Ryan White HIV/AIDS Program Universal Standards of Care

BALTIMORE CITY HEALTH DEPARTMENT

MARYLAND Department of Health

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Introduction

According to the Health Services & Resources Administration (HRSA), the purpose of standards of care is to ensure that all Ryan White HIV/AIDS sub-recipients offer the same fundamental components of a given service category across a service area. The standards of care outline the expectations and minimal level of service that a Ryan White HIV/AIDS Program (RWHAP) sub-recipient must follow when implementing *any* Ryan White activity supported by the Baltimore/Towson Eligible Metropolitan Area Part A/Minority AIDS Initiative programs ("Baltimore Part A") or Maryland Department of Health Part B/Minority AIDS Initiative ("Maryland Part B").

Development of the Standards of care

The standards of care were developed in partnership with the Baltimore City Health Department, Maryland Department of Health, and Greater Baltimore HIV Health Services Planning Council ("Baltimore Planning Council"). While the Washington HIV/AIDS Hepatitis STI and Tuberculosis Administration developed separate standards of care in partnership with the Washington DC Part A Metropolitan Planning Council, the DC standards were reviewed to ensure consistency throughout the region. Regional partnerships also provided an opportunity to address structural barriers, including differences in income eligibility. As a result, income eligibility is now standard across parts and across the region at 500% of the Federal Poverty Level (FPL).

A "standards workgroup" composed of representatives from Baltimore Part A, Maryland Part B, and the Baltimore Planning Council's *Continuum of Care Committee* was created. The workgroup developed: 1) specific standards for each service category; and 2) universal standards that describe general HRSA requirements that apply to all sub-recipients, regardless of the services the sub-recipient provides. In response to HRSA recommendations, the group agreed to keep all standards of care concise, and to include only category-specific requirements in each of the programmatic standards of care. The group utilized federal sources when developing programmatic and universal standards of care. These resources are cited throughout this document and should be reviewed for further clarification.

All standards of care were provided to sub-recipients and community members to review and provide feedback. The standards were approved by the *Continuum of Care Committee*, *Executive Committee*, and Baltimore Planning Council.

Updating the Standards of Care

The standards of care will be reviewed annually, or more frequently when either of the following conditions occur:

- HRSA provides additional guidance regarding major programmatic changes, including updated service category definitions; and/or
- Baltimore Part A and/or Maryland Part B fund a service category for which no standards of care have been developed in Maryland

The review panel will include at least one representative from Baltimore Part A, Maryland Part B, and the Baltimore Planning Council. All recommendations must be presented formally to the Baltimore Planning Council and must follow the approval process outlined above.

Universal Standards of Care

Universal Standards of Care are the minimum requirements that programs are expected to meet when providing HIV/AIDS care and support services funded by the Baltimore City Health Department Ryan White Part A/MAI Programs, and/or the Maryland Department of Health, Infectious Disease Prevention and Health Services Bureau, Ryan White Part B/MAI Programs.

Client Eligibility

In accordance with the HIV/AIDS Bureau Policy Clarification Notice #13-02 *Clarifications on Ryan White Program Client Eligibility Determinations and Recertifications Requirements*, "the RWHAP legislation requires that individuals receiving services through the RWHAP must have a diagnosis of HIV/AIDS and be low-income as defined by the RWHAP grantee." Baltimore Part A and Maryland Part B require that clients reside within the jurisdictional boundaries of the program in which they are receiving services.[1]

All programs must establish policies and procedures that outline the process for screening for eligibility of Ryan White services. Eligibility includes collecting documentation that confirms that the client has a diagnosis of HIV/AIDS, and meets income and residency requirements established by the recipient.

Medical

Clients receiving services through the RWHAP must have a diagnosis of HIV/AIDS. A list of acceptable forms of documentation can be found in Appendix A.

Income

Clients receiving services through the RWHAP must be low-income. The jurisdictions define low-income as less than or equal to 500% of the FPL.[2] A list of acceptable forms of income verification can be found in Appendix B.

Residency

Clients receiving services through the RWHAP must be residents of the jurisdiction in which they receive services. A list of acceptable forms of residency verification can be found in Appendix C.

Individuals receiving services through the Baltimore Part A program must reside within the Baltimore Eligible Metropolitan Area, which includes Baltimore City and the following counties in Maryland: Anne Arundel County; Baltimore County; Carroll County; Harford County; Howard County; and Queen Anne's Counties.

The jurisdiction for the Maryland Part B program includes the entire State of Maryland.

