

SAN FRANCISCO EMA RYAN WHITE HIV 2024 STANDARDS OF CARE UPDATE PROJECT

COMMON STANDARDS OF RYAN WHITE HIV CARE

OVERVIEW AND PURPOSE OF THE COMMON RYAN WHITE HIV STANDARDS OF CARE

The purpose of the San Francisco Eligible Metropolitan Area (EMA) Common Standards of Care for Ryan White HIV Services is to outline required components and procedures that are common to and must be followed by **all** Ryan White HIV service providers in the San Francisco EMA. Common standards addressed in this document include client eligibility and consent; staffing; cultural and linguistic competency; service management and closure; monitoring and reporting; and quality assurance. These standards must be met or exceeded for all contracted Ryan White services provided in the EMA. Users should refer to service category-specific standards for more detailed and additional requirements for specific core and support service categories.

The document below consists of the following sections:

- A. Basic Requirements for Ryan White HIV Service Funds
- B. Client Eligibility for Services
- C. Client Consent
- D. Required Client Notifications
- E. Coordination and Referral
- F. Client Discharge Procedures
- G. Service Accessibility and Client Self-Management
- H. Written Agency Policies and Procedures
- I. Staffing Requirements and Qualifications
- J. Cultural and Linguistic Competency
- K. Facility Standards
- L. Service Program Monitoring and Compliance

Please note that this document is not intended to serve as a comprehensive guide to all regulations related to Ryan White HIV service delivery, nor is it a manual of all Ryan White program requirements. Rather, the Common Standards are intended to serve as an outline of key requirements and characteristics of the Ryan White system that pertain to all core and support service categories.

A. BASIC REQUIREMENTS FOR RYAN WHITE HIV SERVICE FUNDS:

- All clients served by providers of Ryan White-funded HIV services in the San Francisco EMA shall receive services that:
 - Are accessible to all persons living with HIV who qualify and meet eligibility requirements;

- Include a comprehensive intake process that establishes client eligibility; collects client background, demographic, and service information; and comprehensively informs clients regarding available services;
 - Maintain the highest standards of care, including providing experienced, trained, and (as appropriate) licensed staff;
 - Are culturally and linguistically competent;
 - Guarantee client confidentiality, protect client autonomy, and protect the rights of persons living with HIV;
 - Promote continuity of care, client monitoring, and follow-up;
 - Incorporate ongoing monitoring, tracking, and reporting procedures; and
 - Ensure a fair process of grievance review and advocacy.
- Ryan White HIV funds are intended to support the HIV-related needs of eligible individuals. An explicit connection must be made between any service supported with Ryan White funds and the overarching goal of supporting clients in accessing and remaining engaged in HIV care, treatment, and services to promote client health and well-being.
 - Ryan White HIV funds must **always** be considered the funding source of last resort, to be used only when all other possible sources of funding have been exhausted or are not available. Providers must develop criteria and procedures to determine client eligibility and to ensure that no other options for eligible services are available. Providers must document client eligibility and must further demonstrate that third party reimbursement such as Medi-Cal, Medicaid, Healthy San Francisco, and pharmaceutical company discount programs are being actively pursued, wherever applicable.

B. CLIENT ELIGIBILITY FOR SERVICES:¹

- **Confirmation of HIV Status:**
- At the initial certification for receipt of Ryan White HIV funds, clients must provide proof of HIV-positive status. This must consist of at least one of the following:
 - HIV- positive laboratory results consisting of a confirmatory HIV antibody test, a qualitative HIV detection test, or detectable viral load results. Lab results with undetectable viral loads that do not indicate a positive HIV diagnosis will not be accepted during initial enrollment as proof of positive HIV diagnosis.
- ✓ ***NOTE: Rapid linkage to care following receipt of HIV diagnosis is a top priority and this requirement is not intended as a barrier to services. While agencies **must** have proof of HIV diagnosis and eligibility established before providing Ryan White-funded services, there is no legislative requirement for a “confirmed” HIV diagnosis prior to***

¹ Please see attached HHS Eligibility Verification Policy (2024-01) document for complete information on current HIV status, residency, and income requirements.

care being provided. This means that an initial positive HIV screening test results is sufficient to begin providing Ryan White care and services, though confirmatory testing should be ordered at the time of the first visit.

