

TEXAS DEPARTMENT OF STATE HEALTH SERVICES, DSHS HIV CARE SERVICES GROUP
RYAN WHITE PART B PROGRAM

UNIVERSAL STANDARDS

~~**DRAFT**~~
FINAL

DSHS STANDARD	PERFORMANCE MEASURE/METHOD	SUB-RECIPIENT RESPONSIBILITY	LIMITATIONS	SOURCE CITATION
<i>Section N: Core Services Additional Policies and Procedures</i>				
Outpatient/Ambulatory Health Services: OAHS are diagnostic and therapeutic services provided directly to a client by a licensed healthcare provider in an outpatient medical setting.	<p>Documentation of the following:</p> <ul style="list-style-type: none"> Care is provided by health care professionals certified in their jurisdictions to prescribe medications in an outpatient setting Only allowable services are provided Services are provided as part of the treatment of HIV infection Specialty medical care relates to HIV infection and/or conditions arising from the use of HIV medications resulting in side effects Services are consistent with HHS guidelines <p>Please refer to the following link for additional information on Peer Review: https://www.dshs.texas.gov/hivstd/taxonomy/oamcfag.shtm</p> <p>*For information regarding determining “experience” in HIV care, please review the HIV Medical Association notes http://www.hivma.org/Defining-HIV-Expertise.aspx</p>	<ol style="list-style-type: none"> Ensure that client medical records document services provided, the dates and frequency of services provided, that services are for the treatment of HIV infection. Include clinician notes in patientclient records that are signed by the licensed provider of services. Maintain professional certifications and licensure documents and make them available to the Recipient on request. Standing Delegation Orders are available to staff and are reviewed annually, dated and signed. Peer review will be conducted and documented annually for all levels of licensed/credentialed providers (e.g. MD, NP, PA). Service providers shall employ clinical staff with experience* regarding their area of clinical practice as well as knowledgeable in the area of HIV clinical practice, and personnel records/resumes/applications for employment will reflect requisite experience/education. All staff lackingwith less than one (1) year experience working with HIV must be supervised by an employee with at least one (1) year of experience. Staff participating in the direct provision of services to patients must satisfactorily 	<p>Service is NOT being provided in an emergency room, urgent care, hospital or any other type of inpatient treatment center</p>	<p>RWHAP Part B Program National Monitoring Standards, Section B.1</p> <p>PCN 13-04; PCN 16-02; PCN 16-02 FAQ General #1, 11</p> <p>22 Texas Administrative Code §193.2</p>

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		complete all appropriate CME/CEUs based on individual licensure requirements to include HIV related courses. Provider will document training received according to professional licensure requirements.		
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DSHS STANDARD	PERFORMANCE MEASURE/ METHOD	SUB-RECIPIENT RESPONSIBILITY	LIMITATIONS	SOURCE CITATION
<i>Section N: Core Services Additional Policies and Procedures (continued)</i>				

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Local AIDS Pharmaceutical Assistance Program (LPAP): RWHAP Part B recipients using the LPAP service category must establish the following: <ul style="list-style-type: none"> • Uniform benefits for all enrolled clients throughout the service area; • A recordkeeping system for distributed medications; • An LPAP advisory board; • A drug formulary approved by the local advisory committee/board; • A drug distribution system; • A client enrollment and eligibility determination process that includes screening for ADAP and LPAP eligibility with rescreening at a minimum of every six months; • Coordination with the state's RWHAP Part B ADAP (Statement of Need) • Implementation in accordance with requirements of the 340B Drug Pricing Program and the Prime Vendor Program 	Documentation that the LPAP program's drug distribution system has: <ul style="list-style-type: none"> • A client enrollment and eligibility determination process that includes ADAP and LPAP eligibility with rescreening every six months • An LPAP advisory board • Uniform benefits for all enrolled clients through the region(s) • Compliance with RWHAP requirement of payor of last resort • A recordkeeping system for distributed medications • A drug distribution system that includes a drug formulary approved by the local advisory committee/board • Medications are secured and locked/stored appropriately • System for drug therapy management • Policy for timeliness of services • MOUs with local pharmacies to ensure cost efficiency with established dispensing fees. 	<ol style="list-style-type: none"> 1. Provide to the Recipient upon request, documentation that the LPAP program meets HRSA/HAB requirements. 2. Maintain documentation, and make available to the Recipient upon request, proof of client LPAP eligibility. 3. Only authorized personnel dispense/ provide prescription medication. 4. Medications and supplies are secured in a locked area and stored appropriately. 5. Agency has a system for drug therapy management. 6. Policy for timeliness of services. 7. MOUs ensuring cost efficient methods are in place 8. MOUs ensure dispensing fees are established and implemented. 9. Active pharmacy license is onsite and is renewed every two years. 10. Pharmacies and pharmacy staff will adhere to the Texas State Board of Pharmacy rules and regulations. 11. Documentation on file that pharmacy owner if not a Texas licensed pharmacist, is consulting with a pharmacist in charge (PIC) or with another licensed pharmacist. 12. Pharmacy technicians and other personnel authorized to dispense medications are under the supervision of a licensed pharmacist. 13. A licensed nurse or practitioner designated by the pharmacist in charge (PIC) as supportive personnel may provide unit of use-packaged medications. 14. Prescriptions are filled with most cost-effective medications as evidenced by receipts. 	Only Part B Base award funds may be used to support an LPAP. LPAP are not to be used for EFA. Medications are NOT dispensed with LPAP funds as: 1. A result or component of a primary medical visit 2. A single occurrence of short duration (an emergency) without arrangements for longer term access to medications 3. Vouchers to clients on a single occurrence without arrangements for longer-term access to medications	RWHAP Part B Program National Monitoring Standards, Section B.4 PCN 16-02 LPAP Policy Clarification Memo FY 2017 FOA, p. 19
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DSHS STANDARD	PERFORMANCE MEASURE/ METHOD	SUB-RECIPIENT RESPONSIBILITY	LIMITATIONS	SOURCE CITATION
<i>Section N: Core Services Additional Policies and Procedures (continued)</i>				
Oral Health Care: Oral Health Care	Documentation that:	1. Maintain dental files for all clients.		PHS ACT

