Ryan White Part B
Outreach Services
Service Standard

Important: Prior to reading service-specific standards, please read the HRSA/HAB National Monitoring Standards—Universal, HRSA/HAB National Monitoring Standards—Part B, and the Universal Standards outlined in this document.

Definition

Outreach services include the provision of services for the following activities:

- Identification of people who do not know their HIV status but are currently not in care and/or:
- Linkage or re-engagement of People Living with HIV (PLWH) who know their status into HRSA Ryan White HIV/AIDS (RWHAP) services ;
- Provision of information about health care coverage options;
- Services that may include community and public awareness activities (e.g. posters, flyers, billboards, social media, TV or radio announcements that meet the requirement above and include explicit and clear linked to information about available HRSA RWHAP services)

Program Guidance

Outreach Services must:

- Be targeted to populations known, through local epidemiological data review of service utilization data or strategic planning processes, to be at disproportionate risk for HIV infection. Populations include those who:
    - Have never been tested and are undiagnosed;
    - Have been tested, diagnosed as HIV positive, but have not received their test results; or
    - Have been tested, know their HIV-positive status, but are not in medical care
- Be conducted at times and in places where there is a high probability that PLWH will be identified;
- Planned and delivered in coordination with local and state HIV prevention outreach programs to avoid duplication of effort;
- Designed to provide quantified program reporting of activities and outcomes to accommodate local evaluation of effectiveness;
- Not be delivered anonymously to individuals or small groups, as some information is needed to facilitate any necessary follow-up and care.

Note: Outreach Services funds are allowable for HIV testing when HIV Prevention resources are not available and where the testing would not supplant other existing funding.

Purpose

To link individuals into care that would ultimately result in ongoing primary care and increased adherence to medication regimens. Outreach will ultimately reduce the number of people living with HIV who are not accessing the service delivery system.

Key Activities

- Coordination with HIV Prevention to avoid duplication of efforts
- Eligibility determination
- Client identification
- Providing information or education
- Engagement and retention activities
- Records management
- HIV-negative people may receive Outreach Services and should be referred to risk-reduction activities.

1.0 Intake and Eligibility

Eligibility determination requires documentation of risk assessment to determine appropriateness for HIV testing or referral services. HRSA prohibits continued HIV services, including medications to clients who are not recertified for eligibility of services by their specified date. As such, if a client has not completed their annual certification or recertification at six months, s/he may not be eligible for Ryan White services.

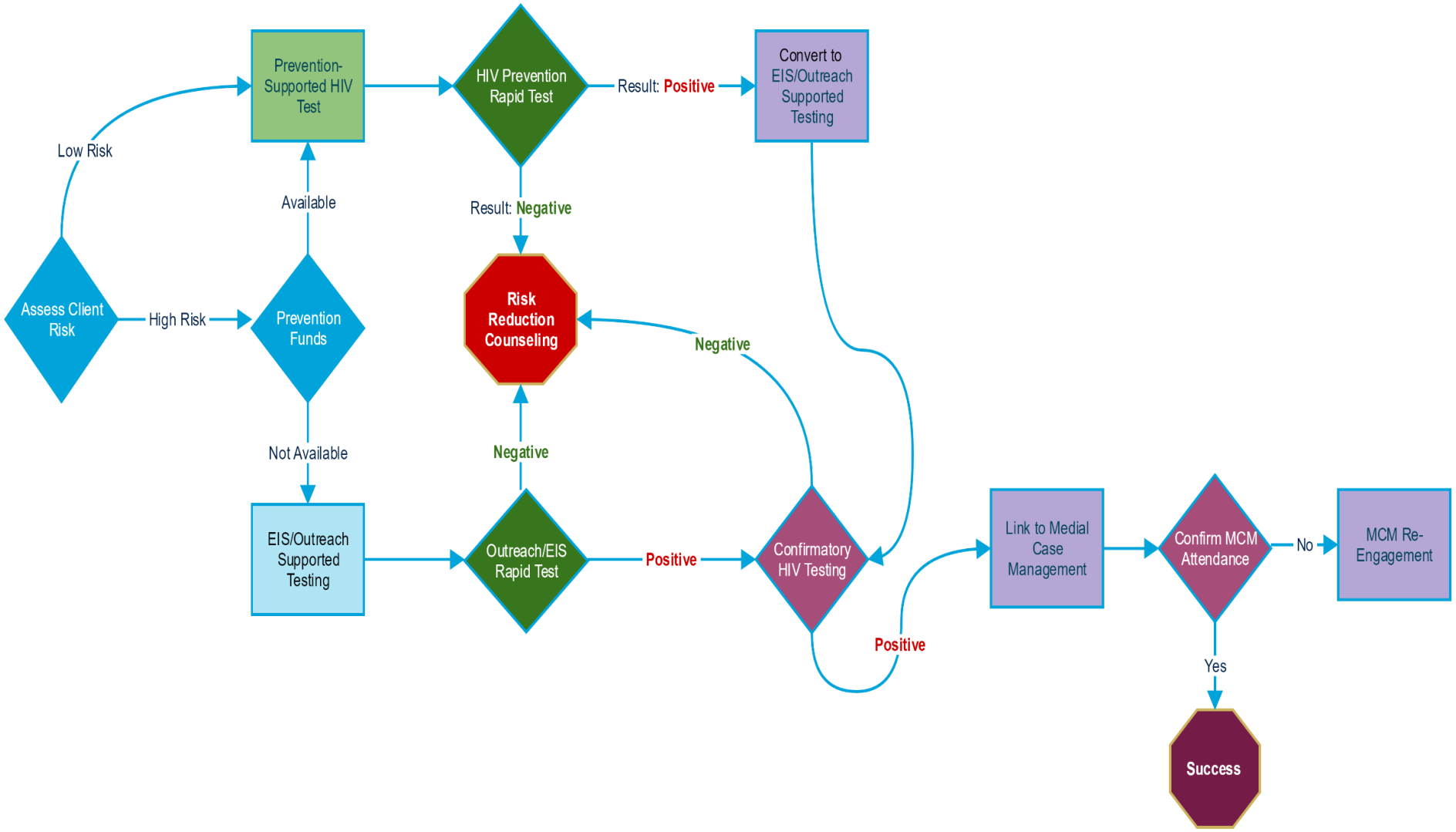
Standard	Measure	Documentation
1.1 Eligibility for Outreach Testing services will include: • Persons unaware of HIV status OR • Persons determined to be at high risk and appropriate for HIV testing	1.1 Risk assessment is performed.	1.1 Proof of assessment included in client file.
1.2 Eligibility for Outreach services for HIV positive persons will include: • HIV diagnosis • Montana residency • Income < or = to 500% of FPL • Certified/Recertified every six months	1.2 Client has proof of eligibility requirements.	1.2 Client's HIV diagnosis, Montana residency, and proof of low income included in client file