- Letter from the client's physician or licensed health care provider. Acceptable letters of diagnosis must be on the physician's or health care provider's letterhead with the National Provider Identifier (NPI) number or California license number, and the physician's or a licensed health care provider's signature verifying the client's HIV status.
- Diagnosis Form CDPH 8440 completed and signed by the client's physician or licensed health care provider. Any diagnosis form that contains pertinent information is also allowed.

▪ **Proof of Residency:**

- Individuals seeking Ryan White HIV services must reside in either Marin, San Francisco, or San Mateo County - the 3 counties that make up the San Francisco Eligible Metropolitan Area (EMA). Unless specified by the Ryan White grantee agency, each county only provides services to residents of that county. Acceptable residency verification consists of the prospective client's name and address on one of the following:

- ✓ Current utility bill;
- ✓ Current rental or lease agreement;
- ✓ Official document such as a voter registration card, Medi-Cal beneficiary letter, recent school records, property tax receipt, unemployment document, etc.
- ✓ Current California driver's license or California Identity Card; or
- ✓ Letter from a shelter, social service agency, or clinic verifying individuals' identity, length of residency, and location designated as their residence on agency letterhead and signed by a staff person affiliated with the service agency or clinic.
- ✓ If no other methods of verification are possible, a letter, form, or affidavit signed and dated by the client indicating that they lack a residence and have no connection to any other service provider may be provided. In this situation, a referral to assist the client in securing shelter or housing should be a priority.

Please see attached HHS residency verification form.

▪ **Verification of Income:**

- Clients must provide documentation of all forms of income and must meet the income requirements established for the Ryan White HIV CARE Program. HCP financial eligibility matches the financial eligibility defined by ADAP in Health and Safety Code (HSC § 120960) (<https://law.justia.com/codes/california/2005/hsc/120950-120970.html>). At the time of this writing, the State of California defines Ryan White-eligible clients as being persons with modified adjusted gross income that does not exceed **500% of current federal poverty levels based on both family size and household income**. Acceptable income verification includes one of the following:

- ✓ One employer pay stub from within the last 6 months;
- ✓ 1040 Form or W-2 from the previous year;
- ✓ Signed and dated letter from a source of earned income, including the client's name, rate, and frequency of pay;
- ✓ One bank statement showing income from applicable source(s) (i.e., through direct deposit);
- ✓ Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI) letter, or dated screenshots of client benefit program;
- ✓ Document confirming other government assistance such as Medi-Cal military/veteran pension benefits, unemployment benefits, or child support payments;
- ✓ Investment statement showing interest earned; or
- ✓ Letter of support signed and dated by an individual providing financial and other basic living support such as food, clothing, and/or shelter to the client.
- ✓ If no other methods of verification are possible, letter, form, or affidavit signed and dated by the client that indicates zero income or attests to earned income not otherwise confirmed by the above.
- ✓ **Please see attached HHS income verification form.**

▪ **Verification of Insurance Status:**

- Clients seeking any services through Ryan White HIV programs must provide documentation of current health insurance status, if applicable. Acceptable insurance verification includes one of the following:
 - ✓ Copy of current insurance card, including Medi-Cal Beneficiary Identification Card (BIC), Medicare ID, and private insurance coverage card, as applicable;
 - ✓ Dated screenshot(s) or printouts of client insurance status verification using an official insurance screening system;
 - ✓ Verification of insurance enrollment as evidenced in the client's electronic medical records system;
 - ✓ Denial letter from Medi-Cal; or
 - ✓ Statement signed and dated by the client indicating they are not covered by insurance. If a client is employed, the statement must include the reason the employer does not provide insurance.