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services provide outpatient diagnostic, preventive, and therapeutic services by dental health care professionals, including general dental practitioners, dental specialists, dental hygienists, and licensed dental assistants.	<p>1. Oral health services are provided by general dental practitioners, dental specialists, dental hygienists and auxiliaries and meet current dental care guidelines.</p> <p>2. Oral health professionals providing the services have appropriate and valid licensure and certification, based on State and local laws.</p> <p>3. Services fall within specified service caps, expressed by dollar amount, type of procedure, limitations on the procedures, or a combination of any of the above, as determined by the State and/or local communities.</p>	<p>2. Maintain and provide to Recipient upon request, copies of professional licensure and certification.</p> <p>3. X-rays are taken by dental assistants who are registered with the State Board of Dental Examiners.</p> <p>4. OH caps are documented at the regional level and are tracked for each client in the service area that receives OH services.</p> <p>5. If cost of dental care exceeded regional caps set, documentation of reason is in the client record.</p>	<p>2612(b)(3)(D); RWHAP Part B Program National Monitoring Standards, Section B.5; PCN 16-02 FAQ General #1</p> <p>22 Texas Administrative Code §108.11; 22 Texas Administrative Code §114.2</p>
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DSHS STANDARD	PERFORMANCE MEASURE/METHOD	SUB-RECIPIENT RESPONSIBILITY	LIMITATIONS	SOURCE CITATION
Section N: Core Services Additional Policies and Procedures (continued)				
<p>Early Intervention Services: includes identification of individuals at points of entry and access to services and provisions of:</p> <ul style="list-style-type: none"> HIV Testing and Targeted counseling to help unaware Referral services to improve HIV care at key points of entry Linkage to care such as OAHS, MCM, and Substance Abuse Care Outreach and Health Education/Risk Reduction related to HIV diagnosis <p><i>NOTE: All 4 components MUST be</i></p>	<p>Documentation that:</p> <ol style="list-style-type: none"> Part B funds are used for HIV testing only where existing federal, state, and local funds are not adequate, and RW funds will supplement, and not supplant, existing funds for testing Individuals who test positive are referred for and linked to health care and supportive services Health education and literacy training is provided that enables clients to navigate the HIV system EIS is provided at or in coordination with documented key points of entry EIS services are coordinated with HIV prevention efforts and programs 	<ol style="list-style-type: none"> MOUs are in place with key points of entry into care All four required EIS service components are documented in the RWHAP Part B EIS program policies both at local and regional systems of care Document that HIV testing activities and methods meet CDC and state requirements, including licensure to conduct phlebotomy services where applicable. Establish linkage agreements with testing sites where Part B is not funding testing but is funding referral and access to care Ensure agencies have capacity and training to document number of tests (if applicable), number of referrals, and results of testing. 		<p>RWHAP Part B Program National Monitoring Standards, Section B.6</p> <p>PCN 16-02; PCN 16-02 #8</p> <p>PHS Act section 2612(d)(2)</p>

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<i>present, but Part B funds to be used for HIV testing only as necessary to supplement, not supplant, existing funding</i>		6. Documentation that EIS program funds will supplement, not supplant, other funds available to the entity for the provision of providing EIS services in the fiscal year involved.		
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DSHS STANDARD	PERFORMANCE MEASURE/ METHOD	SUB-RECIPIENT RESPONSIBILITY	LIMITATIONS	SOURCE CITATION
Section N: Core Services Additional Policies and Procedures (continued)				
Health Insurance Premium and Cost-sharing Assistance: Provides financial assistance for eligible clients living with HIV to maintain continuity of health insurance or to receive medical and pharmacy benefits under a health care coverage program. To use RWHAP funds for health insurance premium and cost-sharing assistance, a RWHAP Part recipient must implement a methodology that incorporates the following requirements: <ul style="list-style-type: none"> Ensure clients are buying health coverage that, at a minimum, includes at least one drug in each class of core ART from the HHS treatment guidelines along with appropriate HIV OAHS Must assess and compare the aggregate cost of paying for the health coverage option versus paying for the aggregate full cost for medications and other appropriate HIV OAHS, and allocate funding to HIPCSA only when determined to be cost effective. HIV insurance continuation funds will only be used for payment of insurance premiums, deductibles, co-insurance payments, copayments, and related administrative costs. HIV insurance assistance shall be provided directly to the insurance carrier, insurance 	Documentation that: <ul style="list-style-type: none"> Where funds are covering premiums, documentation that the insurance plan purchased provides comprehensive primary care and a full range of HIV medications Assurance that any cost associated with the creation, capitalization, or administration of a liability risk pool is not being funded by RW Assurance that RW funds are not being used to cover costs associated with Social Security Documentation of clients' low income status Documentation that HIV insurance continuation funds will only be used for payment of insurance premiums, deductibles, co-insurance payments, copayments, and related administrative costs. HIV insurance assistance shall 	1. Provide upon request: <ul style="list-style-type: none"> Where premiums are covered by RW funds, provide proof that the insurance policy provides comprehensive primary care and a formulary with a full range of HIV medications Maintain proof of low-income status Provide documentation that demonstrates that funds were not used to cover costs associated with the creation, capitalization, or administration of a liability risk pool, or social security costs 2. Agency has policy that outlines caps on assistance/payment limits and adheres to DSHS Policy. 3. Agency has policy that details the expectation for client contribution and tracks these contributions under client charges. 4. Agency has policy that requires referral relationships with organizations or individuals who can provide expert assistance to clients on their health insurance coverage options and available cost reductions. 5. Agency has policy that ensures referral relationships with organizations or individuals who can provide income tax preparation assistance for clients. 6. Agency has policies and procedures		RWHAP Part B Program National Monitoring Standards, Section B.7 PCN 07-05; PCN 13-04; PCN 13-05; PCN 13-06; PCN 14-01 revised 4/3/2015; PCN 16-02 DSHS Policy 260.002 DSHS Policy 270.001 (Calculation of Estimated Expenditures on Covered Clinical Services)

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administrator, or health provider, rather than to the client. Insurance premiums may be prepaid, including that part of the coverage period, which extends beyond the Contract term.	be provided directly to the insurance carrier, insurance administrator, or health provider, rather than to the client.	detailing process to make premium and out-of-pocket payments. 7. Documentation is maintained at the agency level as to number of clients served by: (1) Premium assistance/out of pocket costs; (2) IRS payments.		
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DSHS STANDARD	PERFORMANCE MEASURE/ METHOD	SUB-RECIPIENT RESPONSIBILITY	LIMITATIONS	SOURCE CITATION
<i>Section N: Core Services Additional Policies and Procedures (continued)</i>				
Home Health Care: Provision of services in the home that are appropriate to a client's needs and are performed by licensed professionals. Services must relate to the client's HIV disease and may include: <ul style="list-style-type: none"> Administration of prescribed therapeutics Preventive and specialty care Wound care Routine diagnostics testing administered in the home Other medical therapies The provision of Home Health Care is limited to clients that are homebound.	Assurance that: <ul style="list-style-type: none"> Services are limited to medical therapies in the home and exclude personal care services Services are provided by home health care workers with appropriate licensure as required by State and local laws 	1. Maintain on file and provide to the recipient upon request, copies of the licenses of home health care workers. 2. Agency policy on operation and procedures to contact agency after hours for urgent and/or emergency care is current and evident.	Home settings do NOT include nursing facilities or inpatient mental health/substance abuse treatment facilities	RWHAP Part B Program National Monitoring Standards, Section B.8 PCN 16-02; PCN 16-02 FAQ General #1, 12 40 Texas Administrative Code §97.211

DSHS STANDARD	PERFORMANCE MEASURE/ METHOD	SUB-RECIPIENT RESPONSIBILITY	LIMITATIONS	SOURCE CITATION
<i>Section N: Core Services Additional Policies and Procedures (continued)</i>				
Home and Community-based Health Services: Provided to a client living with HIV in an integrated setting appropriate to a client's needs, based on a written plan of care established by a medical care team under	1. Provide assurance that the services are provided in accordance with allowable modalities and locations under the definition of home and community based health services.	Assurance of: <ol style="list-style-type: none"> Services are being provided in an HIV-positive client's home, and/or a day treatment or other partial hospitalization services program as licensed by the State. Maintain, and make available to recipient, copies of appropriate licenses and certifications for professionals providing services. 	Inpatient hospitals, nursing homes, and other long-term care facilities are not considered an	RWHAP Part B Program National Monitoring Standards, Section B.9

