

## **ATLANTA EMA QUALITY MANAGEMENT STANDARDS AND MEASURES REFERRAL FOR HEALTH CARE AND 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**

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 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).

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

### **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 Referral for Health Care and 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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<b>I. Policies and Procedures</b>	
<b>Standard</b>	<b>Measure</b>
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"> <li>• Policy and procedure manual</li> <li>• Grievance procedure posted in visible location</li> </ul>
B. Agency has eligibility requirements for services in written form. This is inclusive of: <ul style="list-style-type: none"> <li>✓ Clients rights and responsibilities</li> <li>✓ Release of information/confidentiality</li> <li>✓ Eligibility for services</li> </ul>	<ul style="list-style-type: none"> <li>• Policy on file</li> </ul>
C. Agency is licensed and/or accredited by the appropriate city/county/state/federal agency.	<ul style="list-style-type: none"> <li>• Current licensure on file from appropriate city/county/state/federal agency</li> </ul>
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"> <li>✓ Physical agency safety               <ul style="list-style-type: none"> <li>• Meets fire safety requirements</li> <li>• Complies with Americans with Disabilities Act (ADA)</li> <li>• Is clean, comfortable and free from hazards</li> <li>• Complies with Occupational Safety and Health Administration (OSHA) infection control practices</li> </ul> </li> <li>✓ Crisis management and psychiatric emergencies               <ul style="list-style-type: none"> <li>• How to assess emergent/urgent vs. routine need</li> <li>• Verbal intervention</li> <li>• Non-violent physical intervention</li> <li>• Emergency medical contact information</li> <li>• Incident reporting</li> <li>• Voluntary and involuntary inpatient admission</li> </ul> </li> <li>✓ Refusal and/or termination of services</li> <li>✓ Personnel               <ul style="list-style-type: none"> <li>• Roles and responsibilities of staff, including supervision responsibilities and caseload or staff/client ratio</li> </ul> </li> <li>✓ Client/Parent/Guardian Rights and Responsibilities</li> </ul>	<ul style="list-style-type: none"> <li>• Policy on file</li> <li>• Site Visit/Program Monitoring</li> </ul>
E. Agency has private, confidential office space for seeing clients (e.g. no half-walls or cubicles, all rooms must have doors).	<ul style="list-style-type: none"> <li>• Site Visit/Program Monitoring</li> </ul>
F. Agency will have all inactivated client records in a confidential locked location for a	<ul style="list-style-type: none"> <li>• Site Visit/Program Monitoring</li> </ul>

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period as stipulated by law.	
<p>G. Agency 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"> <li>• Number and types of referrals provided</li> <li>• Benefits counseling and referral activities</li> <li>• Number of clients served</li> <li>• Follow up provided</li> <li>• Services and circumstances of referral services meet contract requirements</li> <li>• Client records document at least the following: <ul style="list-style-type: none"> <li>i. Date of service</li> <li>ii. Type of communication</li> <li>iii. Type of referral</li> <li>iv. Benefits counseling/referral provided</li> <li>v. Follow up provided</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Site Visit/Program Monitoring</li> </ul>
<b>II. Program Staff</b>	
<b>Standard</b>	<b>Measure</b>
A. Agency staff is trained and knowledgeable about HIV/AIDS and current resources.	<ul style="list-style-type: none"> <li>• Personnel records</li> </ul>
B. Agency 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.	<ul style="list-style-type: none"> <li>• Resumes in personnel records</li> <li>• Personnel and training records</li> <li>• Documentation in personnel record with staff signature stating they have read, understood and will abide by the code of ethics</li> </ul>
C. Agency staff administering screening questions must have completed training for using the Atlanta EMA screening tool.	<ul style="list-style-type: none"> <li>• Training records</li> </ul>
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"> <li>• 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</li> </ul>
E. Agency staff shall receive a recommended minimum of 1 hour of monthly supervision.	<ul style="list-style-type: none"> <li>• Personnel records</li> </ul>

