

ATLANTA EMA QUALITY MANAGEMENT STANDARDS AND MEASURES PSYCHOSOCIAL SUPPORT SERVICES

Purpose

The purpose of the Ryan White Part A quality management standards and measures is to ensure that a uniformity of service exists in the Atlanta Eligible Metropolitan Area (EMA) such that the consumers of a service receive the same quality of service regardless of where the service is rendered. If an agency is unable to meet a particular standard, the agency must document why the standard was unable to be met and explain the steps it is taking to meet that standard.

Definitions

Psychosocial Support Services provide group or individual support and counseling services to assist eligible people living with HIV to address behavioral and physical health concerns. These services may include:

- Bereavement counseling
- Child abuse and neglect counseling
- HIV support groups
- Nutrition counseling provided by a non-registered dietitian
- Pastoral care/counseling
- Support and counseling activities

Psychosocial Support Services may not be used to provide nutritional supplements, or for social/recreational activities, or pay for a client's gym membership. Ryan White funded Pastoral counseling must be available to all eligible clients regardless for their religious denominational affiliation. Support and counseling activities in the Atlanta EMA include peer counseling and patient navigation.

Peer counseling services are services provided by Peer Counselors that include the provision of psychosocial support and assistance in obtaining a range of services and resources that will meet the needs of the client. Peer counseling services provide opportunities for sharing of information and resources, with the goal of promoting self-advocacy by persons living with HIV and facilitating the development of social/emotional support networks by and for persons living with HIV. Patient Navigation services are services provided by Patient Navigators that include the provision of psychosocial support to increase client medical adherence and retention in HIV/AIDS care services among clients most at risk for non-medical adherence by guiding clients through their initial medical assessment and enrollment into care. Patient navigation services provide emotional support to clients who receive a preliminarily positive and/or new confirmatory HIV/AIDS diagnosis, and clients identified as most at risk for non-adherence to medical services.

Peer counseling and patient navigation services do not involve coordination and/or follow up of medical treatment. In addition, psychosocial support services are distinct from medical case management, mental health, substance abuse treatment, and case management (non-medical).

Peer Counselors, Patient Navigators, and other Psychosocial Support Services staff are non-licensed, paraprofessional individuals who are preferably living with HIV and/or have an understanding of current or former recipients of HIV healthcare services who provide direct

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services to consumers in the emergency, outpatient or inpatient settings or by phone based upon clinic, and patient scheduling needs.

Psychosocial Support Services staff should:

1. Be trained according to the Atlanta EMA standards
2. Be integrated in the HIV/AIDS multidisciplinary healthcare team and will participate in pre-clinic meetings or case conferencing sessions
3. Be able to complete all paperwork required by the position
4. Have the following skills or knowledge:
 - Good verbal and written communication skills
 - Good listening skills
 - Good interpersonal skills
 - Good problem solving skills
 - Basic knowledge of community supports, including state and federal benefits

Standards Development Process

The standards were developed through extensive background research on quality management standards, a review of existing standards from other Ryan White Part A EMAs, other EMAs, and meetings with the Ryan White HIV/AIDS Program (RWHAP) Part A recipient.

Application of Standards

These standards apply to any agency receiving Part A funds to provide Psychosocial Support Services. If an agency is unable to meet a particular standard, the agency must document why the standard was unable to be met and explain in quarterly reports the steps it is taking to meet that standard.

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I. Policies and Procedures	
Standard	Measure
A. Agency must have policies and procedures in place that address confidentiality (HIPAA), grievance procedures and supervision requirements per federal and state law.	<ul style="list-style-type: none"> • Policy and procedure manual • Grievance procedure posted in visible location
B. Agency has eligibility requirements for services in written form. This is inclusive of: <ul style="list-style-type: none"> ✓ Clients rights and responsibilities ✓ Release of information/confidentiality ✓ Eligibility for services 	<ul style="list-style-type: none"> • Policy on file
C. Agency is licensed and/or accredited by the appropriate city/county/state/federal agency.	<ul style="list-style-type: none"> • Current licensure on file from appropriate city/county/state/federal agency
D. Agency has written policies and procedures in place that protect the physical safety and well-being of staff and clients. This is inclusive of: <ul style="list-style-type: none"> ✓ Physical agency 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 ✓ 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 ✓ 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 	<ul style="list-style-type: none"> • Policy on file • Site Visit/Program Monitoring
E. Agency 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"> • Written letter of agreement on file

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<p>F. Agency has private, confidential office space for seeing clients (e.g. no half-walls or cubicles, all rooms must have doors).</p>	<ul style="list-style-type: none"> • Site Visit/Program Monitoring
<p>G. Agency will have all inactivated client records in a confidential locked location for a period as stipulated by law.</p>	<ul style="list-style-type: none"> • Site Visit/Program Monitoring
<p>H. Agency 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"> • 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 ✓ 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 Ryan White services, regardless of their religious denominational affiliation 	<ul style="list-style-type: none"> • Site Visit/Program Monitoring
<p>I. Psychosocial Support Services staff at an agency must complete training. Training should consist of at least 40 total hours of training and should include all of the following topics:</p> <ul style="list-style-type: none"> ✓ Confidentiality (HIPAA) ✓ Clinic tour, clinic hours and access ✓ Introduction to clinic staff/description of staff roles ✓ Staff contact information ✓ Computer access and email policies 	<ul style="list-style-type: none"> • Training records in personnel files

