

# Ryan White Part B

## Health Education/Risk Reduction

# Service Standard

### Definition

Health Education/Risk Reduction (HE/RR) is the provision of education to clients living with HIV about HIV transmission and risk reduction. This includes sharing information about medical and social support services and counseling with clients to improve their health status. Topics covered may include:

- Education on risk reduction strategies to reduce transmission such as pre-exposure prophylaxis (PrEP) for clients' partners and treatment as prevention
- Education on health care coverage options (e.g. qualified health plans through the Marketplace, Medicaid coverage, Medicare coverage)
- Health literacy
- Treatment adherence education

### Purpose

To provide education to clients living with HIV about HIV transmission and risk reduction in a programmatic way.

### Key Activities

- Eligibility
- Provision of HE/RR services
- Individual client plan
- Records management

### Unit of Service

- Individual educational activities
- Educational outreach activities in venues for at-risk populations
- Educational group activities
- Referrals of eligible clients to primary medical care

## Program Guidance

- Health Resources and Services Administration (HRSA), the funder for Ryan White HIV Services, prohibits continued HIV services, including medications to clients who are not recertified for eligibility of services by their specified date; if a client has not completed their annual certification or recertification at six months they may not be eligible for Ryan White services.
- Health Education/Risk Reduction services cannot be delivered anonymously.
- Ryan White funding is the payor of last resort.
- Client agrees to participate in insurance option that best meets her/his medical needs and for which the client is eligible.

### 1.0 Intake and Eligibility

#### Purpose

To provide education to clients not in care about risk reduction, health care literacy, and treatment adherence.

Standard	Measure	Documentation
1.1 Providers make referral for Health Education Risk Reduction Services.	1.1 Referral is made prior to initiation of service(s).	1.1 Referral, signed and dated by provider, in client's file
1.2 Health education/risk-reduction services are for HIV positive persons who exhibit high-risk behaviors and need interpersonal skills to change their behavior and lower their risk of transmitting HIV disease.	1.2 Client assessment demonstrating that client needs health education/risk reduction services to remain in medical care or stay adherent to medications	1.2 Dated client assessment in client file
1.3 Eligibility screening and intake to be completed within 15 days of initial contact with client	1.3. Intake is documented to occur within the 15 days	1.3 Intake and eligibility screening, signed and dated by the provider, in client file.
1.4 Eligibility for HE/RR services for HIV positive persons will include: <ul style="list-style-type: none"> <li>• HIV diagnosis</li> <li>• Montana residency</li> <li>• Income &lt; or = to 500% of FPL</li> </ul>	1.4.a. Client has proof of eligibility requirements.  1.4.b. Client reports any changes to these criteria	1.4.a. Client's HIV diagnosis, Montana residency, and proof of low income (most current 1040 tax return) included in client file  1.4.b. Any changes to client's residency, income and/or

		insurance coverage in client file
1.5 Client must be certified every six months to continue to receive Ryan White services. There is no grace period.	1.5 Recertification is completed by provider every six months.	1.5 Signed and dated recertification in client file

## 2.0 Key Services Components and Activities

(National Monitoring Standards: Health Education/Risk Reduction services educate clients living with HIV about HIV transmission and how to reduce the risk of HIV transmission, including: 1) Provision of information about available medical and psychosocial support services; 2) Education on HIV transmission and how to reduce the risk of transmission, and 3) Counseling on how to improve their health status and reduce the risk of HIV transmission to others.)

Standard	Measure	Documentation
2.1 Clients living with HIV are educated about HIV transmission and how to reduce the risk of HIV transmission	2.1 Providers offer information, education and counseling to clients	2.1 Dated descriptions of the types of information, education, and counseling offered to clients are noted in client file.
2.2 Clients living with HIV are provided information about available medical and psychosocial support services	2.2 Providers offer information about available medical and psychosocial support services	2.2 Dated descriptions of the types of medical and psychosocial support services provided to clients are noted in client file.
2.3 Clients living with HIV receive counseling on how to improve their health status and reduce the risk of HIV transmission to others	2.3 Providers/health educators offer counseling regarding the client's health status, how to improve health outcomes, along with how to reduce the risk of HIV transmission	2.3 Dated descriptions of the counseling delivered to clients noted in client file
2.4 Refer client to other services as appropriate (e.g. mental health, substance abuse treatment).	2.4 Providers make appropriate referrals for other services	2.3 Dated referrals in client file

## 3.0 Health Education and Risk Reduction Plan

Purpose

To develop an individualized Health Education and Risk Reduction plan that supports and sustains health behaviors to reduce, limit, and ultimately eliminate HIV- related health risks. The HE/RR Plan may be a sub-component of the client's Care Plan.

