements

MENTAL HEALTH SERVICES

SERVICE DEFINITION

Mental Health Services are provision of outpatient psychological and psychiatric screening, assessment, diagnosis, treatment, and counseling services offered to clients living with HIV with a diagnosed mental illness. Services are based on a treatment plan, conducted in an outpatient group or individual session, and provided by a mental health professional licensed or authorized within the state of Georgia to render such services. Such professionals typically include psychiatrists, psychologists, and licensed clinical social workers.

POLICIES AND PROCEDURES

Standard	Measure
<p>A. Subrecipient is required to maintain documentation of the following which shall be made available to the Recipient and HRSA upon request and during site visits:</p> <ul style="list-style-type: none"> ✓ Documentation of appropriate and valid licensure and certification of mental health professionals as required by the State ✓ A detailed treatment plan for each eligible client that includes required components and signature ✓ Documentation of services provided, dates, and consistency with Ryan White requirements and with grant individual client treatment plans 	<ul style="list-style-type: none"> • Personnel files • Client records • Site Visit/Program Monitoring

STAFFING

Staff has appropriate skills, relevant experience and licensure to care for People living with HIV (PLWH) with mental health issues. Services are based on a treatment plan, conducted in an

outpatient group or individual session, and provided by a mental health professional licensed or authorized within the state to render such services, typically including psychiatrists, psychologists, and licensed clinical social workers.

Standard	Measure
<p>A. Subrecipient staff implement discharge plan when appropriate in client treatment plan. The discharge plan shall be inclusive of:</p> <ul style="list-style-type: none"> ✓ Summary of needs at admission ✓ Summary of services provided ✓ Goals completed during counseling ✓ Circumstances of discharge ✓ Disposition 	<ul style="list-style-type: none"> • Client record

Mental Health Professional (MHP)

The following are considered to be Mental Health Professionals:

1. Physician (MD, DO, etc.) – A physician licensed to practice medicine or osteopathy by Georgia Composite Board of Medical Examiners
2. Psychiatrist – A physician licensed to practice medicine or osteopathy in Georgia, who has completed a residency in psychiatry approved by the American Board of Psychiatry and Neurology.
3. Physician’s Assistant (PA) – A person who completed a physician’s assistant training program approved by Georgia Composite Board of Medical Examiners with at least 1 year of experience in behavioral healthcare required to supervise Certified Psychiatric Rehabilitation Professionals (CPRP), Certified Peer Specialist (CPS), or Paraprofessional (PP) staff.
4. Advanced Practice Nurse (APRN) - An advanced practice nurse, licensed in Georgia, with one year experience in psychiatry or mental health
5. Clinical Nurse Specialist, Psychiatric-Mental Health (CNS-MH) - The holder of a master’s degree or higher in nursing with a specialty in psychiatry or mental health
6. Nurse Practitioner (NP) - A registered nurse, licensed in Georgia, who holds a master’s degree from a school of nursing or a university with a specialty in psychiatry or mental health and has at least 1 year of experience in behavioral healthcare required to supervise CPRP, CPS, or PP staff.
7. Psychologist (PhD or PsyD) – A holder of a doctoral degree from an accredited university or college and who is licensed by the Georgia Board of Examiners of Psychologists.
8. Licensed Clinical Social Worker (LCSW) – The holder of a master’s degree in social work from an accredited university or college, with documentation of 3 years of supervised full-time clinical post Master’s degree and licensed by the Georgia Composite Board of Professional Counselors, Social Workers, and Marriage and Family Therapists.
9. Licensed Professional Counselor (LPC) – The holder of a master’s degree from an accredited university or college and licensed by the Georgia Composite Board of Professional Counselors, Social Workers, and Marriage and Family Therapists.

Mental Health Staff (MHS)

Mental Health Staff must work under the supervision of a Mental Health Professional (MHP). Their clinical work must be reviewed and signed by the MHP supervisor. The following are considered to be Mental Health Staff:

1. Licensed Practical Nurse (LPN) – A person licensed for practical nursing by Georgia Board of Licensed Practical Nursing with one year experience in psychiatry or mental health.
2. Registered Nurse (RN) – A person with a bachelor’s degree in nursing with one year experience in psychiatry or mental health and licensed by the Georgia Board of Nursing.
3. Licensed Master Social Worker (LMSW) / Licensed Associate Professional Counselor (LAPC) – A person who holds a master’s degree from an accredited university or college, licensed the Georgia Composite Board of Professional Counselors, Social Workers, and Marriage and Family Therapists.
4. Clinical Interns, Practicum Students, or Trainees in one of the behavioral or social sciences program at an accredited university or college, that is primarily psychological in nature who are obtaining supervised clinical experience for licensure.

LICENSURE/CERTIFICATION

Standard	Measure
<p>A. Mental health services provided with HRSA funding are subject to Georgia Code Title 37, Chapter 2. Per Georgia law, professional staff providing treatment counseling or support group facilitation must be licensed or supervised by a licensed professional. Services will be provided by a mental health professional such as psychiatrists, psychologists, licensed clinical social workers (LCSW), and licensed professional counselors (LPC).</p>	<ul style="list-style-type: none"> ● Current licensure and certification of mental health professionals as required by the State on file ● Training records

❖ Verify at [SOS.GA.GOV](https://sos.ga.gov)

TRAINING/SUPERVISION

Standard	Measure
<p>A. All staff without direct experience or licensure must work under direction and supervision of an appropriately licensed/credentialed Mental Health Professional (MHP) that is qualified by the Georgia Composite Board of Medical Examiners or Georgia Composite Board of Professional Counselors, Social Workers, and Marriage and Family Therapists to provide clinical supervision.</p>	<ul style="list-style-type: none"> ● Personnel records

<p>B. Staff obtaining directed experience⁴ must document clinical supervision⁵. Both supervisors and supervisees are required to maintain a record of the date, duration, type (individual, paired, or group), and a brief summary of the pertinent activity for each supervision session conducted and should be available upon request.</p>	<ul style="list-style-type: none"> • Personnel records
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SERVICE STANDARDS

Standard	Measure
<p>A. Subrecipient staff acts as a liaison between the client and other service providers to support coordination and delivery of high-quality care. For those clients not in Outpatient/Ambulatory Health Services, subrecipient staff must note progress towards linking the client into Outpatient/Ambulatory Health Services.</p>	<ul style="list-style-type: none"> • Client record – documentation of who staff are communicating with and progress made in linking clients to primary care if appropriate
<p>B. Referral sources should be provided with a minimum of the following:</p> <ul style="list-style-type: none"> ✓ Authorization form from client to provide records to referral source ✓ Concise problem statement ✓ Helpful/relevant lab tests 	<ul style="list-style-type: none"> • Client record

MENTAL HEALTH ASSESSMENT

Standard	Measure
<p>A. Clients who are referred shall receive an assessment within 10 business days. Assessment includes at a minimum:</p> <ul style="list-style-type: none"> ✓ Medical history and current health status ✓ HIV risk behavior ✓ Available financial resources 	<ul style="list-style-type: none"> • Client record • Subrecipient client data report consistent with funding requirements

⁴ Directed Experience means time spent under direction engaging in the practice of Professional Counseling as defined in O.C.G.A. Title 43, Chapter 10A, and Chapter 135.

⁵ Clinical Supervision is the direct clinical review, for the purposes of training or teaching, by a supervisor of interaction with a client/s in order to promote the development of clinical skills as defined in O.C.G.A. Title 43, Chapter 10A, and Chapter 135.

<ul style="list-style-type: none"> ✓ Available support system ✓ Legal history ✓ Substance use history ✓ Housing history 	
B. Clients with a current mental health issue (as determined by the standardized assessment) who want treatment will be provided either treatment or a referral as clinically indicated.	<ul style="list-style-type: none"> • Client record • Subrecipient client data report consistent with funding requirements
C. Client’s needs and treatment plan are reviewed and revised a minimum of every 6 months. Clients receiving telehealth services should have a face-to-face visit at least once a year.	<ul style="list-style-type: none"> • Client record • Subrecipient client data report consistent with funding requirements

MENTAL HEALTH TREATMENT PLAN

Standard	Measure
A. A Mental Health treatment plan is developed for each client who receives treatment and counseling services.	<ul style="list-style-type: none"> • Client record
B. Develop treatment plan with client within 20 business days of intake encompassing continuum of care. An appropriate treatment plan must include at a minimum: <ul style="list-style-type: none"> ✓ The diagnosed mental illness or condition ✓ The treatment modality (group or individual) ✓ Start date for mental health services ✓ Recommended number of sessions ✓ Date for reassessment ✓ Projected treatment end date ✓ Any recommendations for follow up ✓ The signature of the mental health professional rendering service ✓ Risk reduction counseling on possible HIV re-infection and avoiding transmission to their partners ✓ Documentation of current medications if applicable ✓ Recommended mental health treatment and client’s willingness to participate in such treatment ✓ Plans for continuity of primary medical care for those clients who are currently receiving medical care 	<ul style="list-style-type: none"> • Client record including completed treatment plan signed by client • Client satisfaction survey • Chart audit

<ul style="list-style-type: none"> ✓ Plans to link client into primary medical care with a designated time frame that is coordinated with client’s mental health treatment needs 	
<p>C. Client’s needs and treatment plan are reviewed and revised a minimum of every 6 months. Clients receiving telehealth services should have a face-to-face visit at least once a year.</p>	<ul style="list-style-type: none"> • Client record • Subrecipient client data report consistent with funding requirements

SUBSTANCE ABUSE SERVICES

SERVICE DEFINITION

Substance Abuse Treatment Services-Outpatient is the provision of outpatient services for the treatment of drug or alcohol use disorders (i.e., alcohol and/or legal and illegal drugs) by or under the supervision of physician or other qualified/licensed personnel. Services include:

- ✓ Screening
- ✓ Assessment
- ✓ Diagnosis, and/or
- ✓ Treatment of substance use disorder, including:
 - Pretreatment/recovery readiness programs
 - Harm reduction
 - Behavioral health counseling associated with substance use disorder
 - Outpatient drug-free treatment and counseling
 - Medication assisted therapy
 - Neuro-psychiatric pharmaceuticals
 - Relapse prevention

Services must be based on a treatment plan and can be conducted in an outpatient group or individual session.