▪ **Documentation of Need:**

- In order for providers to pay for services covered or partially covered by Medi-Cal, Denti-Cal, Medicare, private insurance, or other eligible benefits program and ensure Ryan White funding as the payer of last resort, client charts must include the following:

- ✓ A description of the need for additional medically necessary services, beyond what the client’s health care coverage or other benefits provide; and
 - ✓ Documentation indicating that such services are only partially covered or unavailable in a timely fashion through the client’s health care coverage or other benefits
- ✓ **NOTE:** Contractors and providers should be aware that Ryan White HIV funds cannot be used to pay for services provided by a provider who is not in the client’s health care provider network, unless the medically necessary service cannot be obtained through an in-network provider.
 - ✓ **NOTE:** All HCP providers who provide services that overlap with Medi-Cal or Denti-Cal must be certified to receive Medi-Cal or Denti-Cal payments or be able to document efforts underway to obtain such certification.

▪ **Screening for Service Needs / Acuity:**

- At the time of client intake into any Ryan White service, the client shall be screened for the need for other services, including but not limited to: medical care, case management, housing, food, mental health, substance use issues, transportation, and benefits counseling. Referrals should be made for any necessary services that are identified but not offered by the screening agency; referrals should be performed utilizing a warm hand off when possible. Referrals must be documented wherever contractually required.

▪ **Recertification:**

Following intake eligibility determination, eligibility redeterminations must be conducted and documented on an **annual basis**. Agencies may elect to conduct annual eligibility redeterminations based on the client’s initial eligibility determination date. Agencies may also elect to align with the California State Office of AIDS’ eligibility procedures (e.g., ADAP, OA-HIPP, MPPP) by conducting eligibility redeterminations **annually, up to 45 days before the client’s birthdate**. This may require two (2) eligibility determinations within the client’s first year of service, as illustrated below:

Client’s Birthday	Intake Eligibility Determination	First Eligibility Redetermination	Annual Eligibility Redeterminations
January 15	April 15	January 15 (9 months after intake)	Every 12 months thereafter; up to 45 days before client’s birthday
April 15	April 15	April 15 (12 months after intake)	
July 15	April 15	July 15 (3 months after intake)	
October 15	April 15	October 15 (6 months after intake)	

- Required recertification documentation includes the following:
 - **Proof of Residence:** Continued proof of SF EMA residency must be documented. Acceptable residency verification is the same as that required for initial eligibility certification.
 - **Income:** Clients must provide documentation of all forms of income and meet the income requirements. Acceptable income verification is the same as that required for initial eligibility certification.
 - **Insurance Status:** Clients must provide documentation of health insurance status. Acceptable verification is the same as that required for initial eligibility certification.
 - **Screening for Service Needs / Acuity:** At least every six months, all clients must be re-assessed for service needs and acuity level. Screening can be done using the tools and/or scales of the local jurisdiction, but these tools/scales must be standardized within the jurisdiction and documented in the client chart. Services provided to that client should be adjusted according to any changes in client needs/acuity since the last assessment.

C. CLIENT CONSENT

- Prior to receiving services, clients must sign the following consent forms:
 - **Agency Consent for Service:** Clients must sign a consent form indicating they consent to receiving services from the agency.
 - **ARIES Consent:** Providers must obtain a completed ARIES Share Consent Form for each client and log the form into the Eligibility Documents screen in ARIES. Information shared may include demographics, contact information, medical history, and service data. However, data related to mental health, substance use issues, and legal services are never shared between service providers regardless of the client’s share status.
 - **HIV Care Connect Share Consent Form:** Providers funded through HIV Health Services that are using ARIES at the time of this document will transition onto HIV Care Connect (HCC) once the system goes live in approximately the Winter of 2024. The HIV Care Connect Share Consent Form must be obtained by providers who must log that form into HIV Care Connect. The consent form is valid for **15 years** from the date of first client signature. Information shared may include client demographics, contact information, medical history, and service data.
 - ✓ **NOTE:** *The current ARIES consent form must be renewed once **every three years** or whenever clients want to change their data-sharing choice. The new HIV Care Connect form must be renewed **every 15 years**.*