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<p>the direction of a licensed clinical provider. Services include:</p> <ul style="list-style-type: none"> • Appropriate mental health, development, and rehabilitation services • Day treatment or other partial hospitalization services • Durable medical equipment • Home health aide services and personal care services in the home 	<p>2. Documentation of appropriate licensure and certifications for individuals providing the services, as required by local and state laws.</p>	<p>3. Documented policy on operation and procedures to contact agency after hours for urgent and/or emergency care.</p> <p>4. The agency shall have policies/procedures for the following:</p> <ul style="list-style-type: none"> • Referral resources and procedures that ensure access to a continuum of services • All appropriate consent forms (e.g., consent to share information, shared client data/registration system (ARIES), HIPAA requirements) • Consent to treatment signed by the client annually • Data collection procedures and forms, including data reporting • Quality assurance/quality improvement • Guidelines for language accessibility <p>5. All agency professional staff, contractors, and consultants who provide direct-care services, and who require licensure, shall be properly licensed by the State of Texas, or documented to be pursuing Texas licensure while performing tasks that are legal within the provisions of the Texas Medical Practice Act (or in the case of a nurse, the Nursing Practice Act), including satisfactory arrangements for malpractice insurance with evidence of such in the personnel file.</p> <p>6. Provider will document provision of in-service education to staff regarding current treatment methodologies and promising practices.</p>	<p>integrated setting for the purposes of providing home and community-based health services.</p>	<p>PCN 16-02</p>
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DSHS STANDARD	PERFORMANCE MEASURE/ METHOD	SUB-RECIPIENT RESPONSIBILITY	LIMITATIONS	SOURCE CITATION
<i>Section N: Core Services Additional Policies and Procedures (continued)</i>				
<p>Hospice Services: End of life care services provided to clients in the terminal stage of an HIV-related illness. Allowable services are:</p> <ul style="list-style-type: none"> • Mental health counseling • Nursing care • Palliative therapeutics • Physician services • Room and board. 	<p>Documentation including:</p> <ol style="list-style-type: none"> 1. Physician certification that the patient's^{client's} illness is terminal as defined under Medicaid hospice regulations. 2. Appropriate and valid licensure of provider as required by the State in which hospice care is delivered. 3. Types of services provided, and 	<ol style="list-style-type: none"> 1. Obtain and have available for inspection appropriate and valid licensure to provide hospice care. 2. Maintain and provide the recipient access to program files and client records. 3. Documentation that staff attended continuing education on HIV and end of life issues. 4. Documentation that supervisory provider 	<p>Does NOT extend to skilled nursing facilities or nursing homes.</p>	<p>RWHAP Part B Program National Monitoring Standards, Section B.10</p> <p>PCN 16-02; PCN 16-02</p>

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Services may be provided in a home or other residential setting, including a non-acute care section of a hospital that is designated and staffed to provide hospice care. Physician must certify that a patient client is terminally ill and has a defined life expectancy as established by recipient.	assurance that they include only allowable services. 4. Locations where hospice services are provided, and assurance that they are limited to a home or other residential setting or a non-acute care section of a hospital designated and staffed as a hospice setting. 5. Assurance that services meet Medicaid or other applicable requirements.	or registered nurse provided supervision to staff. 5. Agency has a policy detailing the reasons the Agency may rely upon for refusal of referral. 6. Agency has a policy for patient client discharge.		FAQ General #1 40 Texas Administrative Code §97.211
Mental Health Services: Provision of outpatient psychological and psychiatric screening, assessment, diagnosis, treatment, and counseling services offered to clients living with HIV. Services are based on a treatment plan, conducted in an outpatient group or individual session, and provided by a mental health professional licensed or authorized within the state to render such services. Such professionals typically include psychiatrists, psychologists, and licensed clinical social workers.	1. Documentation of appropriate and valid licensure and certification of mental health professionals as required by the State, including supervision of licensed staff. 2. Documentation of the existence of a detailed treatment plan for each eligible client. 3. MOUs to provide services if specific service is not available. 4. Agency has emergency/crisis intervention plan.	1. Obtain and have on file and available for recipient review appropriate and valid licensure and certification of mental health professionals, including supervision of licensed staff. 2. Maintain client records that include detailed treatment plans and documentation of services provided. 3. MOUs are available for referral needs. 4. Policies Agency has policies/procedures in place <u>for emergency/crisis intervention plan</u> . 5. Agency has a policy for regular clinical supervision of all licensed staff per licensure standards. 6. Agency/Provider has a discharge policy and procedure. 7. Documentation that client was Agency/Provider has a policy/procedure <u>documenting how clients are</u> introduced to program services either in writing or orally.	Only for HIV clients.	RWHAP Part B Program National Monitoring Standards, Section B.11 PCN 16-02; PCN 16-02 FAQ General #1

DSHS STANDARD	PERFORMANCE MEASURE/ METHOD	SUB-RECIPIENT RESPONSIBILITY	LIMITATIONS	SOURCE CITATION
Section N: Core Services Additional Policies and Procedures (continued)				

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<p>Medical Nutrition Therapy (MNT): MNT includes nutrition assessment and screening, dietary/nutritional evaluation, food and/or nutritional supplements per medical provider's recommendation, and nutrition education and/or counseling. These services can be provided in individual and/or group settings and outside of HIV OAHS. All services performed must be pursuant to a medical provider's referral and based on nutritional plan developed by the registered dietitian or other licensed nutrition professional.</p>	<p>Documentation of:</p> <ol style="list-style-type: none"> 1. Licensure and registration of the dietitian as required by the State 2. Staff has the knowledge, skills and experience appropriate to providing food or nutritional counseling/education services. 3. Licensed Registered Dietitians will maintain current professional education (CPE) units/hours, including HIV nutrition and other related medical topics approved by the Commission of Dietetic Registration. 	<ol style="list-style-type: none"> 1. Maintain and make available to the recipient copies of the dietitian's license and registration 2. Personnel records/resumes/applications for employment will reflect requisite education, skills and experience. 3. Documentation in personnel records of professional education. 4. Agency has a policy and procedure for determining frequency of contact with the licensed Registered Dietitian based on the level of care needed. 5. Agency has a policy and procedure on obtaining, tracking inventory, storing, and administering<u>distributing</u> supplemental nutrition products if applicable. 6. Agency has a policy and procedures on discharging a patient<u>client</u> from medical nutrition therapy and the process for discharge/referral. 	<p>RWHAP Part B Program National Monitoring Standards, Section B.12</p> <p>PCN 16-02; PCN 16-02 FAQ General #1</p>
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DSHS STANDARD	PERFORMANCE MEASURE/METHOD	SUB-RECIPIENT RESPONSIBILITY	LIMITATIONS	SOURCE CITATION
<i>Section N: Core Services Additional Policies and Procedures (continued)</i>				
<p>Medical Case Management (MCM), including Treatment Adherence: Provision of a range of client-centered activities focused on improving health outcomes in support of the HIV care continuum. Activities may be prescribed by an interdisciplinary team that includes other specialty care providers.</p> <p><i>Please reference DSHS MCM</i></p>	<ol style="list-style-type: none"> 1. Documentation that service providers are trained professionals, either medically credentialed persons or other health care staff who are part of the clinical care team. 2. Documentation that all activities are being carried out for all clients. 3. Documentation of case management services and encounters. 4. Documentation in client records of services provided. 5. Minimum qualifications are established regionally by the Administrative Agencies. 	<ol style="list-style-type: none"> 1. Maintain documentation showing that MCM services are provided by trained professionals who are either medically credentialed or trained health care staff and operate as part of the clinical care team. 2. Maintain client records that include all required elements for compliance with contractual and RW programmatic requirements. 3. Policies and procedures are in place for conducting MCM services, including the following: 		<p>RWHAP Part B Program National Monitoring Standards, Section B.13</p> <p>PCN 16-02; PCN 16-02 FAQ #10, 11</p>