POLICIES AND PROCEDURES

Standard	Measure
<p>A. Subrecipient is required to assure and maintain documentation of the following which shall be made available to the Recipient and HRSA upon request and during site visits:</p> <ul style="list-style-type: none"> ✓ Documentation that services are provided by or under the supervision of a physician or by other qualified personnel with appropriate and valid licensure and certification as required by the State in which services are provided <ul style="list-style-type: none"> • Staffing structure showing supervision by physician or other qualified personnel ✓ Documentation through program files and client records that: 	<ul style="list-style-type: none"> • Personnel files • Client records • Site Visit/Program Monitoring

<ul style="list-style-type: none"> • Services provided meet the service category definition • All services provided with Part A or EHE funds are allowable under the grant ✓ Assurance that services are provided only in an outpatient setting ✓ Assurance that services provided include a treatment plan for only allowable activities 	
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STAFFING

Staff has appropriate skills, relevant experience and licensure to care for PLWH with substance abuse issues. The provision of outpatient services for the treatment of drug or alcohol use disorders (i.e., alcohol and/or legal and illegal drugs) are by or under the supervision of physician or other qualified/licensed personnel.

Standard	Measure
<p>A. Staff has appropriate skills, relevant experience and licensure to care for PLWH with substance abuse issues. Substance Abuse services provided with HRSA funding are subject to Georgia Code Title 43, Chapter 10a. Services will be provided by or under the supervision of a physician or other qualified/licensed personnel such as licensed social workers, professional counselors, and certified alcohol and drug counselors.</p>	<ul style="list-style-type: none"> • Current certifications on file • Training records

Substance Abuse Professional (SAP)

The following are considered to be Substance Abuse Professionals:

1. Physician (MD, DO, etc.) – A physician licensed to practice medicine or osteopathy by Georgia Composite Board of Medical Examiners who has specialized training/certification in addiction or one year of experience treating persons with addictive diseases.
2. Physician’s Assistant (PA) – A person who completed a physician’s assistant training program approved by Georgia Composite Board of Medical Examiners who has specialized training/certification in addiction or one year of experience treating persons with addictive diseases.
3. Advanced Practice Nurse (APN) or Registered Nurse (RN)– An advanced Practice Nurse or Registered Nurse with a bachelor’s degree in nursing with specialized training/certification in addiction or one year of experience treating persons with addictive diseases.
4. Psychologist (PhD or PsyD) – A holder of a doctoral degree from an accredited university or college and who is licensed by the Georgia Board of Examiners of Psychologists with specialized training/certification in addiction or one year of experience treating persons with addictive diseases.

5. Social Worker, Professional Counselor or Marriage and Family Therapist – A social worker, professional counselor or marriage and family therapist licensed by the Georgia Composite Board of Professional Counselors, Social Workers, and Marriage and Family Therapists with specialized training/certification in addiction or one year of experience treating persons with addictive diseases. Licensures may include: Licensed Clinical Social Worker (LCSW), Licensed Master Social Worker (LMSW), Licensed Professional Counselor (LPC), and/or Licensed Associate Professional Counselor (LAPC).
6. Certified Addiction Counselor I (CAC-I) or higher – Individuals with certification as a Certified Addiction Counselor I or II by the Georgia Addiction Counselors Association, or certification by the National Association of Alcoholism and Drug Consortium as a Master Addiction Counselor, or certification by the International Credentialing Reciprocity Consortium as a Certified Alcohol and Drug Counselor I, II, or III.
7. Licensed Practical Nurse (LPN) – A person licensed for practical nursing by Georgia Board of Licensed Practical Nursing with one year experience treating persons with addictive diseases.
8. Interns or Trainees – A person with a high school diploma/equivalent or higher and who is actively pursuing certification as a certified addiction counselor or certified alcohol and drug counselor. Must be supervised and directed by a supervisor who meets the qualifications established by the Georgia Addiction Counselors’ Association or any other similar private association of addiction.

LICENSURE/CERTIFICATION

Standard	Measure
A. Substance Abuse services provided with HRSA funding are subject to Georgia Code Title 43, Chapter 10A. Services will be provided by or under the supervision of a physician or other qualified/licensed personnel such as licensed social workers, professional counselors, and certified alcohol and drug counselors.	<ul style="list-style-type: none"> ● Current certifications on file ● Training records

TRAINING/SUPERVISION

Standard	Measure
A. All staff without direct experience, licensure, or certification must work under direction and supervision of an appropriately licensed/credentialed Substance Abuse Professional (SAP) that is qualified by the Georgia Composite Board of Medical Examiners, Georgia Composite Board of Professional Counselors, Social Workers, and Marriage and Family Therapists, or Georgia Addiction Counselors’ Association to provide supervision.	<ul style="list-style-type: none"> ● Personnel records ● Training records

<p>B. Staff obtaining experience must document supervision. Both supervisors and supervisees are required to maintain a record of the date, duration, type (individual, paired, or group), and a brief summary of the pertinent activity for each supervision session.</p>	<ul style="list-style-type: none"> ● Personnel records
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SERVICE STANDARDS

Standard	Measure
<p>A. Subrecipient staff acts as a liaison between the client and other service providers to support coordination and delivery of high-quality care. For those clients not in Outpatient/Ambulatory Health Services, subrecipient staff must note progress towards linking the client into Outpatient/Ambulatory Health Services.</p>	<ul style="list-style-type: none"> ● Client record – documentation of with whom staff are communicating and progress to linking client to primary care
<p>B. Clients with a current substance use issue as determined by the standardized assessment who want treatment will be provided either with treatment or a referral as clinically indicated.</p>	<ul style="list-style-type: none"> ● Subrecipient client data report consistent with funding requirements ● Client record
<p>C. Subrecipient staff implement discharge plan when appropriate in client treatment plan. The discharge plan shall be inclusive of:</p> <ul style="list-style-type: none"> ✓ Summary of needs at admission ✓ Summary of services provided ✓ Goals completed during counseling ✓ Circumstances of discharge ✓ Disposition 	<ul style="list-style-type: none"> ● Client record
<p>D. Referral sources should be provided at a minimum with the following:</p> <ul style="list-style-type: none"> ✓ Authorization form from client to provide records to referral source ✓ Concise problem statement ✓ Relevant lab tests 	<ul style="list-style-type: none"> ● Client record

SUBSTANCE USE ASSESSMENT

Standard	Measure
<p>A. Clients who are referred shall receive an assessment within 10 business days. Assessment includes at a minimum:</p> <ul style="list-style-type: none"> ✓ Medical history and current health status ✓ HIV risk behavior ✓ Available financial resources 	<ul style="list-style-type: none"> ● Client record ● Subrecipient client data report consistent with funding requirements

<ul style="list-style-type: none"> ✓ Available support system ✓ Legal history ✓ Mental health issues ✓ Housing history 	
<p>B. Clients with a current substance use issue as determined by the standardized assessment who want treatment will be provided either with treatment or a referral as clinically indicated.</p>	<ul style="list-style-type: none"> • Subrecipient client data report consistent with funding requirements • Client record

TREATMENT PLAN

Standard	Measure
<p>A. Substance Abuse treatment plan is developed for each client who receives substance abuse outpatient treatment.</p>	<ul style="list-style-type: none"> • Client record including completed treatment plan signed by client
<p>B. Develop treatment plan with client within 20 business days of intake encompassing continuum of care. An appropriate treatment plan must include:</p> <ul style="list-style-type: none"> ✓ The quantity, frequency, and modality of treatment provided ✓ The date treatment begins and ends ✓ The signature of the individual providing the service and or the supervisor as applicable ✓ Regular monitoring and assessment of client progress: <ul style="list-style-type: none"> • Risk reduction counseling on possible HIV re-infection and avoiding transmission to their partners • Documentation of current medications if applicable • Recommended substance use treatment and client’s willingness to participate in such treatment • Plans for continuity of primary medical care for those clients who are currently receiving medical care • Plans to link client into primary medical care with a designated time frame that is coordinated with client’s substance use treatment needs 	<ul style="list-style-type: none"> • Client record including completed treatment plan signed by client • Client satisfaction survey
<p>C. Client’s needs and treatment plan are reviewed at least every 6 months. Treatment plans of clients receiving intensive outpatient services shall be reviewed at a minimum of 30 days and revised as clinically needed.</p>	<ul style="list-style-type: none"> • Client record • Subrecipient client data report consistent with funding requirements

<p>Clients receiving telehealth services should have a face-to-face visit at least once a year.</p>	
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DISCHARGE PLAN

Standard	Measure
<p>A. Subrecipient staff implements discharge plan when appropriate in client treatment plan. The discharge plan shall be inclusive of:</p> <ul style="list-style-type: none"> ✓ Summary of needs at admission ✓ Summary of services provided ✓ Goals completed during counseling ✓ Circumstances of discharge ✓ Disposition 	<ul style="list-style-type: none"> • Client record

HEALTH INSURANCE PREMIUM AND COST SHARING ASSISTANCE

SERVICE DEFINITION

Health Insurance Premium and Cost Sharing Assistance (HIPCSA) provides financial assistance for eligible clients living with HIV to maintain continuity of health insurance or to receive medical and pharmacy benefits under a health care coverage program. For purposes of this service category, health insurance also includes standalone dental insurance. The service provision consists of the following:

- ✓ Paying health insurance premiums to provide comprehensive HIV Outpatient/Ambulatory Health Services, and pharmacy benefits that provide a full range of HIV medications for eligible clients; and/or
- ✓ Paying standalone dental insurance premiums to provide comprehensive oral health care services for eligible clients; and/or
- ✓ Paying cost sharing on behalf of the client.