D. REQUIRED CLIENT NOTIFICATIONS

- As a part of Ryan White services, clients should be notified of the following:

- **Case conferencing** among staff involved in the provision of any of their care occurs regularly as a standard part of Ryan White services.
 - **Re-engagement services** are routinely provided by the provider and/or the county health department to ensure that clients have uninterrupted access to care services. This requires sharing of contact information as needed for these services.
 - **After-hours or weekend options** that are available to clients during an emergency (i.e., an on-call number, answering service, or alternative contacts in other agencies).
 - **HIPAA:** Clients must be informed of their health information privacy rights under the Health Insurance Portability and Accountability Act (HIPAA) where applicable.
 - **Client Grievance Procedures:** Clients must be informed of the grievance procedures within their local jurisdiction and assured that no negative actions will be taken toward them as a client in response to their filing of a grievance.
 - **Client Rights and Responsibilities:** Clients must receive notice of their rights and responsibilities relative to HCP service provision. This must include the minimum rights and responsibilities outlined later in this Common Standards of Care document.
- Clients must receive a written copy of all notifications provided during intake.

E. COORDINATION AND REFERRAL

- All Ryan White service providers must ensure incorporation of effective approaches to coordinate client care among different services and providers in the EMA and to mutually refer clients to services appropriate to their needs, including referring and linking clients to other providers when they no longer wish to receive services from a given agency.
- Providers must provide continual, appropriate referrals to any necessary HIV and non-HIV-specific services, programs, and resources needed to support client health and well-being, including non-Ryan White-funded services and services outside the specific service region as needed to meet client needs.
- Providers should track referrals both within and outside the agency to verify client linkage to needed services.
- Providers should ensure initial and ongoing staff training in all applicable client resources in their given region and maintain resource directories and other materials to facilitate staff referral to needed services.
- Providers should coordinate care with each client's identified medical or non-medical case manager, as appropriate, to ensure that case managers are aware of all services being accessed by their assigned clients.

F. CLIENT DISCHARGE PROCEDURES

- Discharge from any Ryan White service may significantly impact the client's ability to receive

services and remain compliant with medical care and other programs supporting health and wellness. As such, discharge from any Ryan White service must be carefully considered, with reasonable steps taken to ensure clients who need assistance in accessing care are maintained in case management programs.

- Services discharge and exit plans must be prepared for any client who: a) no longer requires a given service; b) no longer wishes to receive services from a given agency; or c) no longer wishes to receive a given Ryan White service. The discharge plan should include strategies for clients to receive and obtain services from another agency or program, or to effectively and safely transition out of a given service category. This discharge plan must be developed in collaboration with the client and signed off on by both the client and provider. This requirement does not apply to short-term services that have fixed endpoints upon successful delivery or completion of services, such as emergency financial assistance or legal services.
- Client files may be closed at the agency's discretion under specific conditions, such as when a client moves out of the geographic region or EMA, has been lost to follow-up for more than 6 months, has been incarcerated for more than 6 months, or in the event of client death. Service agencies should make and document efforts to re-engage clients lost to follow-up and as appropriate refer cases to linkage and navigation services.