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<i>service standard for full complement of key activities.</i>	<p>DSHS preferred qualifications for staff: a degree in health, human or education services and one year of case management experience with people living with HIV and/or persons with a history of mental illness, homelessness, or substance use.</p> <p>6. Minimum qualifications for Medical Case Management supervisors: degreed or licensed in the fields of health, social services, mental health or a related area (preferably Masters' level). Additionally, case manager supervisors must have 3 years' experience providing case management services, or other similar experience in a health or social services related field (preferably with 1 year of supervisory or clinical experience).</p> <p>7. Mandatory agency training should include the provision of agency's policy and procedure manual and employee handbook to familiarize new staff with the internal workings and processes of their new work environment.</p>	<ul style="list-style-type: none"> • Data collection procedures and forms, including data reporting • Initial Comprehensive Assessment • MCM Case Management Acuity Level and Client contact • Care Planning • Viral Suppression/Treatment Adherence • Referral and follow-Up • Case Closure/Graduation • Case Conferencing • Caseload Management • Case Closure and Graduation • Case Transfer (internal/external) • Probationary Period (new hire) • Staff Supervision • Staff Training, including agency specific training <p>4. All MCM staff must meet the minimum training requirements established in this document. Training expectations for newly hired case managers can be found at: http://www.dshs.texas.gov/hivstd/contractor/cm.shtm</p>		
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DSHS STANDARD	PERFORMANCE MEASURE/METHOD	SUB-RECIPIENT RESPONSIBILITY	LIMITATIONS	SOURCE CITATION
<i>Section N: Core Services Additional Policies and Procedures (continued)</i>				
Medical Case Management, including Treatment Adherence (continued)	<p>8. Supervisors should expect to expend more time than usual in providing such training to staff during their probationary period of employment. During the probationary period, new case managers should be monitored for satisfactory completion of core, case management specific tasks (e.g. assessments, care planning and interventions). These activities should be monitored in person by appropriate supervisory staff -- or qualified designees -- at least once weekly for the entire probationary period before the case manager is</p>	<p>5. Each agency is responsible for providing new staff members and supervisors with job-related training that commences within 15 working days of hire and is completed no later than 90 days following hire.</p> <p>6. All staff at agencies receiving Ryan White Part B or State Services case management funds (both medical and non-medical) must complete (or have completed prior) the required MCM training within six (6) months of hire (it's desired that staff complete training within three (3) months of</p>		

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	<p>approved to provide services independently.</p> <p>9. New Medical Case Managers must complete all components of the MCM Competency Training Course within 12^{six (6)} months of hire (it's desired that staff complete training within 9 months of hire). This course addresses the following core competencies:</p> <ul style="list-style-type: none"> • STD Facts & Fallacies: Chlamydia, Gonorrhea & Pelvic Inflammatory Disease (PID)* • STD Facts & Fallacies: Syphilis* • Perinatal HIV Prevention Online Program* <p>*These courses are all available through the TRAIN (Training Finder Real-time Affiliate Integrated Network) Texas learning management system (www.tx.train.org).</p> <p>10. Core training of staff, using supportive supervision techniques (e.g. job shadowing, performance evaluation, and immediate (responsive) job counseling/training) should be provided on an ongoing basis -- frequency based on staff experience and performance -- by supervisors.</p>	hire);		
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DSHS STANDARD	PERFORMANCE MEASURE/ METHOD	SUB-RECIPIENT RESPONSIBILITY	LIMITATIONS	SOURCE CITATION
<i>Section N: Core Services Additional Policies and Procedures (continued)</i>				
Medical Case Management, including Treatment Adherence (continued)		<p>7. Staff performing MCM at agencies receiving Ryan White Part B or State Services case management funds must fulfill the below training requirements.</p> <p>8. All case management staff must complete a minimum of 12 hours of continuing education annually in relevant topics. Relevant topics include, but are not limited to:</p> <ul style="list-style-type: none"> • HIV Confidentiality and the 		

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		<ul style="list-style-type: none"> Law Working with Special Populations (undocumented, LGBT, Women, African-American/Black, Latino/a, aging population, youth) Domestic Violence/Family Violence/Intimate Partner Violence Assessment Monitoring/Outcomes Records Management Resources Development/Use Safety Care Planning and Implementation Ethics and HIV Hepatitis A, B, C Screening Tools (Substance Use, Mental Health, Sexual Health) HIV disclosure, Partner Notification Services Sexual Health Harm Reduction 		
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DSHS STANDARD	PERFORMANCE MEASURE/METHOD	SUB-RECIPIENT RESPONSIBILITY	LIMITATIONS	SOURCE CITATION
<i>Section N: Core Services Additional Policies and Procedures (continued)</i>				
Substance Abuse Outpatient Care: Provision of outpatient services for the treatment of drug or alcohol use disorders. Services include: <ul style="list-style-type: none"> Screening Assessment Diagnosis, and/or Treatment of substance use 	1. Documentation that services are provided by or under the supervision of a physician or by other qualified personnel with appropriate and valid licensure and certification as required by the State. 2. Documentation through program files that services provided meet the service category definition. 3. All services provided are allowable under RW	Maintain and provide: <ol style="list-style-type: none"> Provider licensure or certifications as required by the State Staffing structure showing supervision by a physician or other qualified personnel Evidence that all services are provided on an outpatient basis Program files and client records that include treatment plans Agency will have documentation on site 	Syringe access services are allowable, to the extent that they comport with appropriate law and applicable HHS guidance, including HRSA- or HAB-	RWHP Part B Program National Monitoring Standards, Section B.14 PCN 16-02; PCN 16-02 General #1

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disorder	<p>4. Assurance that RW funds are used to expand HIV-specific capacity of programs only if timely access would not otherwise be available to treatment and counseling.</p> <p>5. Assurance that services provided include a treatment plan that calls for only allowable activities</p> <p>6. Facilities providing substance abuse treatment services will be licensed by the Texas Department of State Health Services (Department) or be registered as a faith-based exempt program.</p> <p>7. Supervisors' files reflect notes of weekly supervisory conferences.</p>	<p>that license is current for the physical location of the treatment facility, if applicable.</p> <p>6. Documentation of supervision during client interaction with Counselors In Training (CIT) or Interns as required by the Texas Department of State Health Services (DSHS).</p> <p>7. Each staff member will have documentation of minimum experience to include:</p> <ul style="list-style-type: none"> Two years of experience in HIV or other catastrophic illness and continuing education in HIV One year of experience in family counseling as pertaining to substance use Non-violent crisis intervention training Training in mental health issues and knowing when to refer a client to a mental health program/counselor. <p>8. Documentation of professional liability for all staff and agency.</p>	specific guidance.	
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DSHS STANDARD	PERFORMANCE MEASURE/METHOD	SUB-RECIPIENT RESPONSIBILITY	LIMITATIONS	SOURCE CITATION
<i>Section N: Core Services Additional Policies and Procedures (continued)</i>				
Substance Abuse Outpatient Care (continued)		<p>9. Agency shall have a policy and procedure to conduct Interdisciplinary Case Conferences held for each active client at least once every 6 months. Case Conference documentation, signed by the supervisor, in client record will include:</p> <ul style="list-style-type: none"> Date, name of participants and name of client Issues and concerns Follow-up plan Clinical guidance provided 		

