

HIV/AIDS, Hepatitis, STD and TB Administration (HAHSTA)

Health Education/Risk Reduction

The purpose of these service standards is to outline the elements and expectations all Ryan White service providers are to follow when implementing a specific service category. Service Standards define the minimal acceptable levels of quality in service delivery and to ensure that a uniformity of service exists in the Washington, DC Eligible Metropolitan Area (EMA) such that customers of this service category receive the same quality of service regardless of where or by whom the service is provided. Service Standards are essential in defining and ensuring that consistent quality care is offered to all customers and will be used as contract requirements, in program monitoring, and in quality management.

I. SERVICE CATEGORY DEFINITION

Health Education/Risk Reduction is the provision of education and risk reduction counseling to customers living with HIV. It includes 1) sharing information with customers about medical and psychosocial support services, 2) educating customers on HIV transmission and secondary prevention, 3) counseling them to improve their health status and reduce the risk of transmission to others. Topics covered may include:

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

II. INTAKE, ELIGIBILITY & ANNUAL RECERTIFICATION REQUIREMENTS

The Ryan White HIV/AIDS Program has the following eligibility criteria: residency, financial, and medical. HRSA requires Ryan White clients to maintain proof of eligibility annually, with recertification every six months. Supporting documentation is required to demonstrate client eligibility for Ryan White Services.

A. INITIAL ELIGIBILITY DETERMINATION

1. **HIV-positive status:** written documentation from a medical provider or laboratory reports denoting CD4 count and viral load. Laboratory results should be within 6 months of the date of certification.
2. **Residency:** The following are acceptable methods of meeting the burden for residency:

- Current lease or mortgage statement
 - Deed settlement agreement
 - Current driver's license
 - Current voter registration card
 - Current notice of decision from Medicaid
 - Fuel/utility bill (past 90 days)
 - Property tax bill or statement (past 60 days)
 - Rent receipt (past 90 days)
 - Pay stubs or bank statement with the name and address of the applicant (past 30 days)
 - Letter from another government agency addressed to applicant
 - Active (unexpired) homeowner's or renter's insurance policy
 - DC Healthcare Alliance Proof of DC Residency form
 - If homeless, a written statement from case manager, facility or a letter from landlord that customer is a resident
3. **Income:** Client income may not exceed 500% of the Federal Poverty Level (FPL). Income sources should be reported by the applicant and any household members for whom applicants have legal responsibility. For each income source the applicant must indicate the gross amount, how often the income is received, and whether it is your income or a household member's from each source.

The following are acceptable forms of proof of income:

- Pay stubs for the past 30 days. The pay stub must show the year to date earnings, hours worked, all deductions, and the dates covered by the paystub
- A notarized letter from the employer showing gross pay for the past 30 days, along with a copy of the most recent income tax return
- Business records for 3 months prior to application, indicating type of business, gross income, net income, and most recent year's individual income tax return. A notarized statement from the applicant projecting current annual income must be included
- Copy of the tenant's lease showing client as the landlord and a copy of their most recent income tax return
- SSD/SSI award letters, unemployment checks, social security checks, pension checks, etc. from the past 30 days
- Zero income attestation form and/or a letter from a supporting friend or family member stating how they support the applicant

B. INTAKE

To establish a care relationship, the customer intake must include the collection of the following demographic information:

1. Date of intake
2. Name and signature of person completing intake
3. Customer name, address and phone number
4. Referral source, if appropriate
5. Language(s) spoken and/or preferred language of communication
6. Literacy level (customer self-report)
7. Emergency contact information
8. Communication method to be used for follow-up
9. Demographics (sex at birth/current gender/date of birth/race/ethnic origin)
10. Veteran status
11. Any other data required for the CareWare system
12. Any other service-specific data
13. Documented explanation about the services available within the provider agency and within the Ryan White Program

C. RECERTIFICATION (6 months) REQUIREMENTS

To maintain eligibility for Ryan White services, the customer must complete the six-month recertification process. Providers may elect to have clients sign a self-attestation of no change in eligibility at the six-month recertification.