G. SERVICE ACCESSIBILITY AND CLIENT SELF-MANAGEMENT

- Ryan White services must be planned and implemented in a way that ensures an accessible environment and that promotes client self-management. Services must:
 - Provide adequate accommodation for actual or potential physical, psychological, and psychosocial disabilities and/or impairments;
 - Not be restricted on the basis of age, gender identification, sexual orientation, race, ethnicity, national origin, disability, past or current health condition, ability to pay fees, housing status, language preferences, or any other discriminatory factors, as applicable, under the California Unruh Civil Rights Act and Disabled Persons Act;
 - Must be managed to achieve:
 - ✓ Accessibility
 - ✓ Effectiveness
 - ✓ Reliability
 - ✓ Timeliness
 - ✓ Appropriateness to the needs of clients
 - Must include activities and educational resources that promote, facilitate, and encourage client self-management and self-sufficiency, including but not limited to supporting access to non-Ryan White-funded services and making available resources guides for to low-cost/free medical and support services, including those not offered as part of the Ryan White system.

H. WRITTEN AGENCY POLICIES AND PROCEDURES

- Each Ryan White-funded agency will have an up-to-date **written policies and procedures manual** that contains information for both clients and staff regarding:
 - Clients rights and responsibilities, including confidentiality;
 - Client grievance policies and procedures;
 - Client eligibility and admission requirements;
 - Referral lists as necessary;
 - Consent to share information;
 - Quality assurance policies and procedures;
 - Data collection procedures;
 - Human resources specific policies and procedures, including annual performance reviews;
 - Staff training programs and policies;
 - Confidentiality policies and agreements; and
 - Written staff job descriptions.

I. STAFFING REQUIREMENTS AND QUALIFICATIONS

- **Education and Experience:**
- All staff must hold the appropriate degrees, certification, licenses, permits or other qualifying documentation as required by Federal, State, County, local authorities, or Ryan White Standards of Care that are appropriate to that standard of care.
- **Staff Orientation and Training:**
- **Initial Training:** All staff providing direct services to clients, managing direct services, or making decisions regarding HIV services must complete an **initial training session** related to their job description and serving those with HIV. Topics must include:
 - General knowledge of HIV infection, including knowledge of transmission, care, treatment, and prevention approaches;
 - Health maintenance appropriate for persons with HIV, including approaches to supporting linkage, engagement, and ongoing retention in care;
 - Psychosocial issues facing persons with HIV, including experiences of past trauma and discrimination;
 - Makeup of the local HIV system of care and how to support clients in navigating in and among systems and services;
 - Client confidentiality and security issues;
 - Cultural sensitivity, including but not limited to LGBTQ cultural competence, cultural humility, and social determinants of health;
 - Local HIV data and reporting requirements for the local jurisdiction;

- Employing agency’s written policies and procedures; and
 - Employing agency’s written human resources policies and procedures.
- **Ongoing Training:** Staff must also receive ongoing HIV training as appropriate for their position. Confidentiality agreements by staff must be reviewed and re-signed annually.

J. CULTURAL AND LINGUISTIC COMPETENCY

- The ability of Ryan White providers to recognize and respect their clients’ cultural differences and complexities is profoundly important, and the impact of cultural humility and linguistic competence cannot be overstated. Providing culturally humble and linguistically competent services ensures that clients feel comfortable and safe while accessing services; that they feel respected, valued, and honored for who they are as individuals; that they do not feel judged in regard to their specific behaviors or lifestyle; that they understand and are able to fully participate in and consent to decisions regarding the services they will receive; and that their individual choices or decisions are accepted and respected by a given agencies. Culturally competent care is also critical to achieving **health equity** - the assurance that everyone can attain their highest level of health - and to eliminating **health disparities** by providing culturally sensitive care, reducing biases, and addressing systemic barriers to healthcare access and utilization.
- Culturally aware providers will continually be able to adapt their methods of diagnosis and treatment to fit the individual’s cultural context, ensuring a more personalized and effective care plan.
- For the purpose of these standards, and based on the US Department of Health and Human Services’ National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care, “**culture**” is defined as the integrated pattern of thoughts, communications, actions, customs, beliefs, values, and institutions associated, wholly or partially, with racial, ethnic, or linguistic groups, as well as with religious, spiritual, biological, geographical, or sociological characteristics, including gender identification and sexuality. Ryan White agencies must strive to understand and continually improve service delivery to respond to the broadest possible range of client cultural identification in a manner that it respectful, safe, and that honors and celebrates the uniqueness and specialness of each client served.
- Ryan White agencies should strive - to the extent possible - to hire **staff and peers that are reflective of the social, demographic, cultural, and linguistic characteristics of the client populations they will serve**. At a minimum, providers should make an effort to seek out qualified staff who have **lived experience** of some or all of the issues facing their clients.
- Ryan White providers must provide **ongoing cultural competency and cultural humility training** designed to increase the sensitivity, appropriateness, and effectiveness of services to the broadest range of populations. This training should incorporate presentations by