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		<p>10. Provider agency must have and implement policies and procedures for handling crisis situations and psychiatric emergencies, which include, but are not limited to, the following:</p> <ul style="list-style-type: none"> • Verbal Intervention • Non-violent physical intervention • Emergency medical contact information • Incident reporting • Voluntary and involuntary patient<u>client</u> admission • Follow-up contacts • Continuity of services in the event of a facility emergency <p>11. Agency will have a policy and procedure for clients to follow if they need after-hours assistance. This procedure will be included in the client orientation process.</p> <p>12. Written policies and procedures for staff to follow in psychiatric or medical emergencies.</p> <p>13. Policies and procedures define emergency situations, and the responsibilities of key staff are identified.</p>		
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DSHS STANDARD	PERFORMANCE MEASURE/METHOD	SUB-RECIPIENT RESPONSIBILITY	LIMITATIONS	SOURCE CITATION
<p><i>Section O: Support Services Policies and Procedures</i> <i>NOTE: Use of Part B funds only to support "Support Services that are needed by individuals with HIV/AIDS to achieve medical outcomes related to their HIV/AIDS-related clinical status" and Support Services approved by the Secretary of Health and Human Services; see Part B Program National Monitoring Standards, Section A.1 bullet #2 and Section C.1; FY 2017 FOA, p. 2</i></p>				
<p>Non-Medical Case Management (NMCN): Provides guidance and assistance in accessing medical, social, community, legal, financial, and other needed services. NMCN services may also include assisting eligible clients to obtain access to other public and private programs for which they may be eligible.</p>	<p>1. Documentation that scope of activity includes advice and assistance to clients in obtaining medical, social, community, legal, financial, and other needed services.</p> <p>2. Services cover all types of encounters and communications.</p> <p>3. Where transitional case management for incarcerated persons is provided, assurance</p>	<p>1. Maintain client records that include the required elements as detailed by the Recipient.</p> <p>2. Provide assurances that any transitional case management for incarcerated persons meets contract requirements.</p> <p>3. Policies and procedures are in</p>		<p>RWHAP Part B Program National Monitoring Standards, Section C.2</p> <p>PCN 16-02;</p>

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<i>Please reference DSHS NMCM service standard for full complement of key activities.</i>	that such services are provided either as part of discharge planning or for individuals who are in the correction system for a brief period. 4. Supervisor signature and date, signifying review and approval of initial comprehensive assessment, for case managers during their probationary period.	place for conducting NMCM services. 4. Non-medical case managers will complete annual trainings per DSHS		PCN 16-02 FAQ #10
Child Care Services: RWHAP supports intermittent child care services for the children living in the household of HIV clients for the purpose of enabling clients to attend medical visits, related appointments, and/or RWHAP-related meetings, groups, or training sessions.	1. Documentation of parent's eligibility as defined by the State. 2. Appropriate and valid licensure and registration of child care providers under applicable State and local laws where services are provided in a day care setting.	1. Maintain documentation of child care services provided. 2. Maintain valid licensure and registration of child care providers. 3. Informal child care arrangements are in compliance with Recipient requirements. 4. Agency will establish a policy and procedure to address liability issues addressed through liability release forms designed to protect the client, provider and the RW program.	No cash to clients or primary caregivers to pay for these services.	RWHAP Part B Program National Monitoring Standards, Section C.3 PCN 16-02; PCN 16-02 FAQ #16

DSHS STANDARD	PERFORMANCE MEASURE/ METHOD	SUB-RECIPIENT RESPONSIBILITY	LIMITATIONS	SOURCE CITATION
<i>Section O: Support Services Policies and Procedures (continued)</i>				
Emergency Financial Assistance: Provides limited one-time or short-term payments to assist the RWHAP client with an emergent need for paying for essential utilities, housing, food (including groceries and food vouchers), transportation, and medication. Services must be for limited amounts, uses, and periods of time.	1. Documentation of services and payments to verify that EFA to individual clients is provided with limited frequency and for limited periods of time, with frequency and duration of assistance specified by the Recipient. 2. Documentation ensuring assistance is provided only for the following essential services: utilities, housing, food, or medications through a voucher program or short-term payments to the service entity. 3. Emergency funds are allocated, tracked,	1. Maintain client records that document client eligibility, types of EFA provided, dates of EFA, and method of providing EFA. 2. Maintain and provide documentation of assistance provided to clients. 3. Provide assurance to State that all EFA was for allowable types of assistance, was used where RW was payor of last resort, met State or local specified limitations on amount and	Must be a direct payment to an agency or through a voucher program. Continuous provision of an allowable service to a client should not be funded	RWHAP Part B Program National Monitoring Standards, Section C.4 PCN 16-02; PCN 16-02 FAQ #4, 17

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	and reported by type of assistance. 4. No more than a 30-day supply of medications are purchased at a time.	frequency of assistance to an individual, and provided through allowable payment methods. 4. Policies include medication purchase limitations. 5. Agencies providing EFA medications must have policies and procedures to pursue all feasible alternative revenues systems (e.g., pharmaceutical company patient assistance programs) before requesting reimbursement through EFA. 6. Agency may reimburse the pharmacy a minimal dispensing fee per prescription as outlined in a MOU.	through EFA. Grocery/Food vouchers cannot be used for the purchase of alcohol and/or tobacco products.	
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DSHS STANDARD	PERFORMANCE MEASURE/ METHOD	SUB-RECIPIENT RESPONSIBILITY	LIMITATIONS	SOURCE CITATION
<i>Section O: Support Services Policies and Procedures (continued)</i>				

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Food Bank/Home-Delivered Meals: Provision of actual food items, hot meals, or a voucher program to purchase food. This also includes the provision of essential non-food items that are limited to: <ul style="list-style-type: none"> • Personal hygiene products • Household cleaning supplies • Water filtration/purification systems in communities where issues of water safety exist 	1. Documentation that services supported are limited to food bank, home-delivered meals, and/or food voucher programs. 2. Documentation of types of non-food items provided. If water filtration/ purification systems are provided, community has documented water purity issues. 3. Assurance of compliance with federal, state, and local regulations including any required licensure or certification for the provision of food banks and/or home-delivered meals. 4. Monitoring of providers to document actual services provided, client eligibility, number of clients served, and level of services. 5. Food pantry program will meet regulations on Food Service Sanitation as set forth by Texas Department of State Health Services, Regulatory Licensing Unit and/or local city or county health regulating agencies.	1. Maintain documentation of: <ul style="list-style-type: none"> • Services provided by type • Amount and use of funds for purchase of non-food items • Compliance with all federal, state, and local laws regarding the provision of food bank, home-delivered meals and food voucher programs, including any required licensure and/or certifications (displayed on site). • Assurance that RW funds were used only for allowable purposes and RW was the payor of last resort. • Records of local health department food handling/food safety inspection are maintained on file. 2. Agency will be licensed for non-profit salvage by the Texas Department of State Health Services Regulatory Licensing Unit and/or local city, or county health regulating agencies. 3. Food Pantry must display "And Justice for All" posters that inform people how to report discrimination. 4. There must be a method to regularly obtain client input about food preference and satisfaction. Such input shall be used to make program changes. 5. Director of meal program must complete and pass Service Safety certification every three (3) years. 6. An application form is completed for each volunteer. 7. Each staff and volunteer position has written job descriptions. 8. Personnel files reflect completion of applicable trainings and orientation.	Unallowable costs include household appliances, pet foods, and other non-essential products.	RWHAP Part B Program National Monitoring Standards, Section C.5 PCN 16-02
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DSHS STANDARD	PERFORMANCE MEASURE/ METHOD	SUB-RECIPIENT RESPONSIBILITY	LIMITATIONS	SOURCE CITATION
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<i>Section O: Support Services Policies and Procedures (continued)</i>				
Health Education/Risk Reduction: Provision of education to clients living with HIV about HIV transmission and how to reduce the risk of HIV transmission. It includes sharing information about medical and psychosocial support services and counseling with clients to improve their health status.	Documentation that: 1. Clients are educated about HIV transmission and how to reduce the risk of HIV transmission to others. 2. Clients receive information about available medical and psychosocial support services.	1. Maintain records of services provided. 2. Document in client files client eligibility, information provided on available services, education about HIV transmission, counseling on how to improve their health status and reduce risk of HIV transmission. 3. Documentation that staff has visited collaborating service agencies/has knowledge of local resources. 4. Documentation that supervisors reviewed 10 percent of each HE/RR staff client records each month. 5. Documentation that supervisor/program manager has reviewed pre-post tests and program evaluations.	HE/RR services cannot be delivered anonymously.	RWHAP Part B Program National Monitoring Standards, Section C.6 PCN 16-02
Housing Services: Provide transitional, short-term, or emergency housing assistance to enable a client or family to gain or maintain OAHS services and treatment. Housing services include housing referral services and transitional, short-term, or emergency housing assistance.	1. Must have mechanisms in place to allow newly identified clients access to housing services. 2. Documentation that funds are used only for allowable purposes. 3. Services are provided by case managers or other housing professionals. 4. Policies and procedures to provide individualized written housing plans, consistent with Housing Policy, covering each client receiving short term, transitional, and emergency housing services. 5. Agency established payment methodology to issue direct payment to housing vendor or voucher system.	1. Maintain documentation of services provided. 2. Ensure staff providing housing services are case managers or other professionals who possess knowledge of local, state, and federal housing programs and how to access those programs. 3. Policies and procedures are written ensuring individualized written housing plans are consistent with Housing Policy.	Housing services cannot be in the form of direct cash payments to clients and cannot be used for mortgage payments.	RWHAP Part B Program National Monitoring Standards, Section C.7 PCN 16-02; PCN 16-02 FAQ #18