2.0 Key Activities

National Monitoring Standards: Outreach programs must be a) planned and delivered in coordination with local prevention outreach programs to avoid duplication of effort; b) targeted to populations known through local epidemiologic data to be at disproportionate risk for HIV infection; c) targeted to communities or local establishment that are frequented by individuals exhibiting high-risk behavior; d) conducted at times and in places where there is a high probability that individuals with HIV infection will be reached; e) designed to provide quantified reporting of activities and results to accommodate local evaluation of effectiveness.

Standard	Measure	Documentation
2.1.a. If client is determined to be appropriate for HIV testing, client is tested. 2.1.b. If test result is negative, refer to HIV Prevention/Risk Reduction 2.1.c. If test result is positive, refer to RW Services.	2.1.a. Test is performed. 2.1.b. Referral is made to HIV Prevention/Risk Reduction 2.1.c. Referral is made to RW Services.	2.1.a. Test result included in client file 2.1.b. and c. Any/all referrals in client file
2.2.a. If client is HIV-positive and knows her/his status, provider will make referrals for linkage or re-engagement to care. 2.2.b. Client must be eligible for RW Services. ○ HIV diagnosis ○ Montana residency ○ Income < or = to 500% of FPL ○ Certified/Recertified 2.2.c. If clients are unaware of their HIV-positive status, providers will refer to Ryan White Services.	2.2.a. Referral is made. 2.2b. Client has proof of eligibility requirements.	2.2.a. Dated referral in client file. 2.2.b. Client's HIV diagnosis, Montana residency, and proof of low income included in client file 2.2.c. Dated referral in client file.

Key HIV Testing Service Components/Activities Flowchart



3.0 Providing Information and Education

Purpose

Outreach service providers will give potential clients clear information addressing the clients' specific needs.

Standard	Measure	Documentation
3.1 Outreach must include information about HIV and the HIV service delivery system.	3.1 Outreach protocols and materials address: • The importance of accessing HIV care early in disease progression • Availability of HIV medical care, including ways to pay for such care • Prevention of the further spread of HIV through sexual and injection behavior	3.1 Written materials and outreach protocols include these components and are on file in the agency.
3.2 Outreach must include information and education about remaining in HIV care and accessing intensive services as needed.	3.2 Outreach protocols and materials address: • The importance of adherence to HIV medication and remaining in HIV care • The availability of other core and support services • Prevention of the further spread of HIV through sexual and injection behaviors • Barriers and challenges to self-management of care	3.2. Written materials and outreach protocols include these components and are on file in the agency.

4.0 Engagement and Retention

Purpose

Outreach programs must develop engagement and retention policies and procedures to ensure that the sub-recipient makes every reasonable effort to bring or retain at-risk clients in care. Engagement and retention activities focus on clients who have fallen out of care or are at risk of falling out of care, and those clients aware of their HIV status but not currently in care.