POLICIES AND PROCEDURES

Standard	Measure
<p>A. Subrecipient is contractually required to maintain documentation demonstrating the following which shall be made available to the Recipient and HRSA upon request and during Ryan White Part or EHE site visits:</p> <ul style="list-style-type: none"> ✓ Documentation of an annual cost-benefit analysis illustrating the compared costs of having the client in the Ryan White or EHE Program to the greater benefit in purchasing 	<ul style="list-style-type: none"> • Site Visit/Program Monitoring

<ul style="list-style-type: none"> • public or private health insurance, • pharmacy benefits, • co-pays and/or • deductibles for eligible low-income clients <ul style="list-style-type: none"> ✓ Documentation that the insurance plan purchased provides comprehensive primary care and a full range of HIV medication (Premium Costs are covered) ✓ Documentation including a physician’s written statement that the eye condition is related to HIV infection ✓ Documentation of proof of low-income status ✓ Provide assurance that all Emergency Financial Assistance Funds are not being used to cover: <ul style="list-style-type: none"> • costs associated with Social Security • costs of liability risk pool 	
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STAFFING

TRAINING/SUPERVISION

Standard	Measure
<p>A. HIPCSA at a subrecipient must complete at least 10 hours of training annually. It may consist of training related to insurance premiums, marketplace regulations, Georgia Medicaid Management Information System (GAMMIS), Centers for Medicare & Medicaid Services (CMS) Part B Health Insurance Premium and Cost (HICP) trainings, and/or other related insurance topics.</p>	<ul style="list-style-type: none"> • Training records in personnel files

SERVICE STANDARDS

INSURANCE ASSESSMENT

Standard	Measure
<p>A. Subrecipient must have a methodology to assess if client meets criteria for health premium assistance, by certifying and assessing if client’s health care coverage at a minimum includes:</p>	<ul style="list-style-type: none"> • Client Record • Proof of insurance card/plan

<ul style="list-style-type: none"> ✓ at least one approved HIV medicine⁶ and treatment ✓ appropriate HIV outpatient/ambulatory health services 	
<p>B. Subrecipient must have a methodology to assess cost-effectiveness of service provision by calculating and comparing aggregate costs of health care coverage or standalone dental insurance to full cost of medication and treatment. The cost of insurance plans must be lower than the cost of providing health services through grant-supported direct delivery.</p>	<ul style="list-style-type: none"> ● Client Record ● Site Visit/Program Monitoring
<p>C. For health insurance premium assistance (not standalone dental insurance assistance), subrecipient must implement a methodology that incorporates the following requirements:</p> <ul style="list-style-type: none"> ✓ Clients obtain health care coverage that at a minimum, includes at least one U.S. Food and Drug Administration (FDA) approved medicine in each drug class of core antiretroviral medicines outlined in the U.S. Department of Health and Human Services’ Clinical Guidelines for the Treatment of HIV, as well as appropriate HIV Outpatient/Ambulatory Health Services; and ✓ The cost of paying for the health care coverage (including all other sources of premium and cost sharing assistance) is cost-effective in the aggregate versus paying for the full cost for medications and other appropriate HIV Outpatient/Ambulatory Health Services (HRSA RWHAP Part A, HRSA RWHAP Part B, HRSA RWHAP Part C, and HRSA RWHAP Part D). 	<ul style="list-style-type: none"> ● Client Record ● Site Visit/Program Monitoring
<p>D. For standalone dental insurance premium assistance, subrecipient must implement a methodology that incorporates the following requirement:</p> <ul style="list-style-type: none"> ✓ HRSA RWHAP Part A and EHE recipients must assess and compare the aggregate cost of paying for the standalone dental insurance option versus paying for the full cost of HIV oral health care services to ensure that purchasing standalone dental insurance is cost effective in the aggregate 	<ul style="list-style-type: none"> ● Client Record ● Site Visit/Program Monitoring

6 U.S. Food and Drug Administration (FDA) approved medicine in each drug class of core antiretroviral medicines outlined in the U.S. Department of Health and Human Services’ Clinical Guidelines for the Treatment of HIV

and allocate funding to Health Insurance Premium and Cost Sharing Assistance only when determined to be cost effective.	
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SERVICE COORDINATION

Standard	Measure
A. Subrecipient staff must have documentation that assistance was provided, the status, and resolution of the health insurance premium assistance and that no funds were provided directly to the client.	<ul style="list-style-type: none"> • Client Record
B. Agencies will ensure payments are made directly to the health or dental insurance vendor within ten (10) business days of approved request.	<ul style="list-style-type: none"> • Client Record
C. Subrecipient staff will maintain documentation of service coordination in client’s record to include: <ul style="list-style-type: none"> ✓ Client eligibility ✓ Types of Health Insurance Premium Assistance provided ✓ Date(s) Health Insurance Premium Assistance was provided ✓ Progress of Service Provision 	<ul style="list-style-type: none"> • Client Record
D. Client will be notified of approval status by mail, email, and phone within ten (10) business days of enrollment assessment.	<ul style="list-style-type: none"> • Client Record

CLIENT EDUCATION

Standard	Measure
A. Education must be provided to clients specific to what is reasonably expected to be paid for by an eligible plan and what RWHAP or EHE can assist with to ensure healthcare coverage is maintained.	<ul style="list-style-type: none"> • Policy on file

SUPPORT SERVICES

As of the 2006 Ryan White legislation requires that that no more than 25 percent of service dollars to be spent on support services that are needed in the EMA for individuals with HIV/AIDS who are identified and eligible under the RWHAP. Services funded must be needed in order for PLWH to achieve medical outcomes—defined as “outcomes affecting the HIV-related clinical status of an individual with HIV/AIDS.” HIV Support Services are part of the

monitoring expectations for RWHAP and included in the HRSA Universal National Monitoring Standards.

Defined Support Services

A total of 16 support services approved for funding by the Secretary of HHS based on the legislation:

- ✓ Child Care Services
- ✓ Emergency Financial Assistance
- ✓ Food Bank/Home Delivered Meals
- ✓ Health Education/Risk Reduction
- ✓ Housing
- ✓ Linguistic Services
- ✓ Medical Transportation
- ✓ Non-Medical Case Management Services
- ✓ Other Professional Services
- ✓ Outreach Services
- ✓ Permanency Planning
- ✓ Psychosocial Support Services
- ✓ Referral for Health Care and Support Services
- ✓ Rehabilitation Services
- ✓ Respite Care
- ✓ Substance Abuse Services (residential)

CHILD CARE SERVICES

SERVICE DEFINITION

Funding for Child Care Services for the children of HIV-positive clients, provided intermittently, only while the client attends medical or other appointments or RWHAP or EHE - related meetings, groups, or training sessions. Childcare services may include recreational and social activities for the child, if provided in a licensed or certified provider setting including drop-in centers in primary care or satellite facilities. Service exclusions include the use of funds for off-premises social/recreational activities or gym membership.

POLICIES AND PROCEDURES

Standard	Measure
<p>A. Subrecipient is contractually required to assure and maintain documentation of the following which shall be made available to the recipient and HRSA upon request and during Ryan White Part A site visits:</p> <ul style="list-style-type: none"> ✓ Documentation of client’s eligibility ✓ Medical or other appointments or RWHAP or EHE - related meetings, groups, or training sessions that made childcare necessary ✓ Documentation to ensure childcare is intermittent and is only provided to permit the client to keep 	<ul style="list-style-type: none"> ● Program monitoring

<p>medical and other appointments or other permitted RWHAP or EHE - related activities</p> <ul style="list-style-type: none"> ✓ Any recreational and social activities are provided only in a licensed or certified provider setting ✓ Where provider is a childcare center or program, make available for inspection appropriate and valid licensure or registration as required under applicable State and local laws ✓ Where provider is an informal childcare arrangement, maintain and make available appropriate liability release forms obtained that protect the client, provider, and DHE and documentation that no cash payments are being made to clients or primary care giver 	
<p>B. All licensed childcare providers are required to undergo a national fingerprint background check and obtain a satisfactory determination per Georgia Department of Early Care and Learning (DECAL)⁷. A new fingerprint background check is required every five years.</p>	<ul style="list-style-type: none"> ● Background check letter issued by DECAL
<p>C. Subrecipient is contractually required to assure and maintain documentation of the following which shall be made available to the recipient and HRSA upon request and during Ryan White Part A site visits:</p> <ul style="list-style-type: none"> ✓ Documentation of client’s eligibility ✓ Medical or other appointments or RWHAP or EHE - related meetings, groups, or training sessions that made childcare necessary ✓ Documentation to ensure childcare is intermittent and is only provided to permit the client to keep medical and other appointments or other permitted grant-related activities ✓ Any recreational and social activities are provided only in a licensed or certified provider setting ✓ Where provider is a childcare center or program, make available for inspection appropriate and valid licensure or registration as required under applicable State and local laws 	<ul style="list-style-type: none"> ● Program monitoring ● Liability release forms

⁷ <http://www.decal.ga.gov/CCS/CriminalRecordsCheck.aspx>

<p>✓ Where provider is an informal childcare arrangement, maintain and make available appropriate liability release forms obtained that protect the client, provider, and DHE documentation that no cash payments are being made to clients or primary care giver</p>	
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STAFFING

Standard	Measure
<p>A. Staff has appropriate skills, relevant experience, cultural and linguistic competency, knowledge about HIV/AIDS and available health and social service-related resources. Childcare staff in a medical facility setting will be CPR trained.</p>	<ul style="list-style-type: none"> ● Staff résumés in personnel files ● Training records in personnel file ● Client satisfaction survey
<p>B. Staff has a clear understanding of their job description and responsibilities as well as subrecipient policies and procedures.</p>	<ul style="list-style-type: none"> ● Job description on file ● Statement on file, signed by staff and supervisor

SERVICE STANDARDS

Standard	Measure
<p>A. Staff must maintain documentation that records:</p> <ul style="list-style-type: none"> ✓ Date and duration of each unit of childcare service provided ✓ Reason why childcare was needed – e.g., client medical or other appointment or participation in a RWHAP or EHE - related meeting, group, or training session ✓ Any recreational and social activities provided only within a licensed or certified provider setting 	<ul style="list-style-type: none"> ● Client Record ● Program files
<p>B. Subrecipient staff acts as a liaison between the client and other service providers to support coordination and delivery of high-quality care. For those clients not in Outpatient/Ambulatory Health Services, subrecipient staff must note progress towards linking the client into Outpatient/Ambulatory Health Services.</p>	<ul style="list-style-type: none"> ● Client record – documentation of who staff are communicating with and progress to linking client to primary care if appropriate ● Subrecipient client data report consistent with funding requirements ● Policy on file

EMERGENCY FINANCIAL ASSISTANCE

SERVICE DEFINITION

Emergency Financial Assistance (EFA) provides limited one-time or short-term payments to assist a HRSA RWHAP or EHE client with an urgent need for essential items or services necessary to improve health outcomes. Emergency Financial Assistance must occur as a direct payment to a subrecipient or through a voucher program. Emergency Financial Assistance funds used to pay for otherwise allowable HRSA RWHAP services must be accounted for under the Emergency Financial Assistance category. Direct cash payments to clients are not permitted. Continuous provision of an allowable service to a client must not be funded through Emergency Financial Assistance.