DSHS STANDARD	PERFORMANCE MEASURE/METHOD	SUB-RECIPIENT RESPONSIBILITY	LIMITATIONS	SOURCE CITATION
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<i>Section O: Support Services Policies and Procedures (continued)</i>				
Housing Services (continued)		<p>4. Agency will establish payment methodology to include either direct payment to a housing vendor or a voucher system with no direct payments to clients. Payment process will include documentation of lease/mortgage, utility bill, fees (late fees, legal), utility bill, IRS Form W-9.</p> <p>5. Documentation of required initial training by staff as outlined in the Standards of Care for Housing Services completed within three (3) months of hire is located in the personnel file. All professional housing providers must complete the following within three (3) months of hire:</p> <ul style="list-style-type: none"> • Effective Communication • Texas HIV Medication Program • HIV Case Management • HIV and Behavioral Risk • Substance Use and HIV • Mental Health and HIV • Local, state, and federal housing program rules and regulations • How to access housing programs <p>6. Client eligibility for services, actual services provided by type of service, number of clients served, and level of services will be collected.</p>		

DSHS STANDARD	PERFORMANCE MEASURE/ METHOD	SUB-RECIPIENT RESPONSIBILITY	LIMITATIONS	SOURCE CITATION
<i>Section O: Support Services Policies and Procedures (continued)</i>				
Linguistic Services: Provide interpretation and translation services, both oral and written, to eligible clients. These services must be provided by	1. Documentation that linguistic services are being provided as a component of HIV service delivery between the provider and the client, to	1. Document the provision of linguistic services. 2. Maintain documentation showing that interpreters and	Services provided must comply with the National Standards for	RWHAP Part B Program National Monitoring Standards, Section

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qualified linguistic service providers as a component of HIV service delivery between the healthcare provider and the client. These services are to be provided when such services are necessary to facilitate communication between the provider and client and/or support delivery of RWHAP-eligible services.	facilitate communication between the client and provider and the delivery of RW-eligible services in both group and individual settings. 2. Services are provided by appropriately trained and qualified individuals holding appropriate State or local certification.	translators employed with RW funds have appropriate training and hold relevant State and/or local certification.	Culturally and Linguistically Appropriate Services (CLAS).	C.8 PCN 16-02; PCN 16-02 FAQ #19
Other Professional Services: Provision of professional and consultant services rendered by members of particular professions licensed and/or qualified to offer such services by local governing authorities. Such services may include: <ul style="list-style-type: none"> Legal services provided to and/or on behalf of the individual living with HIV and involving legal matters related to or arising from their HIV disease. Permanency planning to help clients/families make decisions about the placement and care of minor children after their parents/caregivers are deceased or are no longer able to care for them. Income tax preparation services to assist clients in filing Federal tax returns that are required by the Affordable Care Act for all individuals receiving premium tax credits.	1. Documentation that funds are used only for allowable services as indicated in Standard. 2. Assurance that program activities do not include any criminal defense or class-action suits unrelated to access to services eligible for funding under the RWHAP Part B program. 3. Maintain client files that include: client eligibility; description of how service is necessitated by individual's HIV status; types of services provided; and hours spent in provision of such services.	1. Document services provided, including specific types of services. 2. Provide assurance that funds are being used only for services directly necessitated by an individual's HIV status. 3. All licensed agency professional staff, contractors, and consultants who provide legal services shall be currently licensed by the State Bar of Texas. 4. Law students, law school graduates and other legal professionals will be supervised by a qualified licensed attorney. 5. Agency paid legal staff and contractors must complete two (2) hours of HIV-specific training annually. 6. Agency maintains system for dissemination of HIV information relevant to the legal assistance needs of PLWH to staff and volunteers.	Exclude criminal defense and class-action suits unless related to access to services eligible for funding under the RWHAP.	RWHAP Part B Program National Monitoring Standards, Section C.7 (formerly Legal Services) PCN 16-02; PCN 16-02 FAQ #13 45 CFR §75.459

DSHS STANDARD	PERFORMANCE MEASURE/ METHOD	SUB-RECIPIENT RESPONSIBILITY	LIMITATIONS	SOURCE CITATION
<i>Section O: Support Services Policies and Procedures (continued)</i>				
Medical Transportation Services:	1. May be provided through contracts	1. Maintain program files.	No direct cash	RWHAP Part B

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Provision of nonemergency transportation services that enable an eligible client to access or be retained in core medical and support services.	with providers of transportation services. 2. Mileage reimbursement (through a non-cash system) that enables clients to travel to needed medical or support services, but should not in any case exceed the established rates for federal programs. 3. Purchase or lease of organizational vehicles for client transportation programs, provided recipient receives prior approval for the purchase of vehicle. 4. Organization and use of volunteer drivers (through reliance upon established programs that ensure auto insurance and other liability issues specifically addressed).	2. Maintain documentation that the provider is meeting stated contract requirements with regard to methods of providing transportation. 3. Collection and maintenance of data documenting that funds are used only for transportation designed to help eligible individuals remain in medical care by enabling them to access medical and support services. 4. Obtain HRSA and State approval prior to purchasing or leasing a vehicle(s). 5. Voucher or token systems.	payments or reimbursements to clients. No direct maintenance expenses of a privately-owned vehicle. No costs associated with a privately-owned vehicle such as lease, loan payments, insurance, license, or registration fees.	Program National Monitoring Standards, Section C.9 PCN 16-02 DSHS HIV Care Services Medical Transportation Services Standard
Outreach Services: Provision of the following three activities: <ul style="list-style-type: none"> Identification of people who do not know their HIV status and linkage into OAHS Provision of additional information and education on health care coverage options Reengagement of people who know their status into OAHS	1. Conducted at times and in places where there is a high probability that individuals with HIV infection are present and/or high-risk behaviors are being exhibited 2. Designed to provide quantified program reporting of activities and outcomes to accommodate local evaluation of effectiveness 3. Planned and delivered in coordination with local and state HIV prevention outreach programs to avoid duplication of effort. 4. Targeted to populations known, through local epidemiological data or review of service utilization data or strategic planning processes, to be at disproportionate risk for HIV infection	1. Document the design, implementation, target areas and populations, and outcomes of outreach activities. 2. Document and provide data showing that all RFP and contract requirements are being met with regard to program design, targeting, activities, and use of funds. 3. Provide financial and program data demonstrating that no outreach funds are being used to pay for HIV counseling and testing, to support broad-scope awareness activities, or to duplicate HIV prevention outreach efforts.	Funds may not be used to pay for HIV counseling or testing. No use of Part B funds for outreach activities that have HIV prevention education as their exclusive purpose.	RWHAP Part B Program National Monitoring Standards, Section C.10; RW Part B Fiscal National Monitoring Standards, Section B.7; Part B Manual PCN 12-01; PCN 16-02; HAB Policy Notice 07-06, Policy Notice 97-01