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[1] Health Resources & Services Administration. (February 2013). *Clarifications on Ryan White Program Client Eligibility Determinations and Recertification Requirements* (HIV/AIDS Bureau Policy Clarification Notice #13-02). Retrieved October 25, 2017 from https://hab.hrsa.gov/sites/default/files/hab/Global/pcn1302clienteligibility.pdf

[2] Maryland Department of Health AIDS Drug Assistance Program. (January 2018). *MADAP 2018 Income Guidelines*.

Ryan White Program Eligibility			
Jurisdiction	***HIV Diagnosis***	***Low-income Status***	***Residency Status***
Baltimore Part A	Proof of HIV status	Less than or equal to 500% of the FPL	Anne Arundel County Baltimore City Baltimore County Carroll County Harford County Howard County Queen Anne's County
Maryland Part B	Proof of HIV status	Less than or equal to 500% of the FPL	State of Maryland

Payer of last resort

In accordance with the Public Health Service Act and guidance provided by the HIV/AIDS Bureau in Policy Clarification Notices #13-01 *Clarifications Regarding Medicaid-Eligible Clients and Coverage of Services by the Ryan White HIV/AIDS Programs*, and Policy Clarification Notice #13-04 *Clarifications Regarding Clients Eligible for Private Health Insurance and Coverage of Services by Ryan White HIV/AIDS Programs*, "RWHAP 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. RWHAP funds may be used to complete coverage that maintains PLWH in care when the individual is either underinsured or uninsured for a specific allowable service, as defined by the RWHAP. Grantees and sub-grantees must assure that reasonable efforts are made to secure non-RWHAP funds whenever possible for services to individual clients. Grantees and their sub-grantees are expected to vigorously pursue eligibility for other funding sources (e.g., Medicaid, CHIP, Medicare, other state-funded HIV/AIDS programs, employer-sponsored health insurance coverage, and/or other private health insurance, etc.) to extend finite RWHAP grant resources to new clients and/or needed services."[3,4,5]

[3] Public Health Service Act, 42 U.S.C. §§ 2605(a)(6), 2617(b)(7)(F), 2664(f)(1), 2617(b)(7)(B)(2017)

[4] Health Resources & Services Administration. (December 13, 2013). *Clarifications Regarding Medicaid-Eligible Clients and Coverage of Services by the Ryan White HIV/AIDS Program* (HIV/AIDS Bureau Policy Clarification Notice #13-01). Retrieved October 25, 2017 from https://hab.hrsa.gov/sites/default/files/hab/Global/1301pcnmedicaideligible.pdf

[5] Health Resources & Services Administration. (September 13, 2013). *Clarifications Regarding Clients Eligible for Private Health Insurance and Coverage of Services by Ryan White HIV/AIDS Program* (HIV/AIDS Bureau Policy Clarification Notice #13-04). Retrieved October 25, 2017 from https://hab.hrsa.gov/sites/default/files/hab/Global/pcn1304privateinsurance.pdf

Veterans Living With HIV

Per the HIV/AIDS Bureau Policy Clarification Notice #16-01 *Clarification of the Ryan White HIV/AIDS Program (RWHAP) Policy on Services Provided to Veterans*, "RWHAP recipients and sub-recipients may not cite the 'payer of last resort' language to compel a HIV infected veteran to obtain services from the VA health care system or refuse to provide services. Services may be refused on the same basis as decisions of refusal for non-veterans. RWHAP recipients and sub-recipients must work to assure that veterans receive necessary core medical and support services funded by the RWHAP and/or in the VA system."[6]

Client Intake

Intake includes gathering pertinent demographic and insurance information to determine eligibility for the RWHAP. All clients enrolled in the Baltimore Part A or Maryland Part B programs must provide the following information to determine eligibility in the program:

- Proof of HIV status
- Proof of Income
- Proof of Residency
- Insurance verification
- Household size

Ryan White sub-recipients are responsible for making reasonable efforts to obtain the above documentation and must include documentation to support the client's enrollment in the program in each patient record. As stated previously, acceptable forms of documentation are listed in Appendices A, B, and C.