III. KEY SERVICE COMPONENTS & ACTIVITIES

ASSESSMENT/SERVICE PLAN/PROVISION OF SERVICES	
Standard	Measure
An initial health education/risk reduction assessment is completed prior to the initiation of the HE/RR plan	Documentation of assessment in customer's record signed and dated by health educator
Within 30 days of initial assessment, an HE/RR plan is developed for each eligible customer and signed by the health educator. The plan should include: <ul style="list-style-type: none">● Goals● Expected outcomes● Actions taken to achieve each goal● Person responsible for completing each action● Target date for completion of each action	HE/RR plan, documented in customer record, signed and dated by the customer and health educator
HE/RR plan is reassessed every 90 days to assess customer progress and identify emerging needs	Documentation of review and update of HE/RR plan as appropriate signed and dated by customer and health educator
Refer customer to other services as appropriate, e.g. mental health, treatment for substance use disorder, patient navigation services, etc.	Documentation of referrals in customer's record
HEALTH EDUCATION	
Standard	Measure

Customers living with HIV are educated about HIV transmission and how to reduce the risk of HIV transmission, including (PrEP/nPEP, TasP, and STI screening and treatment)	Documentation that customers served under this category are educated about HIV transmission and how to reduce the risk of HIV transmission to others. Includes description of the types of information, education, and counseling provided to customers
Customers living with HIV are provided information about available medical and psychosocial support services	Documentation that customers served under this category receive information about available medical and psychosocial support services. Includes description of the types of information, education, and counseling provided to customers
RISK REDUCTION COUNSELING	
Standard	Measure
Customers living with HIV receive counseling on how to improve their health status and reduce the risk of HIV transmission to others, including (PrEP/nPEP, TasP, and STI screening and treatment)	Documentation that customers served under this category receive counseling on how to improve their health status and reduce the risk of transmission to others. Includes description of the types of information, education, and counseling provided to customers
TRANSITION & DISCHARGE	
Standard	Measure
<p>Customer discharged when HE/RR services are no longer needed, goals have been met, upon death or due to safety issues.</p> <p><u>Prior to discharge:</u> Reasons for discharge and options for other service provision should be discussed with customer. Whenever possible, discussion should be occurring face-to-face. If not possible, provider should attempt to talk with customer via phone. If verbal contact is not possible, a certified letter must be sent to customer's last known address. If customer is not present to sign for the letter, it must be returned to the provider.</p> <p><u>Transfer:</u> If customer transfers to another location, agency or service provider, transferring agency will provide discharge summary and other requested records within 5 business days of request. If customer moves to another area, transferring agency will make referral for needed services in the new location.</p> <p><u>Unable to Locate:</u> If customer cannot be located, agency will make and document a minimum of three follow-up attempts on three separate dates (by phone or in person) over a three-month period after first attempt. A certified letter must be mailed to the customer's last known mailing address within five business days after the last attempt to notify the customer. The letter will state that the case will be closed within 30 days from the date on the letter if an appointment with the provider is not made.</p> <p><u>Withdrawal from Service:</u> If customer reports that services are no longer needed or decides to no longer participate in the Service Plan, customer may withdraw from services. Because customers may withdraw for a variety of reasons it</p>	<p>Documentation of discharge plan and summary in customer's record with clear rationale for discharge within 30 days of discharge, including certified letter, if applicable.</p> <p><u>Documentation:</u> Customer's record must include:</p> <ul style="list-style-type: none"> • Date services began • Special customer needs • Services needed/actions taken, if applicable • Date of discharge • Reason(s) for discharge • Referrals made at time of discharge, if applicable

<p>may be helpful to conduct an exit interview to ensure reasons for withdrawal are understood, or identify factors interfering with the customer's ability to fully participate if services are still needed. If other issues are identified that cannot be managed by the agency customers should be referred to appropriate agencies.</p> <p><u>Administrative Discharge:</u> Customers who engage in behavior that abuses the safety or violates the confidentiality of others may be discharged. Prior to discharging a customer for this reason, the case must be reviewed by the leadership according to that agency's policies. Customers who are discharged for administrative reasons must be provided written notification of and reason for the discharge and must be notified of possible alternative resources. A certified letter that notes the reason for discharge and includes alternative resources must be mailed to the customer's last known mailing address within five business days after the date of discharge, and a copy must be filed in the customer's chart.</p>	
CASE CLOSURE	
Standard	Measure
<p>Case will be closed if customer:</p> <ul style="list-style-type: none"> • Has met the service goals • Decides to transfer to another agency • Needs are more appropriately addressed in other programs • Moves out of the EMA • Fails to provide updated documentation of eligibility status thus, no longer eligible for services • Fails to maintain contact with the insurance assistance staff for a period of three months despite three documented attempts to contact customer • Can no longer be located • Withdraws from or refuses funded services, reports that services are no longer needed, or no longer participates in the individual service plan • Exhibits pattern of abuse as defined by agency's policy • Becomes housed in an "institutional" program anticipated to last for a minimum of 30 days, such as a nursing home, prison or inpatient program • Is deceased 	<p>Documentation of case closure in customer's record with clear rationale for closure</p>