DSHS STANDARD	PERFORMANCE MEASURE/METHOD	SUB-RECIPIENT RESPONSIBILITY	LIMITATIONS	SOURCE CITATION
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<i>Section O: Support Services Policies and Procedures (continued)</i>				
Outreach Services (continued)		<p>4. Within the first (3) months of hire, 16 hours of training for new staff and volunteers shall be given which includes but not limited to:</p> <ul style="list-style-type: none"> • Specific HIV-related issues • Substance use and treatment • Mental health issues • Domestic violence • Sexually transmitted infections (STIs) • Partner notification • Housing Services • Adolescent health issues • Commercial sex workers • Incarcerated/recently released • Gay/lesbian/bisexual/transgender concerns <p>5. Each outreach supervisor, staff and volunteer shall hold a valid Texas driver's license and proof of liability insurance, if needed, to carry out work responsibilities.</p>		

DSHS STANDARD	PERFORMANCE MEASURE/ METHOD	SUB-RECIPIENT RESPONSIBILITY	LIMITATIONS	SOURCE CITATION
<i>Section O: Support Services Policies and Procedures (continued)</i>				
Psychosocial Support Services: Provide group or individual support and counseling services to assist eligible PLWH to address behavioral and physical health concerns. Services include: <ul style="list-style-type: none"> • Bereavement counseling • Child abuse and neglect counseling • HIV support groups • Nutrition counseling provided by a 	<p>1. Documentation that psychosocial services funds are used only to support eligible services.</p> <p>2. Documentation that pastoral care/ counseling services meet the following:</p> <ul style="list-style-type: none"> • Provided by an institutional pastoral care program; • Provided by a licensed or accredited provider wherever such licensure or accreditation is either required or 	<p>1. Document the provision of psychosocial support services.</p> <p>2. Maintain documentation that demonstrates funds are used for allowable services only, no funds are used for provision of nutritional supplements, and any pastoral care/ counseling services meet all stated requirements.</p> <p>3. Program staff conducting nutritional counseling will be trained to perform</p>	<p>Funds may not be used to provide nutritional supplements.</p> <p>Funds may not be used for social/ recreational activities or to</p>	<p>RWHAP Part B Program National Monitoring Standards, Section C.11</p> <p>PCN 16-02</p>

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non-registered dietitian Pastoral care/counseling services	available; • Available to all individuals eligible for RW services. 3. Assurance that no funds under this service are used for the provision of nutritional supplements.	nutritional assessments. 4. All non-professional staff delivering support group facilitation must be supervised by a licensed professional.	pay for a client's gym membership.	
Referral for Health Care/Supportive Services: Directs a client to needed core medical or support services in person or through telephone, written, or other type of communication. This service may include referrals to assist eligible clients to obtain access to other public and private programs for which they may be eligible.	1. Documentation that funds are used only for allowable services. 2. Documentation of method of client contact; method of providing referrals; and referrals and follow up provided.	1. Maintain program files. 2. Maintain client records that include required elements as detailed by the State. 3. Maintain documentation demonstrating that services and circumstances of referral services meet contract requirements.		RWHAP Part B Program National Monitoring Standards, Section C.12 PCN 16-02
Rehabilitation Services: Provided by a licensed or authorized professional in accordance with an individualized plan of care intended to improve or maintain a client's quality of life and optimal capacity for self-care.	Documentation that services: 1. Intended to improve or maintain a client's quality of life and optimal capacity for self-care. 2. Limited to allowable activities. 3. Provided by a licensed or authorized professional. 4. Provided in accordance with an individualized plan of care that includes components specified by the State. 5. Rehabilitative services must be provided in an outpatient setting.	1. Maintain and share all program and financial records that document types of services provided, type of facility, provider licensing, use of funds only for allowable services. 2. Maintain client records that include the required elements as detailed by the State.		RWHAP Part B Program National Monitoring Standards, Section C.13 PCN 16-02; PCN 16-02 FAQ #14

DSHS STANDARD	PERFORMANCE MEASURE/METHOD	SUB-RECIPIENT RESPONSIBILITY	LIMITATIONS	SOURCE CITATION
<i>Section O: Support Services Policies and Procedures (continued)</i>				
Rehabilitation Services (continued)		3. Rehabilitative services must be provided in an outpatient setting. This may include outpatient ambulatory or home setting. Contracts or Memorandums of Agreement/Understanding are in place with these agencies/individual providers to provide services in an outpatient setting. 4. Direct supervision by a licensed/certified professional		

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		during client interaction is required if assistants or students are providing care. 5. Staff participating in the direct provision of services to clients must satisfactorily complete all appropriate continuing education units (CEUs) based on license requirement for each licensed/ certified therapist.		
Respite Care: Provision of periodic respite care in community or home-based settings that includes non-medical assistance designed to provide care for an HIV client to relieve the primary caregiver responsible for the day-to-day care of an adult or minor living with HIV. Recreational and social activities are allowable program activities as part of a respite care service provided in a licensed or certified provider setting including drop-in centers within OAHs or satellite facilities.	1. Documentation that funds are used only for allowable services.	1. Maintain program files that include number of clients served, and settings/methods of providing care. 2. Maintain client files that include: eligibility and services provided. 3. Staff will have the skills, experience, and qualifications appropriate to providing respite care services. When the client designates a community respite caregiver who is a member of his or her personal support network, this designation suffices as the qualification. 4. All non-professional staff must be supervised by a degreed or licensed individual in the fields of health, social services, mental health, or a related area, preferably Master's Level. A person with equivalent experience may be used. 5. Supervisors must review a 10 percent sample of each staff records each month for completeness, compliance with these standards, and quality and timeliness of service delivery.	Funds may not be used for off premise social/recreational activities or to pay for a client's gym membership.	RWHAP Part B Program National Monitoring Standards, Section C.14 PCN 16-02

DSHS STANDARD	PERFORMANCE MEASURE/METHOD	SUB-RECIPIENT RESPONSIBILITY	LIMITATIONS	SOURCE CITATION
<i>Section O: Support Services Policies and Procedures (continued)</i>				
Respite Care (continued)		6. Each supervisor must maintain a file on each staff member supervised and hold supervisory sessions on at least a weekly basis. The file on the staff member must include, at a minimum: <ul style="list-style-type: none"> Date, time, and content of the supervisory sessions Results of the supervisory case review 		