Recertification

Recertification occurs every six months and includes a reassessment of income and residency. However, HIV/AIDS Bureau Policy Clarification Notice #13-02 *Clarifications on Ryan White Program Client Eligibility Determinations and Recertifications Requirements* states, "at one of the two required recertifications during a year, grantees may accept client self-attestation for verifying that an individual's income, residency, and insurance status complies with the grantee eligibility requirements. Appropriate documentation is required for changes in status and at least once a year."[7]

[6] Health Resources & Services Administration. (January 2016). *Clarification of the Ryan White HIV/AIDS Program (RWHAP) Policy on Services Provided to Veterans* (HIV/AIDS Bureau Policy Clarification Notice #16-01). Retrieved October 25, 2017 from https://hab.hrsa.gov/sites/default/files/hab/Global/clarificationservicesveterans.pdf

[7] Health Resources & Services Administration. (February 2013). *Clarifications on Ryan White Program Client Eligibility Determinations and Recertifications Requirements* (HIV/AIDS Bureau Policy Clarification Notice #13-02). Retrieved October 25, 2017 from https://hab.hrsa.gov/sites/default/files/hab/Global/pcn1302clienteligibility.pdf

Waitlists
Ryan White sub-recipients must have policies and procedures in place that describe how they will maintain client waitlists. Clients who are placed on a waitlist for any service must be informed that services are not currently available, and provided with referrals to other agencies who are accepting clients for that particular service.

Case Closure
Ryan White sub-recipients must have written policies and procedures that describe the process of closing a Ryan White case. Sub-recipients should have documented processes for the following case closure activities:

- Case closure (e.g. client has met their goals, no longer has a need, etc.)
- Case transfer to another staff member
- Case referral to another agency
- Inactivating/ Discharging a client

At minimum, policies should outline the following:

- Acceptable reasons for case closure (e.g. out of care/lost to care, client relocated, client requested a new provider, client is deceased, etc.)
- How they agency will inform clients that their case is closed
- Follow-up that will take place when a case is closed (e.g. referral to the Local Health Department for re-engagement services)

Referrals
When an agency closes a case for a Ryan White-eligible client in need of services, the client must be referred to another provider that will address the client's needs. Sub-recipients must make reasonable efforts to provide a referral to the client. It is highly recommended that the sub-recipient make reasonable attempts to follow-up with the client to ensure they are connected to services.

Staff Training Requirements
Ryan White sub-recipients must have written policies and procedures that describe their staff training programs, including a method for assessing staff knowledge and identifying additional training needs. It is recommended that annual training specific to working with people living with HIV be made available to all staff, including those who are not providing services to Ryan White-eligible clients.

All staff who provide services to Ryan White-eligible clients must demonstrate knowledge and understanding of basic HIV concepts, including HIV prevention modalities, HIV transmission, treatment, barriers to treatment, and supportive interventions utilized to help individuals engage in care and achieve and maintain viral suppression. Programs must maintain documentation of

participation in training for individuals who are new to providing HIV care as well as individuals in need of additional training.

See specific programmatic standards of care to review additional training requirements.

Cultural and Linguistic Competency

Ryan White sub-recipients must have policies and procedures in place to ensure that culturally sensitive and linguistically appropriate services are available to clients. Agencies will adhere to the U.S. Department of Health & Human Services National Standards for Culturally and Linguistically Appropriate Services to provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.[8]

When possible, services should be provided in the client's preferred language or by a certified interpreter. It is highly recommended that agencies utilize medical interpreters when discussing medical terminology. Family members and friends should not be used to provide interpretation services except when requested by the client. Agency policies should include the process for utilizing friends or family as interpreters when clients refuse to speak with a certified interpreter. Additionally, programs must provide educational materials and required documentation (e.g. consent forms, grievance procedures, etc.) in the preferred language of the populations served.

Agencies will develop policies, procedures, and practices that support and affirm the sexual identity and sexual orientation of all individuals who receive services within their programs, including individuals who identify as Lesbian, Gay, Bisexual or Transgender. Appendix D contains resources that may be helpful in the development of such policies.

Providers will practice cultural humility, a practice that "incorporates a lifelong commitment to self-evaluation and self-critique, to redressing the power imbalances in the patient-physician dynamic, and to developing mutually beneficial and non-paternalistic clinical and advocacy partnerships with communities on behalf of individuals and defined populations."[9]

Accessibility of Services

Ryan White sub-recipients must demonstrate the capacity to ensure that services are accessible and relevant to all people living with HIV, including linguistic and cultural minorities and people with disabilities.

[8] U.S. Department of Health & Human Services. *Think Cultural Health*. Retrieved October 25, 2017 from www.thinkculturalhealth.hhs.gov

[9] Tervalon, Melanie. (1998). Cultural Humility versus Cultural Competence: A Critical Distinction in Defining Physician Training Outcomes in Multicultural Education. *Journal of Health Care for the Poor and Underserved*. 9 (2): 117–125.