IV. PERSONNEL QUALIFICATIONS

Each agency is responsible for establishing comprehensive job descriptions that outline the duties and responsibilities for each of the positions proposed in their program. All staff must be given and will sign a written job description with specific minimum requirements for their position. Agencies are responsible for providing staff with supervision and training to develop capacities needed for effective job performance. Agencies are also responsible for maintaining documentation of the appropriate education, qualifications, training, and experience in personnel files.

A. HEALTH EDUCATOR/RISK REDUCTION COUNSELOR

1. Associate's/Bachelor's degree in health or human services related field preferred. High School diploma or GED required
2. A minimum of 2 years of past experience working with persons living with HIV or at high risk of HIV acquisition preferred
3. Ongoing education/training in HIV related subject
4. Agency will provide new hires with training regarding confidentiality, customer rights and the agency's grievance procedure

B. COMMUNITY HEALTH WORKER

1. Para-professional with a High School diploma or GED preferred and two years of experience working with persons living with HIV and/or health care training, such as certified medical assistants and medical clerks.
2. Ability to read, write, understand and carry out instructions
3. Knowledge of community resources
4. Sensitivity towards persons living with HIV
5. Bi-lingual preferred when appropriate
6. Ongoing education/training in HIV related subjects

C. ELIGIBILITY/INTAKE SPECIALIST

1. Para-professional with a High School diploma or GED preferred and two years of experience working with persons living with HIV and/or health care training, such as certified medical assistants and medical clerks.
2. Ability to read, write, understand and carry out instructions
3. Knowledge of community resources
4. Sensitivity towards persons living with HIV
5. Bi-lingual preferred when appropriate
6. Ongoing education/training in HIV related subjects

All Health Educators/Risk Reduction Counselors, Community Health Workers, Eligibility/Intake Specialists must complete a minimum training regimen within one year of hire date that includes:

1. ADAP requirements and application
2. Overview of Medicaid, Medicare, SSI, SSDI
3. Health Education/Risk Reduction Service Standards
4. National Standards for Culturally and Linguistically Appropriate Services (CLAS)
5. Ryan White eligibility criteria

If newly hired, Health Educators/Risk Reduction Counselors, Community Health Workers, Eligibility/Intake Specialists have previously obtained all of the required training, they do not need to repeat it. Documentation of completion of

required trainings must be kept in the Health Educators/Risk Reduction Counselors, Community Health Workers, Eligibility/Intake Specialist's personnel file.

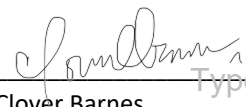
Sixteen hours of training/education in HIV/AIDS is required annually. Ongoing training on changes to benefit program and their eligibility, such as Medicare, Medicaid, SSI, SSDI, Ryan White etc. is also required annually. Documentation of completion of required trainings must be kept in the Health Educators/Risk Reduction Counselors, Community Health Workers, Eligibility/Intake Specialist's personnel file.


IX. CLINICAL QUALITY MANAGEMENT

A continuous Clinical Quality Management Program for HIV patient care. Please refer to Policy Clarification Notice (PCN) #15-02 (updated 11/30/2018).

X. APPROVAL & SIGNATURES

This service standard has been reviewed and approved on July 28, 2021. The next annual review is July 28, 2022.


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Clover Barnes
Division Chief
Care and Treatment Division
DC Health/HAHSTA


Sarcia Askins
Community Co-Chair
Washington DC Regional Planning Commission
on Health and HIV (COHAH)