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		<p>addressing, at a minimum of completeness and accuracy of records, compliance with standards, and effectiveness of service.</p> <p>7. Funds may be used to support informal respite care if:</p> <ul style="list-style-type: none"> • Liability issues have been addressed • Appropriate releases obtained that protect the client, provider of respite care, and the Program • Payment for services (reimbursement) is made for actual costs and no cash payments are made to clients or primary caregivers • Voucher or gift card may be used as reimbursement 		
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<u>DSHS STANDARD</u>	<u>PERFORMANCE MEASURE/METHOD</u>	<u>SUB-RECIPIENT RESPONSIBILITY</u>	<u>LIMITATIONS</u>	<u>SOURCE CITATION</u>
<u>Section O: Support Services Policies and Procedures (continued)</u>				
<u>Substance Abuse Services (residential):</u> Provision of services for the treatment of drug or alcohol use disorders in a residential setting to include screening, assessment, diagnosis, and treatment of substance use disorder. This service includes: pretreatment/recovery readiness programs; harm reduction; behavioral health counseling associated with substance use disorder; medication assisted therapy; neuro-psychiatric pharmaceuticals; relapse prevention; and detoxification if offered in a separate licensed residential setting.	<p>1. Documentation that services are provided by or under the supervision of a physician or by other qualified personnel with appropriate and valid licensure and certification as required by the State.</p> <p>2. Documentation that services provided meet the service category definition.</p> <p>3. Documentation that services are provided in accordance with a written treatment plan.</p> <p>4. Assurance that services are provided only in a short-term residential setting.</p> <p>5. Documentation that if provided, acupuncture services are limited through some financial cap, are</p>	<p>1. Maintain documentation of provider licensure or certifications as required by the State. This includes licensures and certifications for a provider of acupuncture services.</p> <p>2. Documentation of staffing structure showing supervision by a physician or other qualified personnel.</p> <p>3. Provide assurance that all services are provided in a short-term residential setting.</p> <p>4. Maintain program files that document allowable services provided, and the quantity/frequency/modality of treatment services.</p> <p>5. Maintain client records.</p> <p>6. Agency will have documentation on site that license is current for the physical location of the treatment facility.</p> <p>7. Documentation of supervision during client</p>	<p>Funds may not be used for inpatient detoxification in a hospital setting, unless the detoxification facility has a separate license.</p>	<p>RWHAP Part B Program National Monitoring Standards, Section C.15</p> <p>PCN 16-02</p>

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	<u>provided only with a written referral from the client's primary care provider, and are offered by a provider with appropriate State license and certification, if it exists.</u>	<u>interaction with Counselors In Training (CIT) or Interns as required by DSHS.</u> <u>8. Each staff member will have documentation of minimum experience to include:</u> <ul style="list-style-type: none"> <u>Continuing Education in HIV</u> <u>One (1) year of experience in family counseling as pertaining to substance use disorders</u> <u>Non-violent crisis intervention training</u> <u>Training in mental health issues and knowing when to refer a client to a mental health program/counselor</u> 		
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DSHS STANDARD	PERFORMANCE MEASURE/METHOD	SUB-RECIPIENT RESPONSIBILITY	LIMITATIONS	SOURCE CITATION
Section O: Support Services Policies and Procedures (continued)				
Substance Abuse Services (residential): Provision of services for the treatment of drug or alcohol use disorders in a residential setting to include screening, assessment, diagnosis, and treatment of substance use disorder. This service includes: pretreatment/recovery readiness programs; harm reduction; behavioral health counseling associated with substance use disorder; medication assisted therapy; neuro-psychiatric pharmaceuticals; relapse prevention; and detoxification if offered in a separate licensed residential setting. Substance Abuse Services (residential) (continued)	1. Documentation that services are provided by or under the supervision of a physician or by other qualified personnel with appropriate and valid licensure and certification as required by the State. 2. Documentation that services provided meet the service category definition. 3. Documentation that services are provided in accordance with a written treatment plan. 4. Assurance that services are provided only in a short-term residential setting. 5. Documentation that if provided, acupuncture services are limited through some financial cap, are provided only with a written referral from the	1. Maintain documentation of provider licensure or certifications as required by the State. This includes licensures and certifications for a provider of acupuncture services. 29. All direct care staff shall maintain current Cardio Pulmonary Resuscitation (CPR) and First Aid certification. Licensed health professionals and personnel in licensed medical facilities are exempt if emergency resuscitation equipment and trained response teams are available 24 hours a day. 10. Documentation of staffing structure showing supervision by a physician or other qualified personnel professional liability for all staff and agency. 3. Provide assurance that all services are provided in a short-term residential setting. 4. Maintain program files that document allowable services provided, and the quantity/frequency/modality of treatment services. 5. Maintain client records. 611. Agency shall have a policy and procedure to	Funds may not be used for inpatient detoxification in a hospital setting, unless the detoxification facility has a separate license.	RWHAP Part B Program National Monitoring Standards, Section C.15 PCN 16-02

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	<p>client's primary care provider, and are offered by a provider with appropriate State license and certification, if it exists.</p>	<p>conduct Interdisciplinary Case Conferences held for each active client at least once every six (6) months.</p> <p>12. Agency shall have and implements policies and procedures for handling crisis situations and psychiatric emergencies, which include, but are not limited to, the following:</p> <ul style="list-style-type: none"> • Verbal Intervention • Non-violent physical intervention • Emergency medical contact information • Incident reporting • Voluntary and involuntary client admission • Follow-up contacts • Continuity of services in the event of a facility emergency <p>13. Agency will have documentation on-site that license is current for a policy and procedure for clients to follow if they need after-hours assistance.</p> <p>14. There will be written policies and procedures for staff to follow for psychiatric or medical emergencies.</p> <p>15. Policies and procedures define emergency situations, and the physical location responsibilities of the treatment facility.</p> <p>7. Documentation of supervision during patient interaction with Counselors In Training (CIT) or Interns as required by DSHS.</p> <p>8. Each key staff member will have documentation of minimum experience to include:</p> <ul style="list-style-type: none"> • Continuing Education in HIV • One (1) year of experience in family counseling as pertaining to substance use disorders • Non-violent crisis intervention training • Training in mental health issues and knowing when to refer a patient to a mental health program/counselor are identified. 		
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DSHS STANDARD	PERFORMANCE MEASURE/METHOD	SUB-RECIPIENT RESPONSIBILITY	LIMITATIONS	SOURCE CITATION
<i>Section O: Support Services Policies and Procedures (continued)</i>				
Substance Abuse Services (residential) (continued)		<p>9. All direct care staff shall maintain current Cardio Pulmonary Resuscitation (CPR) and First Aid certification. Licensed health professionals and personnel in licensed medical facilities are exempt if emergency resuscitation equipment and trained response teams are available 24 hours a day.</p> <p>10. Documentation of professional liability for all staff and agency.</p> <p>11. Agency shall have a policy and procedure to conduct Interdisciplinary Case Conferences held for each active patient at least once every six (6) months.</p> <p>12. Agency shall have and implements policies and procedures for handling crisis situations and psychiatric emergencies, which include, but are not limited to, the following:</p> <ul style="list-style-type: none"> • Verbal Intervention • Non-violent physical intervention • Emergency medical contact information • Incident reporting • Voluntary and involuntary patient admission • Follow-up contacts • Continuity of services in the event of a facility emergency <p>13. Agency will have a policy and procedure for patients to follow if they need after-hours assistance.</p> <p>14. There will be written policies and procedures for staff to follow for psychiatric or medical emergencies.</p> <p>15. Policies and procedures define emergency situations, and the responsibilities of key staff are identified.</p>		