

The following directives per service category are requested by the Planning Council and CPCC committee to be placed in the Administrative Agency's Request For Proposal contract requirements for the grant year 2011-2012. These directives were removed from the 2010-2011 Standards of Care as they were deemed contractual by members of the committee.

Ambulatory Outpatient Medical

1. HIV/AIDS Ambulatory Outpatient Medical Care providers must offer access to medical care either after- hours on weekdays or Saturday clinics.

Early Intervention Services (EIS)

1. Service Providers for EIS must provide access to the program for persons with HIV/AIDS with availability 24 hours per day via pre-recorded message for guidance during non-operating hours. This message must include information regarding mechanisms to address urgent and/or emergent client needs.
2. Service Provider must make every effort to assist client in obtaining documentation for eligibility of medical services.
3. Service Provider shall have either the capacity or formal arrangements in place with the following: Primary Healthcare providers; Mental Health and Substance Abuse providers, testing facilities; local Health Department; Healthcare facilities; Social Service providers; Medical Case Management providers; Medical Nutrition Therapy providers; Oral Healthcare providers; and Housing providers in the SATGA.
4. Service Provider shall have either the capacity onsite to perform appropriate laboratory testing according to U.S. Public Health Standards or formal agreements in place with a laboratory to conduct the tests as request by the agency.
5. Service Provider will provide EIS services to all HIV+ individuals regardless of income or residence status. Clients must be transferred to Medical Case Management when the following milestones have been met: client has accessed medical care; client has been assessed for Mental Health and Substance Abuse services; client has received Health Education and Risk Reduction Services; client has been assessed by a Medical Nutrition Therapy Registered Dietitian.

Emergency Financial Assistance

1. Service Provider shall have a local resource list of all non-Ryan White funded programs that provide EFA. Provider shall have written linkage agreements with all Ryan White Part A funded providers of Case Management (non-medical) services. The linkage agreement should include the following elements: process for referrals; responsibilities of each provider for documentation and eligibility requirements as outlined in the Standards of Care; timeliness and form of response to requests for assistance; protocols for follow-up.
2. Service Provider will properly screen all clients for other available assistance programs ensuring clients are ineligible for other programs, have exhausted other resource criteria, other resources are out of funds, or documents assistance notwithstanding.
3. Service Provider will have Memoranda of Understanding /Letters of Agreement with other Emergency Financial Assistance programs within the SATGA outside of the other Ryan White Service Providers.

Food Bank/Home Delivered Meals

1. Service Provider will refer clients who independently request or inquire about food services, and who have not yet been referred for this service, to Case Management (non-medical) Service Providers that are equipped to conduct client intakes and CM will refer eligible clients back to the provider in a timely manner.
2. Service Provider has criteria, including allowable extenuating circumstances, to determine if a client is eligible for food service within their Policy and Procedure Manual.

Health Education/Risk Reduction (HE/RR)

1. Service Provider will provide SATGA Resource Guides to care givers, service providers and their clients, and others who may be seeking HIV/AIDS information, in addition to those with HIV/AIDS.
2. Service Provider will properly document production and distribution of SATGA Resource Guides.
3. Service Provider will continually review the contents of the SATGA Resource Guide for appropriateness and comprehensiveness.

Health Insurance Premium and Cost Sharing Assistance

1. Service Provider will have clearly stated, written guidelines that list all criteria, including allowable extenuating circumstances, used to determine if client is

eligible for health insurance premium or cost sharing assistance based on Federal Law.

2. Service Provider shall demonstrate previous experience working with insurance providers, health care providers, and clients in efforts to maximize cost sharing and health insurance benefits.

Home Health Care

1. Service Provider (nursing staff) must be available for consultation on a twenty-four (24) hours, seven (7) days a week basis.

Housing Services

1. Service Provider will arrange 24-hour crisis response by qualified crisis intervention staff for active clients who may experience emotional emergencies. The protocol will require documentation in client's file.
2. Service Provider will have protocols for staff and residents to follow in case of accident, medical emergency, and fire and police emergencies. Provider will educate staff and residents accordingly and maintain logs of such education.
3. Service Provider will have a written policy on infection control for residents, volunteers and staff.

Medical Nutrition Therapy

1. Service Provider will employ Registered/Licensed Dietitian able to provide general nutritional education and/or specialized training to clients and their providers in local HIV organizations and facilities.
2. Service Provider will have a written policy for discharge and transition for MNT.

Medical Transportation Services

1. Service Provider will have a comprehensive Policy and Procedure Manual that contains standardized protocols for transportation service delivery, transportation service limitations, eligibility requirements per the SOC, and transportation service agreements with other transportation service operators and providers.
2. Service Provider will include in the comprehensive Policy and Procedure Manual requirements by Federal, State and Local regulations regarding the following: licensing; registration; insurance and safety requirements; necessary action to be taken in the event of an accident; use of safety belts; child care safety; cell phone usage for both driver and passenger; vehicle maintenance; drug usage protocols for both driver and passenger; and a non-smoking policy.

Mental Health Services

1. Service Provider will arrange 24-hour crisis response by qualified crisis intervention staff for active clients who may experience emotional emergencies. The protocol will require documentation in client's file. Protocol will be maintained in policy and procedure manual onsite.
2. Service Provider will maintain all attendance records for group sessions.

Oral Health Care

1. Service Provider will be required to demonstrate their adherence to the clinical standards of care accepted for the dental treatment of AIDS-specific illnesses and for oral health care techniques. Services will not include cosmetic, non-medically required oral healthcare.
2. Service Provider will have policies to ensure eligible patients receive services within 45 days for an initial comprehensive oral exam and development of Phase 1 treatment plan. Emergencies may be addressed on a walk-in basis or within 24 hours
3. Service Provider will have written policy for discharge, transition and referrals for specialty oral healthcare.

Outreach Service

1. Service Provider will have written policy regarding referral protocol.
2. Service Provider will have documented policies/protocols for discharge of clients. Clients will be considered discharged upon successful referral to EIS, Medical Case Management, and Primary Medical Care provider.
3. Service Provider will provide access for staff, outreach contacts, and clients to SATGA resource information that is current and relevant to the population of the TGA or HSDA.
4. Service Provider will ensure specific populations have documented need for outreach services based on the most current Needs Assessment, Service Use Data and/or epidemiological data (HIV and AIDS incidence and prevalence).
5. Service Provider will have ongoing access to client names and last-known locating information for individuals known to be HIV+ and are lost to care.
6. Service Provider will address outreach contact's specific barriers to accessing services so as to make appropriate referrals.

7. Service Provider will maintain an association with prisons, homeless shelters, substance abuse treatment centers and other entities that serve as points of entry for HIV+ clients.

Substance Abuse Services – Outpatient

1. Service Provider will have policies to address facility's (ies) philosophy and treatment practices with clients in a clear and concise manner.
2. Service Provider will address treatment options and will provide information to clients regarding other agencies, as well as referrals to other agencies as deemed appropriate.
3. Service Provider will have protocols for crisis intervention and referral to the appropriate level of service for clients.
4. Service Provider will maintain all attendance records for group sessions.