RWHAP and EHE funds are used for Emergency Financial Assistance only as a last resort. Allowable uses of Emergency Financial Assistance are for household utilities including gas, electricity, propane, water, and all required fees.

Also includes: utilities, housing, food (including groceries and food vouchers), transportation, medication not covered by an AIDS Drug Assistance Program or AIDS Pharmaceutical Assistance, or another HRSA RWHAP-allowable cost needed to improve health outcomes. Emergency Financial Assistance must occur as a direct payment to a subrecipient or through a voucher program.

POLICIES AND PROCEDURES

Standard	Measure
<p>A. Subrecipient is contractually required to maintain documentation demonstrating the following which shall be made available to the recipient and HRSA upon request and during Ryan White Part A site visits:</p> <ul style="list-style-type: none"> ✓ Documentation of assistance provided, including: <ul style="list-style-type: none"> • Number of clients and amount expended for each type of Emergency Financial Assistance • Summary of number of Emergency Financial Assistance services received by client • Methods used to provide Emergency Financial Assistance (e.g., payments to agencies, vouchers) ✓ Provide assurance that all Emergency Financial Assistance: <ul style="list-style-type: none"> • Was for allowable types of assistance 	<ul style="list-style-type: none"> • Site Visit/Program Monitoring

<ul style="list-style-type: none"> • Was used only in cases where Ryan White or EHE was the payer of last resort • Met grantee-specified limitations on amount and frequency of assistance to an individual client • Was provided through allowable payment methods 	
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STAFFING

Standard	Measure
A. Emergency Financial Assistance staff at a subrecipient agency must complete relevant training.	<ul style="list-style-type: none"> • Training records in personnel files
B. Staff has appropriate skills, relevant experience, cultural and linguistic competency, knowledge about HIV/AIDS and available health and social service-related resources.	<ul style="list-style-type: none"> • Resumes in personnel records • Personnel and training records • Documentation in personnel record with staff signature stating they have read, understood and will abide by the code of ethics
C. Staff have a clear understanding of their job description and responsibilities as well as subrecipient policies and procedures.	<ul style="list-style-type: none"> • Job description on file • Statement on file, signed by staff and supervisor

SERVICE STANDARDS

ASSESSMENT

Standard	Measure
<p>A. Subrecipient staff will determine if client meets criteria for emergency needs, by certifying and assessing if client is experiencing a hardship for one or more of the following reasons:</p> <ul style="list-style-type: none"> ✓ A significant increase in bills ✓ A recent decrease in income ✓ High unexpected expenses on essential items ✓ Unable to provide for basic needs and shelter 	<ul style="list-style-type: none"> • Client Record

<ul style="list-style-type: none"> ✓ Failure to provide Emergency Financial Assistance will result in danger to the health of client or dependent children ✓ A significant increase in likelihood of homelessness ✓ Other emergency needs as deem appropriate by the subrecipient 	
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SERVICE COORDINATION

Standard	Measure
A. Subrecipient staff must have documentation that assistance was provided, the status, and resolution of the emergency financial assistance and that no funds were provided directly to the client.	<ul style="list-style-type: none"> • Client Record
B. Subrecipient staff will maintain documentation of service coordination in client’s record to include: <ul style="list-style-type: none"> ✓ Client eligibility ✓ Types of Emergency Financial Assistance provided ✓ Date(s) Emergency Financial Assistance was provided ✓ Method of providing Emergency Financial Assistance 	<ul style="list-style-type: none"> • Client Record

FOOD-BANK/HOME-DELIVERED MEALS

SERVICE DEFINITION

Food Bank/Home-delivered Meals include the provision of actual food items, hot meals and vouchers to purchase food. This also include the provision of non-food items that are limited to the following:

- ✓ Personal hygiene products
- ✓ Household cleaning supplies
- ✓ Water filtration/ purification systems in communities where issues with water purity exist.

Funds **may not** be used for permanent water filtration systems for water entering the house, household appliances, pet foods and other non-essential products.

Nutritional services and nutritional supplements provided by a registered dietitian are considered a core medical service, Medical Nutrition Therapy, under the RWHAP.

All Food Bank/Home-delivered Meals provided by RWHAP or EHE funded agencies shall be: medically appropriate, healthful and useable. These services shall be used as a support and to improve access and adherence to HIV/AIDS medical services. Agencies shall assure that no

client receives any RWHAP or EHE funded Food Bank/Home-delivered Meal services unless such client is found to be eligible for services under such Eligibility Standards.

POLICIES AND PROCEDURES

Standard	Measure
<p>A. Subrecipient is required to assure and maintain documentation of the following which shall be made available to the Recipient and HRSA upon request and during Ryan White Part A site visits:</p> <ul style="list-style-type: none"> ✓ Services provided by type of services, number of clients served, and levels of service ✓ Amounts and use of funds for purchase of allowable non-food items ✓ Compliance with all federal, state, and local laws regarding the provision of food bank, home-delivered meals and food voucher programs including any required licensure and/or certification 	<ul style="list-style-type: none"> ● Personnel files ● Client records ● Site Visit/Program Monitoring

STAFFING

A Case Manager or clerical staff may distribute food/bank home-delivered meals based on specified need of client.

Standard	Measure
<p>A. Staff have appropriate skills and relevant experiences to be providing food assistance to people living with HIV. Staff shall be trained on food or food voucher distribution protocols.</p>	<ul style="list-style-type: none"> ● Personnel records ● Training attendance in the past year
<p>B. Staff receives appropriate supervision as required by licensure/certification⁸. Certification may reflect that an individual has completed a state approved food safety training program or has passed a professionally validated food safety examination, as applicable.</p>	<ul style="list-style-type: none"> ● Personnel records ● Training records
<p>C. Staff have a clear understanding of their job description and responsibilities as well as subrecipient policies and procedures.</p>	<ul style="list-style-type: none"> ● Written job description that includes roles and responsibilities and a statement of having been informed of subrecipient

⁸ For example, subrecipient and staff may be ServSafe certified to prepare and deliver hot meals.

	<p>policies and procedures on file signed by staff & staff supervisor/human resources manager</p> <ul style="list-style-type: none"> ● Confidentiality agreement signed by staff
D. All drivers delivering meals must hold a valid driver’s license and automobile insurance consistent with state minimum requirements.	<ul style="list-style-type: none"> ● Personnel files of paid and volunteer drivers contain documents indicating valid driver’s licenses

SERVICE STANDARDS

FOOD BANK MEALS

Standard	Measure
A. Agencies must utilize the appropriate guidelines for food banks as follows: <ul style="list-style-type: none"> ✓ The Food is Medicine Coalition for menu development, food production, transportation and food safety. 	<ul style="list-style-type: none"> ● Site visit ● Form on file within designated timeframe signed by a registered dietitian that the guidelines were met
B. Food bank menu provided by agencies is reviewed by a RD biannually.	<ul style="list-style-type: none"> ● Form on file within designated timeframe signed by a registered dietitian that the guidelines were met
C. Agencies must ensure the safety and proper handling of food that is to be distributed to clients. A basic food safety policy or plan should be in place to outline the process of manufacturing, processing, packing, storing, and handling food. Staff shall be trained on food safety and handling protocols annually.	<ul style="list-style-type: none"> ● Policy on file ● Personnel file ● Site visit
D. Food items and meals should be carefully handled and tracked in the event client needs to be contacted due to a food recall.	<ul style="list-style-type: none"> ● Policy on file ● Program records ● Site visit
E. Food distributed by food banks and others shall be fresh (for packaged food, not beyond the recommended expiration dates), free from filth or vermin and, until	<ul style="list-style-type: none"> ● Policy on file ● Site visit

distributed to clients, properly stored and handled to maximize shelf life and minimize spoilage.	
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FOOD VOUCHERS

Standard	Measure
A. Distribution of food vouchers (grocery cards or meal vouchers) should be documented. Staff should be trained on the subrecipient criteria for distribution and recordkeeping.	<ul style="list-style-type: none"> ● Client record ● Program records
B. Expenditures for food shall be controlled to minimize opportunities for inappropriate use. If possible, for reasonable cost, vouchers or debit cards shall be labeled or coded to prevent purchase of alcoholic beverages, tobacco products or games of chance. If possible, clients shall be asked to return to the subrecipient an unused or expired voucher to prevent its resale.	<ul style="list-style-type: none"> ● Policy on file ● Site visit

HOME-DELIVERED MEALS

Standard	Measure
A. Agencies must utilize the appropriate guidelines for home delivered meals as follows: <ul style="list-style-type: none"> ✓ The Food is Medicine Coalition for menu development, food production, transportation and food safety. ✓ Current Georgia Academy of Nutrition and Dietetics <i>Diet Manual</i> for therapeutic menus 	<ul style="list-style-type: none"> ● Site visit ● Documentation of review of menu by RD
B. Home delivered meal menus are reviewed by a registered dietitian biannually.	<ul style="list-style-type: none"> ● Form on file within designated timeframe signed by a registered dietitian that the guidelines were met
C. The provision of home delivered meals should include a distribution plan.	<ul style="list-style-type: none"> ● Written plan
D. Agencies must ensure the safety and proper handling of food that is to be distributed to clients. A basic food safety policy or plan should be in place to outline the process of manufacturing, processing, packing, storing,	<ul style="list-style-type: none"> ● Policy on file ● Personnel file ● Site visit

	and handling food. Staff shall be trained on food safety and handling protocols annually.	
E.	Food distributed by food banks and others shall be fresh (for packaged food, not beyond the recommended expiration dates), free from filth or vermin and, until distributed to clients, properly stored and handled to maximize shelf life and minimize spoilage.	<ul style="list-style-type: none"> • Policy on file • Site visit
F.	Food items and meals should be carefully handled and tracked in the event client needs to be contacted due to a food recall.	<ul style="list-style-type: none"> • Policy on file • Program records • Site visit

SERVICE COORDINATION

Standard	Measure
<p>A. Subrecipient staff will maintain documentation of service coordination in client’s record to include:</p> <ul style="list-style-type: none"> ✓ Date of service ✓ Number of clients served ✓ Type of service provided <ul style="list-style-type: none"> • Food bank • Home-delivered Meals • Vouchers 	<ul style="list-style-type: none"> • Client record

ADDITIONAL GUIDELINES AND RESOURCES

Facilities providing actual food items or hot meals act as a food distribution site or food service establishment and typically adhere to the same guidelines that grocery retailers, food manufacturers and restaurants must follow. Additional references and food codes are below to aid in the development to subrecipient-specific food safety training plans:

- The Current Good Manufacturing Practices for the Manufacturing, Processing, and Packaging, or Handling Human Food developed by the Food and Drug Administration (FDA)
- The FDA Model Food Code
- Rules of Georgia Department of Agriculture developed by Georgia Department of Agriculture, Food Safety Division
- Food Service Establishments developed by Georgia DPH Food Service Program

Types of Services

Delivery of Home-Delivered Meals	Delivery of meal only, no preparation of meal.
Food Pantry	Provision of food pantry items regardless of dietary needs.
Group Meal	Provision of meal in group setting. Number of meals served to clients, not number of purchased meals for group.
Home-Delivered Meal	Preparation and delivery of meal.
Mechanical Soft Meal	Provision of soft food following dental visit.
Meal Voucher	Provision of voucher to purchase a meal during extended medical visits.
Food Voucher	Provision of voucher/gift card to purchase groceries.
Nutritional Supplement Non- RD	Provision of nutritional supplement by someone other than a Registered Dietitian (RD).
Snack	Provision of snack packs at medical sites when clients have a significant amount of wait time.