Standard	Measure	Documentation
4.1 Outreach provider ensure that they make every effort to b ring or retain at-risk clients in care.	4.1 Developed engagement and retention policies and procedures	4.1 Engagement and retention policies and procedures are on file
4.2 Providers of maintenance outreach will complete a transition and case closure summary.	4.2.a. Provider documents attempts to contact the client and notifications about case closure. 4.2.b.If client fails to respond to a less intensive outreach method, the provider must use a more intensive method before case closure	4.2.a. and 4.2.b Notes regarding attempts, notifications in client file, along with the reason for transition or closure

5.0 Records Management

Purpose

Documentation is evidence that clients received Outreach Services. Further detail regarding records management are in Universal Standards.

Standard	Measure	Documentation
5.1 Outreach Services records will reflect compliance with standard and are complete, accurate, confidential, and secure.	5.1.a. Provider will maintain records for all clients served 5.1.b. Provider will track utilization of assistance.	5.1.a. Outreach services records include date(s) client received assistance. 5.1.b. Using CAREWare, provider documents services in case notes with corresponding service units, and in Care Plan when client successfully engages.

6.0 Staff Qualifications

Standard	Measure	Documentation
6.1.a. Staff must have a minimum of a high school diploma, but a college degree is preferred.	6.1.a. High school diploma or college degree(s)	6.1.a. Copies of diploma and/or degree(s) in personnel file.
6.1.b. Staff must have HIV-related and/or HUD experience.	6.1.b. Previous job and/or job-related duties that dealt with HIV-clients or housing assistance administration.	6.1.b.Resume's and/or curriculum vitae in personnel file.
6.1.c. Staff have completed Counseling, Testing, Referral Services (CTRS training).	6.1.c. Certificate of course completion	6.1.c. CTRS certificate in personnel file.

7.0 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
7.1.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. 7.1.b. Policy shall describe the process for resolving client grievances, including identification of whom to contact and applicable timelines. 7.2 Policy shall be available in languages and formats (e.g. for persons with disabilities) appropriate to populations served.	7.1.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.	7.1.a Signed and dated Grievance Policy in client file. 7.1.b. Written Grievance Policy on file. 7.2. Policy is available in languages and formats appropriate to populations served.

8.0 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
8.1 Health services are culturally and linguistically competent, client-guided and community based.	8.1.a. Experience with providing services to the diverse ethnic, linguistic, sexual or cultural populations targeted; 8.1.b. Capacity of staff, including volunteers and Board, to design, provide and evaluate culturally and linguistically appropriate services; 8.1.c. List of cultural competency trainings completed by staff.	8.1.a. and b. Notes regarding staff cultural and linguistic experience/competence 8.1.c. Completed trainings documentation in personnel files.
8.2 Each provider shall make available to clients the process for requesting interpretation services, including American Sign Language	8.2 Interpreter(s) is/are available.	8.2 A list of interpreters on file.

9.0 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
9.1.a. Services are available and accessible to any individual who meets program eligibility requirements. 9.1.b. All providers shall comply with all applicable federal, state, and local anti- discrimination laws and regulations, including but not	9.1 Providers are aware of eligibility requirements and non-discrimination policies.	9.1 Written eligibility requirements and non-discrimination policy on file.

limited to the American's with Disabilities Act. 9.1.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, marital status, height, weight, disability, or AIDS/HIV.		
9.2.a. Client's Rights and Responsibilities policy is explained to client. 9.2.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;	9.2.a. Clients sign and date a copy of the policy. 9.2.b. Current Client's Rights and Responsibilities form signed and dated by client, indicating the client's understanding of her/his rights and responsibilities.	9.2a. Written policy on file. 9.2.b. Signed copy located in client's record.

• 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		

10. Secure Client Records, Privacy, and Confidentiality

Standard	Measure	Documentation
10.1 Client confidentiality is ensured	10.1.a. Client confidentiality policy that includes a Release of Information (ROI) 10.1.b. Health Insurance Portability and Accountability Act (HIPPA) compliance	10.1.a. Written client confidentiality policy on file at provider agency 10.1.a.HIPPA documentation is on file and posted where clients can view it.
10.2 Client's consent for release of information is determined.	10.2 Current Release of Information Form signed and dated by client and provider representative	10.2 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.
10.3 Electronic patient records are protected from unauthorized use.	10.3 Each client file is stored in a secure location.	10.3.a. Files stored in locked file or cabinet with access limited to appropriate personnel.

		10.3.b. Electronic files are password protected with access limited to appropriate personnel.
10.4 Annual submission of Verification of Receipt of Assurance of Key Requirements	10.4. All staff that handle client-identifying information document	10.4 Signed Verification of Receipt of Assurance of Key Requirement forms on file

11.0 Quality Management

- 90% of clients newly identified as HIV positive have documented evidence of referrals made to Ryan White services in Outreach provider primary record.
- 90% of clients identified as HIV negative have documented evidence of referrals made to HIV Prevention/Risk Reduction in Outreach provider primary record.
- 90% of clients identified as aware of their HIV positive status have documented evidence of referrals made to Ryan White services in Outreach provider primary record.

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.