Standard	Measurement	Documentation
3.1 Providers develop a HE/RR individualized plan with each client served.	3.1 Provider assists clients in developing a long-term plan that includes: <ul style="list-style-type: none"> <li>• Goal</li> <li>• Expected outcomes</li> <li>• Actions taken to achieve goal</li> <li>• Persons responsible for offering such action</li> <li>• Target date for completion of each action</li> <li>• Results of each actions</li> </ul>	3.1 HE/RR plan, signed and dated by the client and health educator, in client file
3.2 HE/RR plan is reassessed to determine client progress and identify emerging needs	3.2 Ongoing tracking of assessment of client need (suggestion of 90 days or as health educator deems appropriate)	3.2 Additional assessments, reviews and/or updates are signed by the client and the health educator and located in the client file.

4.0 Transition and Discharge

Standard	Measure	Documentation
4.1.a. Client is discharged when HE/RR services are no longer needed, goals have been met, upon death, or due to safety issues.	4.1.a. Discharge plan and summary, including notes regarding attempt(s) to notify the client occur within 30 days of discharge	4.1.a. Discharge plan and summary in client's record with clear rationale for discharge within 30 days of discharge, including certified letter, if applicable.
4.1.b. Prior to discharge: Reasons for discharge and	4.1.b. Summary of the date services began, any special client needs, services	4.1.b. Client's record must include: Date services began

<p>options for other service provision should be discussed with client. Whenever possible, discussion should be occurring face-to-face. If not possible, provider should attempt to talk with client via phone. If verbal contact is not possible, a certified letter must be sent to client's last known address. If client is not present to sign for the letter, it must be returned to the provider.</p> <p>4.1.c. If client transfers to another location, agency or service provider, transferring agency will provide discharge summary and other requested records. If client moves to another area, transferring agency will make referral for needed services in the new location.</p>	<p>needed/actions taken, if applicable, date of discharge, reason(s) for discharge, and referrals made at time of discharge, if applicable</p> <p>4.1.c. Discharge summary, any referrals made by transferring agency, and other requested records must be provided within five business days of request.</p>	<p>Special client needs Services needed/actions taken, if applicable Date of discharge Reason(s) for discharge Referrals made at time of discharge, if applicable</p> <p>4.1.c. Summaries, referrals and all other records located in client file</p>
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### 5.0 Case Closure

Standard	Measure	Documentation
<p>5.1 Case will be closed if client:</p> <ul style="list-style-type: none"> <li>• Has met the service goals</li> <li>• Decides to transfer to another agency</li> <li>• Needs are more appropriately addressed in other programs</li> </ul>	<p>5.1 Client case is closed, with provider notes explaining the reason(s) for closure.</p>	<p>5.1 Signed and dated description of case closure, documenting clear rationale for closure, in client file. May include:</p> <ul style="list-style-type: none"> <li>• Can no longer be located</li> <li>• Withdraws from or refuses funded services</li> </ul>

<ul style="list-style-type: none"> <li>• Moves out of state</li> <li>• Fails to provide updated documentation of eligibility status; thus, no longer eligible for services</li> <li>• Fails to maintain contact with the insurance assistance staff for a period of three months despite three documented attempts to contact client</li> <li>• Can no longer be located</li> <li>• Withdraws from or refuses funded services, reports that services are no longer needed, or no longer participates in the individual service plan</li> <li>• Exhibits pattern of abuse as defined by agency's policy</li> <li>• Becomes housed in an "institutional" program anticipated to last for a minimum of 30 days, such as a nursing home, prison or inpatient program</li> <li>• Is deceased.</li> </ul>		<ul style="list-style-type: none"> <li>• Reports that services are no longer needed, or no longer participates in the individual service plan</li> <li>• Exhibits pattern of abuse as defined by agency's policy</li> <li>• Becomes housed in an "institutional" program anticipated to last for a minimum of 30 days, such as a nursing home, prison or inpatient program</li> <li>• Is deceased.</li> </ul>
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## 6.0 Records Management

### Purpose

Documentation provides proof that client received HE/RR services.

Standard	Measure	Documentation
6.1 HE/RR records will reflect compliance with the HE/RR outlined above. Records must be complete, accurate, confidential, and secure.	6.1.a. Provider will maintain records for each client served. 6.1.b. Provider will track utilization of assistance.	6.1.a. HE/RR records include: <ul style="list-style-type: none"> <li>• Date client received assistance</li> <li>• Documentation that client meets eligibility criteria</li> </ul> 6.1.b. Using CAREWare, HIV Community Service provider will document HE/RR services in case notes with corresponding service units.
6.2 Providers must be able to provide quantified program reporting activities.	6.2 Providers can provide quantified program reporting of activities and results to accommodate evaluation of effectiveness.	6.2 Provider can report on Performance Indicators and Outcome Measures.