HOUSING SERVICES

SERVICE DEFINITION

Housing provides transitional, short-term, or emergency housing assistance to enable a client or family to gain or maintain Outpatient/Ambulatory Health Services and treatment, including temporary assistance necessary to prevent homelessness and to gain or maintain access to medical care. Allowable activities include:

- ✓ Emergency Lodging (*hotel/motel vouchers*)
- ✓ Short-term Housing Rental Assistance (*3-6 months of rental subsidy*)
- ✓ Medium-term Housing Rental Assistance (*6-12 months of rental subsidy*)

Activities within the Housing category must also include the development of an individualized housing plan (IHP), updated annually, to guide the client’s linkage to permanent housing. Housing may provide some type of core medical (e.g., mental health services) or support services (e.g., residential substance use disorder services).

Housing activities also include housing referral services, including assessment, search, placement, and housing advocacy services on behalf of the eligible client, as well as fees associated with these activities. Housing activities cannot be in the form of direct cash payments to clients and cannot be used for mortgage payments or rental deposits although these may be allowable costs under the HUD Housing Opportunities for Persons with AIDS (HOPWA) grant awards.

POLICIES AND PROCEDURES

Standard	Measure
<p>A. Subrecipient is required to maintain documentation of the following which shall be made available to the recipient and HRSA upon request and during site visits:</p> <ul style="list-style-type: none"> ✓ Services provided including number of clients served, duration of housing services, types of housing provided, and housing referral services ✓ Ensure staff providing housing services are case managers or other professionals who possess a comprehensive knowledge of local, state, and federal housing programs and how to access those programs ✓ Maintain client records that document: <ul style="list-style-type: none"> • Client eligibility determination • Housing services, including referral services provided • IHP for all clients that receive short-term, transitional, and emergency housing services ✓ Provide documentation and assurance that no RWHAP or EHE funds are used to provide direct payments to clients for rent or mortgages⁹ 	<ul style="list-style-type: none"> • Site Visit/Program Monitoring • Chart audits
<p>B. Subrecipient should have mechanisms in place to:</p> <ul style="list-style-type: none"> ✓ allow newly identified clients access to housing services. ✓ develop and maintain housing policies and procedures that are consistent with this Housing Policy 	<ul style="list-style-type: none"> • Policy on file

⁹ HRSA RWHAP recipients and subrecipients, along with local decision-making planning bodies, are strongly encouraged to institute duration limits to housing activities. HRSA HAB recommends recipients and subrecipients align duration limits with those definitions used by other housing programs, such as those administered by the Department of Housing and Urban Development, which currently uses 24 months for transitional housing.

<ul style="list-style-type: none"> ✓ provide assistance to clients to help them obtain stable long-term housing ✓ assess and document the housing status and housing service needs of new clients, and at least annually for existing clients. 	
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STAFFING

Standard	Measure
<p>A. Subrecipient will ensure staff providing housing services are case managers or other professionals who possess a comprehensive knowledge of local, state, and federal housing programs and how to access those programs.</p>	<ul style="list-style-type: none"> • Personnel records
<p>B. Subrecipient staff shall receive a minimum of 1 hour of monthly supervision.</p>	<ul style="list-style-type: none"> • Written job description that includes roles and responsibilities and a statement of having been informed of subrecipient policies and procedures in file signed by staff and supervisor
<p>C. Subrecipient staff will participate in at least 6 hours of education/training annually.</p>	<ul style="list-style-type: none"> • Policy on file • Program Review
<p>D. Housing Assistance must be provided by a qualified professional with a minimum of high school diploma or equivalent. Staff must also have at least 1-2 years of experience in the field of social services or similar field.</p>	<ul style="list-style-type: none"> • Personnel records

SCREENING

Standard	Measure
<p>A. Upon initial contact with client, subrecipient will determine if client meets criteria for housing assistance, as detailed in their policy and procedures. In order to determine financial assistance equitably for all households served, service providers should use income calculation standards for short-term or medium-term rental assistance¹⁰.</p>	<ul style="list-style-type: none"> • Client record

¹⁰ <https://files.hudexchange.info/resources/documents/HOPWARentalAssistanceGuidebook.pdf>

SERVICE STANDARDS

Standard	Measure
<p>A. Rapid re-housing is an intervention designed to help individuals and families to quickly exit homelessness, return to housing in the community, and not become homeless again in the near term¹¹. Subrecipient should have policies and procedures in place to support the core components of a rapid re-housing program such as:</p> <ul style="list-style-type: none"> ✓ Housing identification ✓ Move-in and rental assistance ✓ Rapid re-housing case management and services 	<ul style="list-style-type: none"> • Policy Review • Personnel records
<p>B. Subrecipient staff shall acts as a liaison between the client and other service providers to enable a client or family to gain or maintain Outpatient/Ambulatory Health Services and treatment, including temporary assistance necessary to prevent homelessness and to gain or maintain access to medical care. Housing activities include:</p> <ul style="list-style-type: none"> ✓ Assessment ✓ Search ✓ Placement ✓ Housing Referral Services ✓ Housing Advocacy Services on behalf of the eligible client 	<ul style="list-style-type: none"> • Client record
<p>C. Subrecipient staff will provide a “warm handoff” (including transfer documentation) and follow-up for referrals to ensure client receives needed assistance.</p>	<ul style="list-style-type: none"> • Client record
<p>D. Clients will have direct contact with subrecipient staff every month throughout service provision. Direct contact is defined as phone interaction (messages left do not qualify), face-to-face contact, telehealth communication or secure email correspondence (messages sent to and received from client).</p>	<ul style="list-style-type: none"> • Client record • Subrecipient client data report consistent with funding requirements • Client satisfaction survey
<p>E. Clients receiving telehealth services should have a face-to-face visit at least once a year</p>	<ul style="list-style-type: none"> • Client record
<p>F. Subrecipient staff must document the following:</p> <ul style="list-style-type: none"> ✓ Number of clients served ✓ Duration of housing services ✓ Types of housing provided ✓ Housing referral services 	<ul style="list-style-type: none"> • Client record

¹¹ <https://endhomelessness.org/resource/rapid-re-housing-performance-benchmarks-and-program-standards/>

<p>G. A client may be terminated from receiving Housing services for any of the following reasons:</p> <ul style="list-style-type: none"> ✓ Death ✓ Client request ✓ Client’s actions put the subrecipient, staff, or other clients at risk ✓ Client no longer requires Housing interventions ✓ Client fails to contact the subrecipient for a period of 6 months despite at least 3 documented attempts to contact the client by agency staff. 	<ul style="list-style-type: none"> • Policy on file • Client record • Subrecipient client data report consistent with funding requirements
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ASSESSMENT

Standard	Measure
<p>A. Subrecipient staff will complete an initial assessment of service needs and a comprehensive IHP to guide the client’s linkage to permanent housing needs within 5 business days of assessment.</p>	<ul style="list-style-type: none"> • Client record
<p>B. IHP should be updated annually, and as significant changes occur. Each client should receive an initial and exit housing plan. An appropriate housing plan must include goals, action steps and a timeline for linkage to permanent housing.</p>	<ul style="list-style-type: none"> • Documentation from client that he/she received a copy of their IHP • Documentation the housing plan was reviewed and agreed upon by client and staff.

LINGUISTICS SERVICES

SERVICE DEFINITION

Linguistic services provide support for oral and written translation services, provided by qualified individuals as a component of HIV service delivery between the provider and the client, when such services are necessary to facilitate communication between the provider and client and/or support delivery of Ryan White or EHE -eligible services.

Per HRSA Policy Clarification Notice 16-02¹², services provided must comply with National Standards for Culturally and Linguistically Appropriate Services (CLAS).