Agencies must comply with the Americans with Disabilities Act.[10] Sub-recipients must make reasonable accommodations to address clients with special needs. Services must be provided to all clients irrespective of age, sex, physical or mental challenges, creed, criminal history, history of substance abuse, immigration status, marital status, national origin, race, sexual orientation, gender identity and expression, socioeconomic status, or current/past health conditions.

Sub-recipients must have written instructions for clients describing how to access emergency services after business hours and during unscheduled closings. Information on regular business hours should be readily accessible.

Privacy and Confidentiality (including securing records)
Ryan White sub-recipients must protect client confidentiality in accordance with the Health Insurance Portability and Accountability Act (HIPAA). Agencies must have policies and procedures in place to ensure client information is maintained, secured, and transmitted in accordance with the law.

Client Rights and Responsibilities
Ryan White sub-recipients must have policies and procedures in place that protect the rights and responsibilities of the clients and the agency. Sub-recipients shall document review of the client rights and responsibilities with the clients as evidenced by a signature from both the client and staff member. Sub-recipients shall ensure that clients are aware of and understand their rights and responsibilities as consumers of services.

Client Grievance Process
Ryan White sub-recipients must have written policies and procedures that describe the grievance process. Sub-recipients shall document review of the grievance policy with the client as evidenced by a signature by both the client and the staff member. Sub-recipients shall ensure that clients are aware of the policy and understand the grievance process.

Client Satisfaction
Sub-recipients must establish an evaluation method to assess client satisfaction and receive feedback on services using any of the following methods:

- Client Satisfaction Survey
- Suggestion box or other client input mechanism
- Focus group and/or public meetings

Charges Imposed on Clients
In accordance with 45 CFR Uniform Administrative Requirements, Cost Principles, and Audit Requirements, Ryan White sub-recipients must have policies and procedures in place to track charges made, payments received, and adjustments made. Policies should include a review of

[10] U.S. Department of Justice Civil Rights Division. *Information and Technical Assistance on the Americans with Disabilities Act*. Retrieved October 25, 2017 from https://www.ada.gov/

charges and payments to ensure that charges are discontinued once the client has reached his/her annual cap on charges.[11,12,13]

In accordance with the Public Health Service Act, no charges are to be imposed on clients with incomes below 100% of the FPL. Charges to clients with incomes greater than 100% of poverty are based on a discounted fee schedule and a sliding fee scale. The cap on total annual charges for RWHAP services is based on a percent of the client's annual income, as follows:

- 5% for patients with incomes between 100% and 200% of the FPL;
- 7% for patients with incomes between 200% and 300% of the FPL;
- 10% for patients with incomes between 300% and 500% of the FPL.[14]

The Public Health Service Act further states RWHAP must have a sliding fee scale if clients are billed for services. The sliding fee scale must be made available to clients. Ryan White sub-recipients should have policies and procedures that specify charges to clients for services, which may include a documented decision to impose only a nominal charge.

However, clients cannot be denied RWHAP services if they are not able to pay. As such, agencies should have procedures in place to ensure that no client is turned away due to inability to pay for services.[15]

Program Income

In accordance with 45 CFR Uniform Administrative Requirements, Cost Principles, and Audit Requirements, income made from charges to Ryan White clients or to insurance companies for services performed is considered program income. Sub-recipients must retain program income derived from RWHAP-funded services. Sub-recipients must use program income for program purposes in one or more of the following ways:

- Funds added to resources committed to the project or program, and used to further eligible project or program objectives;
- Funds used to cover program costs. Program income funds are not subject to the Federal limitations on administration (10%), clinical quality management (5% or $3,000,000 whichever is less), or core medical services (75% minimum).[16,17,18]

[11] 45 C.F.R. § 74.14 (October 1, 2007)

[12] 45 C.F.R. Part C 92.25 (October 1, 2009)

[13] 2 CFR Part C 215.24 (January 1, 2010)

[14] Based on Public Health Service Act, 42 U.S.C. §§ 2605(e)(1), 2617(c)(1)(2017)

[15] Public Health Service Act, 42 U.S.C. §§ 2605(e)(2), 2617(c)(2)(2017)

[16] 45 C.F.R. § 74.24 (October 3, 2003)

[17] 45 C.F.R. § 92.25 (October 1, 2010)

[18] 2 C.F.R. Part C 215.24 (January 1, 2013)