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F. Agency staff will participate in at least 6 hours of job-related education/training annually.	<ul style="list-style-type: none"> <li>• Training/education documentation in personnel files</li> </ul>
<b>III. Access to Services</b>	
<b>Standard</b>	<b>Measure</b>
<p>A. Agency is accessible to desired target populations. Accessibility includes:</p> <ul style="list-style-type: none"> <li>✓ Proximity to community impacted by HIV</li> <li>✓ Proximity to mass transit</li> <li>✓ Proximity to low-income individuals</li> <li>✓ Proximity to underinsured/uninsured individuals</li> </ul>	Site Visit/Program Monitoring
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).	<ul style="list-style-type: none"> <li>• Policy on file</li> </ul>
C. Agency demonstrates the ability to provide culturally and linguistically appropriate services according to the Atlanta EMA standards for desired target population.	<ul style="list-style-type: none"> <li>• Personnel and training records</li> <li>• Site Visit/Program Monitoring</li> <li>• Client satisfaction survey</li> </ul>
D. Agency demonstrates input from clients in service design and delivery.	<ul style="list-style-type: none"> <li>• Client satisfaction survey</li> <li>• Existence of Consumer Advisory Board</li> </ul>
<b>IV. Eligibility Determination/Screening</b>	
<b>Standard</b>	<b>Measure</b>
A. Upon initial contact with client, agency will determine if client meets criteria for emergency needs, as detailed in their policy and procedures.	<ul style="list-style-type: none"> <li>• Client record</li> </ul>
<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"> <li>✓ Proof of HIV status</li> <li>✓ Proof of income not greater than 400% of Federal Poverty Level</li> <li>✓ Proof of residency</li> <li>✓ Proof of payor of last resort</li> <li>✓ Proof of active participation in primary care or documentation of the client's plan to access primary care <ul style="list-style-type: none"> <li>• At least 1 visit with a primary care provider every 6 months</li> <li>• For affected children &lt; 4, at least 1 primary care visit within 12 months.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Client record</li> <li>• Policy on file</li> <li>• Agency client data report consistent with funding requirements</li> </ul>

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C. Clients are informed of the client confidentiality policy and grievance policy at first face to face contact.	<ul style="list-style-type: none"> <li>• Client record</li> <li>• Client satisfaction survey</li> </ul>
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.	<ul style="list-style-type: none"> <li>• Client record</li> <li>• Agency client data report consistent with funding requirements</li> </ul>
<b>V. Service Coordination</b>	
<b>Standard</b>	<b>Measure</b>
A. Agency staff acts as a liaison between the client and other service providers to support coordination and delivery of high quality care.	<ul style="list-style-type: none"> <li>• Client record – documentation of with whom staff are communicating and progress to linking client to primary care</li> </ul>
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.	<ul style="list-style-type: none"> <li>• Client record</li> </ul>
C. Agency staff will maintain documentation of referral process in client’s record to include: <ul style="list-style-type: none"> <li>✓ Date of service</li> <li>✓ Type of communication</li> <li>✓ Type of referral</li> <li>✓ Benefits counseling/referral provided</li> <li>✓ Follow up provided</li> </ul>	<ul style="list-style-type: none"> <li>• Client record</li> </ul>
D. A client may be terminated from receiving Referral for Health Care and Support Services for any of the following reasons: <ul style="list-style-type: none"> <li>✓ Death</li> <li>✓ Client request</li> <li>✓ Client no longer residing within the Atlanta EMA</li> <li>✓ Client no longer an active participant in Outpatient Ambulatory Health Services</li> <li>✓ Client earns over 400% of the Federal Poverty Level</li> <li>✓ Client’s actions put the agency, staff, or other clients at risk</li> <li>✓ Client no longer requires Referral for Health Care and Support Services interventions</li> </ul>	<ul style="list-style-type: none"> <li>• Policy on file</li> <li>• Client record</li> <li>• Agency client data report consistent with funding requirements</li> </ul>

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✓ Client fails to contact the agency for a period of 6 months despite at least 3 documented attempts to contact the client by the Case Manager.	
<b>VI. Clients' Rights and Responsibilities</b>	
<b>Standard</b>	<b>Measure</b>
A. Client confidentiality policy exists for all service settings.	<ul style="list-style-type: none"> <li>• Policy on file</li> </ul>
B. Grievance policy exists.	<ul style="list-style-type: none"> <li>• Policy on file</li> </ul>
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"> <li>• Client record</li> </ul>
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"> <li>• Policy on file</li> <li>• Legal/medical consultation policy</li> </ul>
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"> <li>• Client record initialed by client</li> </ul>