12 HRSA, HIV/AIDS Bureau (2018). *Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds-Policy Clarification Notice 16-02* [https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN_16-02Final.pdf]

POLICIES AND PROCEDURES

Standard	Measure
<p>A. If applicable, the Linguistic subrecipient has a formal relationship with a mental health/substance abuse professional for consultation as needed if a mental health/substance abuse professional is not on staff.</p>	<ul style="list-style-type: none"> ● Written letter of agreement on file
<p>B. Subrecipient is contractually required to maintain documentation of the following which shall be made available to the recipient and HRSA upon request and during site visits:</p> <ul style="list-style-type: none"> ✓ Documentation that linguistic services are being provided as a component of HIV service delivery between the provider and the client, to facilitate communication between the client and provider and the delivery of RWHAP or EHE - eligible services in both group and individual settings. ✓ Services are provided by appropriately trained and qualified individuals holding appropriate State or local certification. ✓ Maintain program files that document: <ul style="list-style-type: none"> ● Number and types of providers requesting and receiving services ● Number of assignments ● Languages involved ● Types of services provided – oral interpretation or written translation, and whether interpretation is for an individual client or group ● Maintain documentation showing that interpreters and translators employed with RWHAP or EHE funds have appropriate training and hold relevant State and/or local certification. 	<ul style="list-style-type: none"> ● Program Monitoring ● Personnel files

STAFFING

Standard	Measure
<p>A. Staff has appropriate skills, relevant experience, cultural and linguistic competency, knowledge about HIV/AIDS and available health and social service-related resources.</p>	<ul style="list-style-type: none"> ● Staff resumes in personnel files

	<ul style="list-style-type: none"> • State or local certification and training records in personnel file • Client satisfaction survey
B. Staff has a clear understanding of their job description and responsibilities as well as subrecipient policies and procedures.	<ul style="list-style-type: none"> • Job description on file • Statement on file, signed by staff and supervisor

SERVICE STANDARDS

Standard	Measure
A. Subrecipient staff acts as a liaison between the client and other service providers to support coordination and delivery of high-quality care. For those clients not in Outpatient/Ambulatory Health Services, subrecipient staff must note progress towards linking the client into Outpatient/Ambulatory Health Services.	<ul style="list-style-type: none"> • Client record – documentation of with whom staff are communicating with and progress to linking client to primary care if appropriate • Subrecipient client data report consistent with funding requirements • Policy on file
B. Staff must document: <ul style="list-style-type: none"> ✓ Quantity of services ✓ Type of service ✓ Language interpreted 	<ul style="list-style-type: none"> • Client Record • Program files

MEDICAL TRANSPORTATION SERVICES

SERVICE DEFINITION

Medical Transportation Services is the provision of nonemergency transportation that enables an eligible client to access or be retained in core medical and support services through either: direct transportation services, public transportation vouchers/tokens, cab or taxi vouchers, gas cards and on-demand car or rideshare services.

Per HRSA Policy Clarification Notice 16-02¹³, medical transportation may be provided through:

- ✓ Contracts with providers of transportation services

13 HRSA, HIV/AIDS Bureau (2018). *Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds-Policy Clarification Notice 16-02* [https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN_16-02Final.pdf]

- ✓ Mileage reimbursement (through a non-cash system) that enables clients to travel to needed medical or other support services, but should not in any case exceed the established rates for federal programs
- ✓ Purchase or lease of organizational vehicles for client transportation programs provided the recipient receives prior approval for the purchase of vehicle(s)
- ✓ Organization and use of volunteer drivers (through programs with insurance and other liability issues specifically addressed)
- ✓ Voucher or token systems

Costs for transportation for medical providers to provide care should be categorized under the service category for the service being provided.

Unallowable costs include:

- Direct cash payments or cash reimbursements to clients
- Direct maintenance expenses (tires, repairs, etc.) of a privately-owned vehicle
- Any other costs association with a privately-owned vehicle such as lease, loan payment, insurance, license or registration fees

POLICIES AND PROCEDURES

Standard	Measure
<p>A. If applicable, the Transportation subrecipient has a formal relationship with a mental health/substance abuse professional for consultation as needed if a mental health/substance abuse professional is not on staff.</p>	<ul style="list-style-type: none"> • Written letter of agreement on file
<p>B. Subrecipient is contractually required to maintain documentation of the following which shall be made available to the recipient and HRSA upon request and during Ryan White Part A site visits:</p> <ul style="list-style-type: none"> ✓ Documentation that medical transportation services are used only to enable an eligible individual to access HIV-related health and support services ✓ Documentation that services are provided through one of the following methods: <ul style="list-style-type: none"> • A contract or some other local procurement mechanism with a provider of transportation services • A voucher or token system that allows for tracking the distribution of the vouchers or tokens (no direct payments may be made to clients) 	<ul style="list-style-type: none"> • Program Monitoring

<ul style="list-style-type: none"> • A system of mileage reimbursement that does not exceed the federal per-mile reimbursement rates • A system of volunteer drivers, where insurance and other liability issues are addressed • Purchase or lease of organizational vehicles for client transportation, with prior approval form HRSA/HAB for the purchase ✓ Documentation of record keeping that tracks both services provided and the purpose of the service (e.g., transportation to/from what type of medical or support service appointment) ✓ Documentation showing that provider is meeting stated contract requirements with regards to methods of providing transportation 	
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SERVICE STANDARDS

Standard	Measure
<p>A. Subrecipient staff acts as a liaison between the client and other service providers to support coordination and delivery of high-quality care. For those clients not in Outpatient/Ambulatory Health Services, subrecipient staff must note progress towards linking the client into Outpatient/Ambulatory Health Services.</p>	<ul style="list-style-type: none"> • Client record – documentation of with whom staff are communicating with and progress to linking client to primary care if appropriate • Subrecipient client data report consistent with funding requirements • Policy on file
<p>B. Subrecipient staff will maintain documentation of services provided to include:</p> <ul style="list-style-type: none"> ✓ The level of services/number of trips provided ✓ The reason for each trip and its relation to accessing health and support services ✓ Trip origin and destination ✓ Client eligibility determination ✓ The cost per trip ✓ The method used to meet the transportation need 	<ul style="list-style-type: none"> • Client record or program files

NON-MEDICAL CASE MANAGEMENT SERVICES

SERVICE DEFINITION

Non-Medical Case Management Services (NMCM) is the provision of a range of client-centered activities focused on improving access to and retention in needed core medical and support services. NMCM provides coordination, guidance, and assistance in accessing medical, social, community, legal, financial, employment, vocational, and/or other needed services. NMCM services may also include assisting eligible clients to obtain access to other public and private programs for which they may be eligible, such as Medicaid, Children’s Health Insurance Program, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer’s Patient Assistance Programs, Department of Labor or Education-funded services, other state or local health care and supportive services, or private health care coverage plans. Additional services include transitional case management for incarcerated persons as they prepare to exit the correctional system.

NMCM services includes all types of case management encounters (e.g., face-to-face, telehealth, phone contact, and any other forms of communication deemed appropriate by the Part A recipient). Key activities: include:

- ✓ Initial assessment of service needs
- ✓ Development of a comprehensive, Individualized Care Plan (ICP)
- ✓ Timely and coordinated access to medically appropriate levels of health and support services and continuity of care
- ✓ Client-specific advocacy and/or review of utilization of services
- ✓ Continuous client monitoring to assess the efficacy of the care plan
- ✓ Re-evaluation of the ICP at least every 6 months with adaptations as necessary
- ✓ Ongoing assessment of the client’s and other key family members’ needs and personal support systems

NMCM Services have as their objective providing coordination, guidance and assistance in **improving access** to and retention in needed medical and support services to mitigate and eliminate barriers to HIV care services, whereas Medical Case Management Services have as their objective **improving health care outcomes**.

POLICIES AND PROCEDURES

Standard	Measure
<p>A. Subrecipient is contractually required to maintain documentation of the following which shall be made available to the Recipient and HRSA upon request and during Ryan White Part A site visits:</p> <ul style="list-style-type: none"> ✓ Where transitional case management for incarcerated persons is provided, assurance that 	<ul style="list-style-type: none"> • Site Visit/Program Monitoring

<p>such services are provided either as part of discharge planning or for individuals who are in the correctional system for a brief period</p> <ul style="list-style-type: none"> ✓ Clear statement of required and optional case management services and activities, including benefits/entitlement counseling ✓ Full range of allowable types of encounters and communications ✓ Client records document at least the following: <ul style="list-style-type: none"> • Date of each encounter • Type of encounter (e.g., face-to-face, telephone contact, etc.) • Duration of encounter • Key activities • Individualized Care Plan 	
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STAFFING

Standard	Measure
<p>A. Non-Medical Case Managers or providers of Non-Medical Case Management are trained and knowledgeable about HIV/AIDS and current resources.</p>	<ul style="list-style-type: none"> • Personnel records
<p>B. Non-Medical Case Managers or providers of Non-Medical Case Management have appropriate skills, relevant experience and licensure to provide Non-Medical Case Management services to people living with HIV. All Non-Medical Case Managers are properly trained and meet the staff qualifications for Non-Medical Case Managers or providers of Non-Medical Case Management as defined in the introduction to this document.</p>	<ul style="list-style-type: none"> • Resumes in personnel records • Personnel and training records • Documentation in chart with Non-Medical Case Manager’s signature stating they have read, understood and will abide by the code of ethics
<p>C. Subrecipient staff administering screening questions must have completed training for using the Atlanta EMA screening tool.</p>	<ul style="list-style-type: none"> • Training records
<p>D. Non-Medical Case Managers or providers of Non-Medical Case Management shall receive a minimum of 1 hour of monthly supervision.</p>	<ul style="list-style-type: none"> • Personnel records
<p>E. Non-Medical Case Managers or providers of Non-Medical Case Management will participate in at least 6 hours of education/training annually.</p>	<ul style="list-style-type: none"> • Training/education documentation in personnel files

The following are considered to be providers of Non-Medical Case Management services and activities:

1. Social Worker – A person who holds a bachelor’s or master’s degree in social work from an accredited university or college.
2. Non-Medical Case Manager - Must be provided by a qualified professional with a minimum of high school diploma or equivalent. Non-Medical Case Managers or providers of Non-Medical Case Management services must also have at least 1-2 years of experience in the field of social services or similar field.