## 7.0 Staff Qualifications

### Purpose

Providers of HE/RR activities must complete minimum training requirements (below). Providers who recruit, engage, screen, and coordinate services possess basic HIV knowledge and communication skills.

Standard	Measure	Documentation
7.1 Staff must have a minimum of a high school diploma, but a college degree is preferred.	7.1 High school diploma or college degree(s)	7.1 Degrees, certificates and/or curriculum vitae in personnel file.
7.2.a. HE/RR educators must complete minimum training requirements in the following areas: <ul style="list-style-type: none"> <li>• HIV prevention and clinical issues</li> <li>• Sexually transmitted diseases prevention and clinical issues</li> </ul>	7.2.a. HE/RR educators have completed minimum training requirements will provide complete minimum training requirements.	7.2.a. Certificates and/or other proof that HE/RR educators have completed minimum training requirements in personnel file.

<ul style="list-style-type: none"> <li>Fundamentals of HIV testing</li> </ul>		
<p>7.3 Health educators who recruit and engage clients have knowledge of target populations, HIV and other sexually transmitted diseases; and effective communication skills, including cultural and linguistic competency, to effectively engage individuals not in care.</p>	<p>7.3 Observation of listed skills (by supervisors) and/or demonstration of skills (by health educators)</p>	<p>7.3.a. Notes regarding staff competency(ies) in personnel file</p> <p>7.3.b. Examples, certificates, courses, etc. proving subrecipient trains HE/RR educators in HIV, sexually transmitted diseases, community services, and communication skills in personnel file.</p>

## 8.0 Grievance Policy

### Purpose

To ensure that consumers may voice a complaint or grievance

### Procedures

All Ryan White providers must have a grievance policy that is posted in the facility. Additionally, all clients will receive a copy of the grievance procedure. The first step in filing a grievance is with the *agency providing the service*. Consumers may voice a complaint or grievance to their Case Manager. Clients are expected to attempt resolution at the local level. If, however, clients are unable to resolve the issue, they may pursue a second step—filing a grievance with the State Health Department. Within 30 days of the local determination, consumers may file the complaint or grievance in writing (See Appendix A for sample form) to:

Montana DPHHS  
HIV/STD Program, Ryan White Part B  
Attn: HIV Treatment Coordinator  
1400 E. Broadway  
Room C-211  
Helena MT 59601

An applicant may submit a complaint on the following grounds:

- The client believes the sub-recipient is not treating them fairly.
- The client believes the sub-recipient is not providing quality services.
- The client was denied services.

The applicant (client) must state all the facts and arguments for the appeal in the form provided (Appendix A), to include detailed descriptions of the action the client is appealing and the relief or correction the applicant is requesting. The form *must* be signed by the client.



The Ryan White Part B Program Manager will respond in writing within 14 days of receipt of the grievance or complaint informing the client of the time and place of a meeting with the Ryan White Part B Program Manager and other appointed HIV/STD state staff.

Standard	Measure	Documentation
<p>8.1.a The Grievance Policy has been explained to each client. Clients may file a grievance if their request for services is denied or if they have any complaint or concern about the services received.</p> <p>8.1.b. Policy shall describe the process for resolving client grievances, including identification of whom to contact and applicable timelines.</p>	8.1.a. and b. Each client is given a copy of the Grievance Policy to sign, indicating understanding of the reasons for filing a grievance, as well as the process for doing so.	<p>8.1a. Written Grievance Policy on file.</p> <p>8.1.b. Policy is available in languages and formats appropriate to populations served.</p>
8.2 Policy shall be available in languages and formats (e.g. for persons with disabilities) appropriate to populations served.	8.2 Various formats available	8.2 Policy and various formats on file at the agency.

### 9.0 Cultural and Linguistic Competency

The National Standards on Culturally and Linguistically Appropriate Services (CLAS) require agencies to make available easily understood patient-related materials. Providers must post signage in the languages of the commonly encountered group(s) represented in the service area.

#### Purpose

Providers will reduce barriers to care or increase access to care through the provision of culturally and linguistically appropriate services.

Standard	Measure	Documentation
9.1 Health services are culturally and linguistically competent, client-guided and community based.	9.1.a. Experience with providing services to the diverse ethnic, linguistic, sexual or cultural populations targeted;	9.1.a. and b. Notes regarding staff cultural and linguistic experience/competence

	<p>9.1.b. Capacity of staff, including volunteers and Board, to design, provide and evaluate culturally and linguistically appropriate services;</p> <p>9.1.c. List of cultural competency trainings completed by staff.</p>	<p>9.1.c. Completed trainings documentation in personnel files.</p>
<p>9.2 Each provider shall make available to clients the process for requesting interpretation services, including American Sign Language.</p>	<p>9.2 Interpreter(s) is/are available.</p>	<p>9.2 A list of interpreters on file.</p>

### 10.0 Client Rights and Responsibilities

(National Monitoring Standards: Provision of Part B-funded HIV primary medical care and support services, to the maximum extent, without regard to either: the ability of the individual to pay for such services, or the current or past health conditions of the individuals served.)