members of diverse populations who can share personal experiences of receiving health and social services and suggest ways in which services can be enhanced to better meet the needs of each client's service group.

- Ryan White agencies should strive to acknowledge **implicit bias**, including understanding how implicit bias plays a role in service delivery inequities and how it can be addressed and countered in the context of agency service provision. For the purpose of these standards, implicit bias refers to either acknowledged or unacknowledged attitudes or stereotypes that affect our understanding, actions, and decisions in an unconscious manner. These biases, which encompass both favorable and unfavorable assessments, are activated involuntarily and without an individual's awareness or intentional control. These biases are different from known biases that individuals may choose to conceal for the purposes of social and/or political correctness.

- **Linguistic competence** refers to the ability to communicate effectively with clients, including those whose preferred language is not the same as the provider's, who have low literacy skills, and/or those with disabilities. Federal and State language access laws require health care facilities that receive federal or state funding to provide competent interpretation services to limited English proficiency patients at no cost, to ensure equal and meaningful access to health care services. **Interpretation** refers to verbal communication where speech is translated from a speaker to a receiver in a language that the receiver can understand. **Translation** refers to the conversion of written material from one language to another. Ryan White agencies should ensure that staff are in place and/or that external resources are available to communicate effectively with **all** clients who seek agency services regardless of linguist background and preferences. This includes understanding that communication manifests in a wide variety of ways - including through language, gestures, customs, and societal norms - and that translators and interpreters risk distorting or misinterpreting clients messages if they lack culturally competent linguistic skills.

K. FACILITY STANDARDS

- Ryan White services programs must be located in physical facilities that:
 - Meet basic fire safety requirements in alignment with local, state, and federal guidelines;
 - Meet criteria for American with Disabilities Act (ADA) compliance and accessibility;
 - Are clean, comfortable, safe, and trauma-informed;
 - Observe Occupational Safety and Health Administration (OSHA) infection control practices
 - Have emergency protocols in place for health and safety-related incidents posted; and
 - Are free from anticipated hazards.

L. SERVICE PROGRAM MONITORING AND COMPLIANCE

- All Ryan White services contracts shall include language describing the specific monitoring, data entry, and data tracking requirements and procedures needed to continuously and accurately document the delivery of Ryan White services. This includes requirements for:
 - Entering client data into agency-based electronic health record systems and other client data collection and recordkeeping systems;
 - Ensuring the ongoing protection and confidentiality of client data;
 - Preserving and maintaining signed client consent forms;
 - Entering required data into common computerized data systems for reporting purposes;
 - Entering and updating basic client demographic information;
 - Entering and maintaining documentation regarding client eligibility requirements; and
 - Documenting required service delivery activities and components, including dates and types of client appointments, initial and updated client care plans, client service activities, and results and impacts of services delivered as required;
 - Continually evaluating the overall quality, impact, and client satisfaction of services delivered; and
 - Implementing continuous quality improvement mechanisms that utilize data to identify and address barriers, shortfalls, and deficiencies in programs with the goal of achieving health equity and improved quality of care.

- Ryan White client files must be retained for a minimum of **10 years** following completion of services or discharge of clients.