ASSESSMENT

Standard	Measure														
A. Initial assessment of service needs will be completed within 10 business days of enrollment.	<ul style="list-style-type: none"> ● Client Record 														
B. Each client receiving Non-Medical Case management services must have a comprehensive ICP developed to address service needs within 15 business days of assessment. Non-medical case management staff work as a team to ensure client is able to meet goals outlined in ICP.	<ul style="list-style-type: none"> ● Client record 														
<p>C. An appropriate ICP must include behavioral goals, action steps and a timeline for each of the following areas as applicable:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">✓ Income</td> <td style="width: 50%;">✓ Food/nutrition</td> </tr> <tr> <td>✓ Medical</td> <td>✓ Mental health</td> </tr> <tr> <td>✓ Medications</td> <td>✓ Substance use</td> </tr> <tr> <td>✓ Transportation</td> <td>✓ Social support</td> </tr> <tr> <td>✓ Insurance</td> <td>✓ Clothing</td> </tr> <tr> <td>✓ Housing</td> <td>✓ Risk reduction</td> </tr> <tr> <td>✓ Legal</td> <td>✓ Treatment Adherence Counseling</td> </tr> </table>	✓ Income	✓ Food/nutrition	✓ Medical	✓ Mental health	✓ Medications	✓ Substance use	✓ Transportation	✓ Social support	✓ Insurance	✓ Clothing	✓ Housing	✓ Risk reduction	✓ Legal	✓ Treatment Adherence Counseling	<ul style="list-style-type: none"> ● Client record with a signed and dated ICP ● Documentation from client that he/she received a copy of their ICP
✓ Income	✓ Food/nutrition														
✓ Medical	✓ Mental health														
✓ Medications	✓ Substance use														
✓ Transportation	✓ Social support														
✓ Insurance	✓ Clothing														
✓ Housing	✓ Risk reduction														
✓ Legal	✓ Treatment Adherence Counseling														
D. A client’s initial individualized care plan should occur in face-to-face interview. Re-evaluation of the care plan should occur at least every 6 months with adaptations as necessary.	<ul style="list-style-type: none"> ● Client record 														
E. Case managed clients will have direct contact with their Non-Medical Case Managers every month. Direct contact is bi-directional. It is defined as phone interaction (messages left do not qualify), face-to-face contact, secure videoconferencing or secure email correspondence (messages sent to and received from client). Clients receiving telehealth services with the	<ul style="list-style-type: none"> ● Client record ● Subrecipient client data report consistent with funding requirements ● Client satisfaction survey 														

<p>non-medical case manager should have a face-to-face visit at least once a year.</p>	
<p>F. A client may be terminated from receiving Non-Medical Case Management services for any of the following reasons:</p> <ul style="list-style-type: none"> ✓ Death ✓ Client request ✓ Client no longer residing within the Atlanta EMA ✓ Client no longer an active participant in Outpatient/Ambulatory Health Services ✓ Client earns over 400% of the Federal Poverty Level ✓ Client’s actions put the subrecipient, staff, or other clients at risk ✓ Client no longer requires Non-Medical Case Management interventions ✓ Client fails to contact the subrecipient for a period of 6 months despite at least 3 documented attempts to contact the client by the Case Manager. 	<ul style="list-style-type: none"> • Policy on file • Client record • Subrecipient client data report consistent with funding requirements

OTHER PROFESSIONAL SERVICES

SERVICE DEFINITION

Per HRSA Policy Clarification Notice 16-02¹⁴, Legal Services are an allowable service under the Other Professional Services support service category of the Ryan White HIV/AIDS Program. Other Professional Services allow for the provision of professional and consultant services rendered by members of particular professions licensed and/or qualified to offer such services by local governing authorities. Such services may include:

- ✓ Legal services provided to and/or on behalf of the individual living with HIV and involving legal matters related to or arising from their HIV disease including:
 - Assistance with public benefits such as Social Security Disability Insurance (SSDI)
 - Interventions necessary to ensure access to eligible benefits, including discrimination or breach of confidentiality litigation as it relates to services eligible for funding under the RWHAP or EHE, and
 - Preparation of
 - Healthcare Powers of Attorney
 - Durable Powers of Attorney

¹⁴ HRSA, HIV/AIDS Bureau (2016). *Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds-Policy Clarification Notice 16-02* [https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN_16-02Final.pdf]

- Living Wills
- ✓ Permanency planning for an individual or family where the responsible adult is expected to pre-decease a dependent (usually a minor child) due to HIV/AIDS; includes the provision of social service counseling or legal counsel regarding (1) the drafting of wills or delegating powers of attorney, and (2) preparation for custody options for legal dependents including standby guardianship, joint custody or adoption.”
- ✓ Income tax preparation services to assist clients in filing federal tax returns that are required by the Affordable Care Act for all individuals receiving premium tax credits

Under Other Professional Services, the Atlanta EMA provides funding for legal services. It does not include any legal services that arrange for guardianship or adoption of children after the death of their normal caregiver. Funds awarded under the RWHAP or EHE may not be used for any criminal defense or for class-action suits unrelated to access to services eligible for funding under the RWHAP or EHE. Funds must be used for legal services directly necessitated by an individual's HIV/AIDS serostatus.

POLICIES AND PROCEDURES

Standard	Measure
A. If applicable, the Other Professional Services subrecipient has a formal relationship with a mental health/substance abuse professional for consultation as needed if a mental health/substance abuse professional is not on staff.	<ul style="list-style-type: none"> ● Letter of Agreement on file
B. Subrecipient is contractually required to maintain documentation of the following which shall be made available to the Recipient and HRSA upon request and during Ryan White Part A site visits: <ul style="list-style-type: none"> ✓ Types of legal services provided ✓ Client records document the following: <ul style="list-style-type: none"> ● Eligibility determination ● Description of how the legal service is necessitated by the individuals HIV status ✓ Assurance that funds are used only for legal services directly necessitated by the individuals HIV status ✓ Assurance that Ryan White serves as the payor of last resort 	<ul style="list-style-type: none"> ● Site Visit/Program Monitoring

SERVICE STANDARDS

Standard	Measure
A. Subrecipient staff will maintain documentation in client's record of:	<ul style="list-style-type: none"> ● Client record

<ul style="list-style-type: none"> ✓ Client eligibility determination ✓ Services provided <ul style="list-style-type: none"> • Types of services provided • Hours spent in the provision of such services • Reason or necessity of services provided 	
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PSYCHOSOCIAL SUPPORT SERVICES

SERVICE DEFINITION

Psychosocial Support Services provide group or individual support and counseling services to assist HRSA RWHAP-eligible PLWH to address behavioral and physical health concerns.

Activities provided under the Psychosocial Support Services may include:

- ✓ Bereavement counseling
- ✓ Child abuse and neglect counseling
- ✓ HIV support groups
- ✓ Nutrition counseling provided by a non-registered dietitian (see Medical Nutrition Therapy Services)
- ✓ Pastoral care/counseling services

DHE strongly encourages integrating peers in the service delivery of Psychosocial Support Services. The use of peers as paid staff (part-time or full-time) to reach others living with HIV is one strategy embraced by HRSA. Peers are defined as individuals living with HIV possessing knowledge, experiences and cultural competencies that enable them to relate to the target population(s) of others living with HIV.

Funds under this service category **may not** be used to provide nutritional supplements (See Food Bank/Home Delivered Meals).

HRSA RWHAP-funded pastoral counseling must be available to all eligible clients regardless of their religious denominational affiliation.

HRSA RWHAP Funds may not be used for social/recreational activities or to pay for a client’s gym membership.

POLICIES AND PROCEDURES

Standard	Measure
<p>A. Subrecipient is contractually required to maintain documentation demonstrating the following which shall be made available to the recipient and HRSA upon request and during Ryan White Part A site visits:</p> <ul style="list-style-type: none"> ✓ Funds are used only for allowable services including; 	<ul style="list-style-type: none"> • Site Visit/Program Monitoring

<ul style="list-style-type: none"> • Support and counseling activities • Child abuse and neglect counseling • HIV support groups • Pastoral care/counseling • Caregiver support • Bereavement counseling • Nutrition counseling provided by a non-registered dietitian <ul style="list-style-type: none"> ✓ No funds are used for provision of nutritional supplements ✓ Any pastoral care/counseling services meet all stated requirements <ul style="list-style-type: none"> • Provided by an institutional pastoral care program (e.g., components of AIDS interfaith networks, separately incorporated pastoral care and counseling centers, components of services provided by a licensed provider, such as a home care or hospice provider) • Provided by a licensed or accredited provider wherever such licensure or accreditation is either required or available • Available to all individuals eligible to receive RWHAP or EHE, regardless of their religious denominational affiliation 	
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STAFFING

Psychosocial Support Services staff are non-licensed, paraprofessional individuals who are preferably living with HIV and/or have an understanding of HIV healthcare services.

Standard	Measure
<p>A. Peer staff may act as patient care coordinator by accompanying clients to services and medical visits to demonstrate how to navigate the health system and ensure clients attend first medical visit.</p>	<ul style="list-style-type: none"> • Client record • Site visit/Program Monitoring
<p>B. Psychosocial support staff must have at least 40 total hours of initial training and should include the following topics:</p> <ul style="list-style-type: none"> ✓ Role and Expectations ✓ HIV Basics and Life Cycle ✓ Understanding Labs ✓ Medications and Side Effects 	<ul style="list-style-type: none"> • Personnel record

<ul style="list-style-type: none"> ✓ Adherence Strategies ✓ Harm Reduction ✓ Motivational Interviewing ✓ Conflict De-escalation ✓ Boundaries and Confidentiality/HIPAA ✓ Trauma-informed and crisis intervention procedures 	
<p>C. Staff has appropriate skills, relevant experience, cultural and linguistic competency, knowledge about HIV/AIDS and available health and social service-related resources.</p>	<ul style="list-style-type: none"> ● Resumes in personnel records ● Personnel and training records ● Documentation in personnel record with staff signature stating they have read, understood and will abide by the code of ethics
<p>D. Subrecipient staff administering screening questions must have completed training for using the Atlanta EMA screening tool.</p>	<ul style="list-style-type: none"> ● Training records
<p>E. Subrecipient staff will have a clear understanding of their job description and responsibilities as well as agency policies and procedures including billing and collection policies.</p>	<ul style="list-style-type: none"> ● Written job description that includes roles and responsibilities and a statement of having been informed of subrecipient policies and procedures in file signed by staff and supervisor
<p>F. Staff signs an ethics contract on personal boundaries.</p>	<ul style="list-style-type: none"> ● Signed ethics contract in personnel file
<p>G. Staff must complete initial training prior to providing direct services to clients. Psychosocial Support staff complete training within two weeks of employment.</p>	<ul style="list-style-type: none"> ● Signed form attesting to completion of training in personnel file ● Signed confidentiality agreement in personnel file
<p>H. Subrecipient staff shall receive monthly supervision by their direct supervisor. Supervision shall consist of providing support, allowing opportunities to discuss work issues and providing Psychosocial Support Services staff with direction for his or her job.</p>	<ul style="list-style-type: none"> ● Personnel records

<p>I. Psychosocial support staff shall participate in at least 10 additional hours of job-related education/training annually. Subrecipient staff shall receive training related to customer service and cultural competency.</p>	<ul style="list-style-type: none"> ● Training/education documentation in personnel files
<p>J. Clients are eligible to be assigned to a Peer Navigator if they meet any of the following criteria:</p> <ul style="list-style-type: none"> ✓ Newly Diagnosed ✓ Clients who are out of care ✓ Needs of clients based on Assessment ✓ Priority populations such as black men who have sex with men (BMSM) 19-34 or Transgender clients. 	<ul style="list-style-type: none"> ● Client record ● Referral form
<p>K. In some instances, peer staff may act as patient care coordinator by accompanying clients to services and medical visits to demonstrate how to navigate the health system and ensure clients attend first medical visit.</p>	<ul style="list-style-type: none"> ● Client record ● Site visit/Program Monitoring

The following are considered to be Psychosocial Support Staff:

1. Support Group Facilitator – Staff, Intern, Trainee, or peer who leads a Support Group based on a pre-determined curriculum or topic. Must be supervised and directed by a supervisor.