Standard	Measure	Documentation
<p>10.1.a. Services are available and accessible to any individual who meets program eligibility requirements.</p> <p>10.1.b. All providers shall comply with all applicable federal, state, and local anti- discrimination laws and regulations, including but not limited to the American's with Disabilities Act.</p> <p>10.1.c. All providers shall adopt a non-discrimination policy prohibiting based on the fact or perception of race, color, creed, religion, national origin, ancestry, age, sex, sexual orientation, gender identity, domestic partner status,</p>	<p>10.1 Providers are aware of eligibility requirements and non-discrimination policies.</p>	<p>10.1 Written eligibility requirements and non-discrimination policy on file.</p>

marital status, height, weight, disability, or AIDS/HIV.		
<p>10.2.a. Client's Rights and Responsibilities policy is explained to client.</p> <p>10.2.b. A copy of Client's Rights and Responsibilities is provided to each client. Client rights include:          Be treated with respect, dignity, consideration, and compassion;          Receive services free of discrimination;          Be informed about services and options available.          Participate in creating a plan of services;          Reach an agreement about the frequency of contact the client will have either in person or over the phone.          File a grievance about services received or denied;          Not be subjected to physical, sexual, verbal and/or emotional abuse or threats;          Voluntary withdraw from the program;          All records treated confidentially          Have information released only when:          A written release of information is signed;          A medical emergency exists;          There is an immediate danger to the client or others;          There is possible child or elder abuse</p>	<p>10.2.a. Clients sign and date a copy of the policy.</p> <p>10.2.b. Current Client's Rights and Responsibilities form signed and dated by client, indicating the client's understanding of her/his rights and responsibilities.</p>	<p>10.2.a. Written policy on file.</p> <p>10.2.b. Signed copy located in client's record.</p>

## 11.0 Secure Client Records, Privacy, and Confidentiality

Standard	Measure	Documentation
11.1 Client confidentiality is ensured	<p>11.1.a. Client confidentiality policy that includes a Release of Information (ROI)</p> <p>11.1.b. Health Insurance Portability and Accountability Act (HIPPA) compliance</p>	<p>11.1.a. Written client confidentiality policy on file at provider agency</p> <p>11.1.b. HIPPA documentation is on file and posted where clients can view it.</p>
11.2 Client's consent for release of information is determined.	11.2 Current Release of Information Form signed and dated by client and provider representative	11.2 Signed and dated ROI located in client file. Each release form indicates who may receive the client's information and has an expiration of not more than 12 months.
11.3 Electronic patient records are protected from unauthorized use.	11.3 Each client file is stored in a secure location.	<p>11.3.a. Files stored in locked file or cabinet with access limited to appropriate personnel.</p> <p>11.3.b. Electronic files are password protected with access limited to appropriate personnel.</p>
11.4 Annual submission of Verification of Receipt of Assurance of Key Requirements	11.4. All staff that handle client-identifying information document	11.4 Signed Verification of Receipt of Assurance of Key Requirement forms on file

## 12.0 Quality Management

Providers must document and be prepared to share with DOH, the design, implementation, target areas, populations, and outcomes of HE/RR activities, including:

- Number of group HE/RR services and activities provided
- Number of individual clients provided HE/RR services
- Number of PLWH reached
- Percentage of persons receiving HE/RR services who have attended a minimum of two medical appointments in a 12-month period that are at least six months apart, as evidenced by a CD4 and/or viral load test(s)

**Appendix A**

**CLIENT COMPLAINT FORM**

I, \_\_\_\_\_ (grievant), am requesting resolution of a complaint filed under the grievance procedures outlined by MT State Health Department, Ryan White Program regarding \_\_\_\_\_ (name of agency), located in \_\_\_\_\_ (city/county).

**Statement of Grievance:**

Be sure to include relevant parties, action, specific occurrences—dates and times—and location(s). Attach documentation if appropriate.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Prior Attempts to Resolve** (please include dates and parties involved): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Resolution Sought** (clearly describe the relief or corrective action you are requesting): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Print Name** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Contact Info** (phone and/or email). Please include the best time(s) to reach you. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

1. *Submit the original of this form and copies of any supporting documentation to the agency.*
2. *Maintain a complete copy for your personal records.*