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<ul style="list-style-type: none"> ✓ Phone system/voice mail system ✓ Timesheet/invoice/payroll process ✓ Fire and emergency procedures ✓ Communication and listening skills ✓ Client advocacy ✓ General understanding of how the Atlanta EMA Ryan White system of HIV continuum of care operates ✓ General understanding and current contact information for the local HIV/AIDS medical, health-related and social service organizations that provide basic services such as mental health, substance abuse treatment, food, shelter, clothing, etc. to facilitate referral ✓ Client rights and responsibilities ✓ Cultural competency ✓ Empowerment of peers ✓ Volunteer/employee rights and responsibilities ✓ How to make a referral ✓ Conflict de-escalation/resolution 	
<p>J. Patient navigation staff at an agency must complete patient navigation training. Training should consist of the following:</p> <ul style="list-style-type: none"> ✓ Review and discussion of Patient Navigator Program Policies and Procedures manual ✓ Discussion of the target populations, process for identifying and referring clients to patient navigators, and primary activities for patient navigators ✓ Procedures for health center services 	<ul style="list-style-type: none"> • Training records in personnel files
<p>K. Peer counseling staff/volunteers at an agency must complete a peer counseling training. Training should consist of at least 40 total hours of training and should include any of the following topics:</p> <ul style="list-style-type: none"> ✓ HIV basic science and psychological issues ✓ Infection control (based on OSHA infection control practices) ✓ Basic mental health and substance abuse issues ✓ Basic treatment issues and how to talk about them (i.e. not providing care or telling what care to get) ✓ Personal boundaries (encompassing physical, emotional, spiritual & financial) 	<ul style="list-style-type: none"> • Training records in personnel files

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<ul style="list-style-type: none"> ✓ Difference between peer counseling and case management ✓ Recognizing an individual in crisis ✓ Crisis intervention procedures 	
II. Program Staff	
Standard	Measure
A. Psychosocial support services staff is trained and knowledgeable about HIV/AIDS and current resources. To the greatest extent possible patient navigators, peer staff and peer volunteers are HIV positive and/or have an understanding of persons living with HIV.	<ul style="list-style-type: none"> • Personnel records
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. Agency staff administering screening questions must have completed training for using the Atlanta EMA screening tool.	<ul style="list-style-type: none"> • Training records
D. Agency 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"> • Written job description that includes roles and responsibilities and a statement of having been informed of agency policies and procedures in file signed by staff and supervisor
E. Staff signs an ethics contract on personal boundaries.	<ul style="list-style-type: none"> • Signed ethics contract in personnel file
F. Staff must complete initial training prior to providing direct services to clients. Peer staff complete training within two weeks of employment. (See minimum training requirements under Policies and Procedures).	<ul style="list-style-type: none"> • Signed form attesting to completion of training in personnel file • Signed confidentiality agreement in personnel file
G. Agency staff shall receive regular ongoing 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.	<ul style="list-style-type: none"> • Personnel records
H. Psychosocial support staff shall participate in at least 10 hours of job-related education/training annually. Agency staff shall receive training related to customer service and cultural competency.	<ul style="list-style-type: none"> • Training/education documentation in personnel files

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III. Access to Services	
Standard	Measure
<p>A. Agency 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 	<p>Site Visit/Program Monitoring</p>
<p>B. Agency 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).</p>	<ul style="list-style-type: none"> • Policy on file
<p>C. Agency demonstrates the ability to provide culturally and linguistically appropriate services according to the Atlanta EMA standards for desired target population.</p>	<ul style="list-style-type: none"> • Personnel and training records • Site Visit/Program Monitoring • Client satisfaction survey
<p>D. Agency demonstrates input from clients in service design and delivery.</p>	<ul style="list-style-type: none"> • Client satisfaction survey • Existence of Consumer Advisory Board
IV. Eligibility Determination/Screening	
Standard	Measure
<p>A. Upon initial contact with client, agency will determine if client meets criteria for emergency needs, as detailed in their policy and procedures.</p>	<ul style="list-style-type: none"> • Client record
<p>B. Provider determines client eligibility for services. Client eligibility will be reassessed every 6 months. The process to determine client eligibility must be completed in a time frame so that 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 the Federal Poverty Level ✓ Proof of residency ✓ 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 • Agency client data report consistent with funding requirements
<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 • Client satisfaction survey

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<p>D. Clients will receive standardized screening questions for case management, mental health, substance abuse and legal needs during a face to face contact from an appropriate program staff immediately following eligibility determination.</p>	<ul style="list-style-type: none"> • Client record • Agency client data report consistent with funding requirements
V. Service Coordination	
Standard	Measure
<p>A. Agency 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 primary medical care, agency staff must note progress toward linking the client into primary medical care. 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 • Agency client data report consistent with funding requirements • Policy on file
<p>C. Agency staff will maintain documentation of service coordination in client’s record to include:</p> <ul style="list-style-type: none"> ✓ Client eligibility ✓ Date of service ✓ Types and level of activities provided <ul style="list-style-type: none"> • Group Peer Counseling • HIV Support Group • Individual Peer Counseling • Patient Navigation 	<ul style="list-style-type: none"> • Client record
<p>D. A client may be terminated from receiving Psychosocial Support 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 agency, staff, or other clients at risk ✓ Client no longer requires Psychosocial Support Services interventions ✓ Client fails to contact the agency 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 • Agency client data report consistent with funding requirements

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VI. Clients' Rights and Responsibilities	
Standard	Measure
A. Client confidentiality policy exists for all service settings.	<ul style="list-style-type: none"> • Policy on file
B. Grievance policy exists.	<ul style="list-style-type: none"> • Policy on file
C. A current (in the last year) release of information form exists for each specific request for information and each request is signed by the client.	<ul style="list-style-type: none"> • Client record
D. The agency 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
E. Client will be informed of the client confidentiality policy, grievance policy, their rights and responsibilities and their eligibility for services.	<ul style="list-style-type: none"> • Client record initialed by client