SCREENING

Standard	Measure
<p>A. Clients are eligible for psychosocial support services if they meet any of the following criteria:</p> <ul style="list-style-type: none"> ✓ At risk for falling out of care ✓ Not virally suppressed ✓ Not retained in care ✓ Needs of clients 	<ul style="list-style-type: none"> ● Client record ● Referral form

GROUP SUPPORT AND COUNSELING

Standard	Measure
<p>A. Group sessions provide opportunities for sharing information and resources with the goal of promoting self-advocacy and facilitating the development of social/emotional support networks. Discussion of topics with three or more participants may include¹⁵ :</p>	<ul style="list-style-type: none"> ● Sign-In Sheets ● Progress Notes in client record ● Group Curriculum

¹⁵ PREParing PEERS FOR SUCCESS: Training Curriculum Guide.

<https://targethiv.org/sites/default/files/supporting-files/PREParings%20peer-training-curriculum%202014.pdf>

<ul style="list-style-type: none"> ✓ Effective Communication and Self-Advocacy ✓ HIV Transmission & the Viral Life Cycle ✓ Understanding Lab Values ✓ HIV Medications ✓ Drug Resistance & Adherence; Understanding & Managing Side Effects ✓ Peer Disclosure and Stigma ✓ Harm Reduction & Risk Reduction ✓ Access and engagement in care 	
B. HIV Support groups may be led by staff or volunteers. Group Peer Counseling is facilitated by peer staff.	<ul style="list-style-type: none"> • Personnel record
C. All group sessions must have a topic and attendance documented.	<ul style="list-style-type: none"> • Sign-in Sheets must include facilitator, date, topic, and session duration

INDIVIDUAL SUPPORT AND COUNSELING

Standard	Measure
A. Psychosocial Support staff will have direct contact with their clients on a routine basis considering the needs of the clients, at a minimum monthly basis when applicable.	<ul style="list-style-type: none"> • Client record • Site Visit/ Program Monitoring
B. Individual sessions may occur face-to-face, videoconferencing, or telephone contact. Direct contact is bi-directional. It is defined as phone interaction (messages left do not qualify), face-to-face contact, secure videoconferencing or secure email correspondence (messages sent to and received from client). Clients receiving telecare services with psychosocial support staff should have a face-to-face visit at least once a year if feasible.	<ul style="list-style-type: none"> • Client record
C. Peer Counselors and Educators core activities should be: <ul style="list-style-type: none"> ✓ Explain what services are available at the subrecipient based on the client’s needs. ✓ Facilitate social/emotional support networks ✓ Provide coaching/mentoring to clients ✓ Provide education and skill-building activities to achieve client goals ✓ Provide adherence discussions to clients to encourage their retention in care ✓ Follow up with clients who at-risk to falling of care 	<ul style="list-style-type: none"> • Client record • Site Visit/ Program Monitoring

REFERRAL FOR HEALTH CARE AND SUPPORT SERVICES

SERVICE DEFINITION

Referral for Health Care and Support Services directs a client to needed core medical or support services in person or through telephone, written, or other type of communication. Referral for Health Care and Support Services may include benefits/entitlement counseling and referrals to assist eligible clients in obtaining access to other public and private programs for which they may be eligible, such as Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer’s Patient Assistance Programs, other state or local health care and supportive services, or health insurance Marketplace plans.

Referrals for Health Care and Support Services provided by Outpatient/Ambulatory Health Services care providers should be reported under the Outpatient/Ambulatory Health Services category. Referrals for Health Care and support services provided by case managers (medical and non-medical) should be reported in the appropriate case management service category (i.e., Medical Case Management or Non-Medical Case Management).

POLICIES AND PROCEDURES

Standard	Measure
<p>A. Subrecipient is contractually required to maintain documentation of the following which shall be made available to the recipient and HRSA upon request and during site visits:</p> <ul style="list-style-type: none"> ✓ Documentation that funds are used only <ul style="list-style-type: none"> • To direct a client to a service in person or through other types of communication • To provide benefits/entitlements and referral consistent with HRSA requirements • To manage such activities • Where these services are not provided as part of Outpatient/Ambulatory Health Services or Case Management Services ✓ Documentation of: <ul style="list-style-type: none"> • Method of client contact/communication • Method of providing referral • Referrals and follow up provided 	<ul style="list-style-type: none"> • Site Visit/Program Monitoring

STAFFING

It is recommended that Referral for Health Care and Support Services be provided by a qualified professional with a minimum of a high school diploma or equivalent and 1-2 years of work experience with persons living with HIV or additional health care training.

TRAINING/SUPERVISION

Standard	Measure
<p>A. Subrecipient staff has appropriate skills, relevant experience to provide Referral for Health Care and Support Services to people living with HIV. All staff members are properly trained and meet the staff qualifications for Referral for Health Care and Support Services as defined in the introduction to this document.</p>	<ul style="list-style-type: none"> ● Resumes in personnel records ● Personnel and training records ● Documentation in personnel record with staff signature stating they have read, understood and will abide by the code of ethics
<p>B. Subrecipient staff shall receive a recommended minimum of 1 hour of monthly supervision.</p>	<ul style="list-style-type: none"> ● Personnel records
<p>C. Subrecipient staff will participate in at least 6 hours of job-related education/training annually.</p>	<ul style="list-style-type: none"> ● Training/education documentation in personnel files
<p>D. Community Health Workers and Peer Navigators may be peer staff. DHE strongly encourages integrating peers as paid staff (part-time or full-time) in service delivery. Peers are defined as individuals living with HIV possessing knowledge, experiences and cultural competencies that enable them to relate to the target population(s) of others living with HIV. When working as a multidisciplinary team, everyone can provide updates for the ICP.</p>	<ul style="list-style-type: none"> ● Site Visit/Program Monitoring
<p>E. Community Health Workers primarily work in the community actively interviewing and counseling clients to link and reengage clients into care and reduce barriers to care. Core activities should be:</p> <ul style="list-style-type: none"> ✓ Identifies, contacts, and recruits out of care clients for reengagement into care ✓ Conducts field/home visits to educate and assess clients' progress ✓ Assess risk factors, refers clients to clinic for follow-up and provides appropriate services to clients <p>An EMA Screening Tool must be completed by the Community Health Workers in addition to session notes.</p>	<ul style="list-style-type: none"> ● Client record ● Site Visit/Program Monitoring ● EMA Screening tool must be uploaded into e2Fulton
<p>F. Peer Navigators primarily work in a healthcare setting actively linking clients to medical care. Navigators aid in client retention by routinely assessing client's</p>	<ul style="list-style-type: none"> ● Client record

<p>wellbeing and needs via phone, in person, or virtually. Core activities should be:</p> <ul style="list-style-type: none"> ✓ Assess client readiness for care ✓ Facilitate linkages and referrals to HIV medical care providers ✓ Provide coaching/mentoring to clients ✓ Coordinate service needs of clients presenting to the clinic ✓ Provide education about living with HIV <p>An EMA Screening Tool must be completed by the Peer Navigators in addition to session notes.</p>	<ul style="list-style-type: none"> ● Site Visit/Program Monitoring ● EMA Screening tool must be uploaded into e2Fulton
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1. Community Health Worker (CHW) – A peer with a high school diploma/equivalent with 0-2 years of experience working in communities or in healthcare settings to connect clients to care. CHW supports linkage to and retention in care by re-engaging clients lost to follow-up by building contact tracing. CHW is a frontline public health worker who is a trusted member of and/or has a close understanding of the community served. This trusting relationship enables the CHW to serve as a liaison/link/intermediary between health/ social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery.

For more information related to Community Health Workers, see resources:

- TargetHIV : Using Community Health Workers to Improve Linkage and Retention in Care - <https://targethiv.org/chw>
- Community Health Worker Supervisor Curriculum - <https://targethiv.org/library/community-health-worker-supervisor-curriculum>
- A Guide to Implementing a Community Health Worker Program in the Context of HIV Care - <https://targethiv.org/library/hiv-chw-program-guide>

2. Peer Navigator – A peer with a high school diploma/equivalent with 0-2 years of experience working in healthcare settings to link, engage and retain in care. Peer Navigator is a type of CHW who primarily works in a healthcare setting to support retention in care by assisting clients with documentation and referrals for transportation, housing, behavioral health treatment, and other support services. A peer is an individual of lived experience, shares similar background characteristics with the individuals being served, and is not a clinically trained health care professional.

For more information related to Patient Navigation, see resources:

- SPNS Demonstration Model on Patient Navigation Intervention - <https://targethiv.org/ihip/intervention-guide-patient-navigation-intervention>
- Utilization of a Comprehensive Training Program to Train Patient Navigators in the Effective Delivery of Navigation Services: <https://targethiv.org/presentation/utilization-comprehensive-training-program-train-patient-navigators-effective-delivery>

SERVICE STANDARDS

Standard	Measure
<p>A. Subrecipient staff acts as a liaison between the client and other service providers to support coordination and delivery of high-quality care.</p>	<ul style="list-style-type: none"> • Client record – documentation of with whom staff are communicating and progress to linking client to primary care
<p>B. For those clients not in Outpatient/Ambulatory Health Services, subrecipient staff must note progress toward linking the client into Outpatient/Ambulatory Health Services. Clients in need of routine medical care will be scheduled to be seen for an initial appointment within 30 calendar days from the eligibility verification date.</p>	<ul style="list-style-type: none"> • Client record
<p>C. Subrecipient staff will maintain documentation of referral process in client’s record to include:</p> <ul style="list-style-type: none"> ✓ Date of service ✓ Type of communication ✓ Type of referral ✓ Benefits counseling/referral provided ✓ Follow up provided 	<ul style="list-style-type: none"> • Client record