Colorado Department of Public Health and Environment

STI/HIV Section, Care and Treatment Program



Medical Contractor Questionnaire

Contractor Name:

Contract Name/Type:

For Fiscal Year:       Date Completed:      /     /

### Section 1 – Data System Description

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| Who is responsible for data collection for your Ryan White program(s)? |
| How have you configured your program to work with a HRSA approved data system? |
| What is your current data system? |
| For which services have you been collecting data? |
| Is there anything else that you would want to communicate in this regard? |
| How do you separate Ryan White clients from other clients in your system? |
| How are you monitoring that clients and service units are entered into your data system in a timely manner? How often is your data collection system updated with new data? How do you assure the quality of your data? |

Section 1 Completed by      Section 2 – Outreach and Referral

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| Briefly describe efforts by your agency to provide outreach to people living with HIV or AIDS who might be eligible for the funded services provided by your agency. |
| What were the major successes and challenges of your outreach efforts? What data source did you use to track these successes and challenges? |
| Briefly describe how your agency manages referrals FROM your collaborators and other service providers. |
| What were the major successes and challenges in receiving referrals? What data source did you use to track these successes and challenges? |
| Briefly describe how your agency makes referrals TO collaborators and other service providers. |
| What were the major successes and challenges in making referrals? What data source did you use to track these successes and challenges? |
| What specific strategies does your agency use to facilitate early intervention, both for newly diagnosed and for those who have never been in care or whose care has lapsed? |
| What changes have you made, or do you plan to make, to improve outreach and referrals? |
| Describe your broken appointment policy and procedure to ensure continuity of service and retention of clients |

Section 2 Completed by      Section 3 – Cultural Representation Grid

|  |  |  |  |
| --- | --- | --- | --- |
| Describe your board, staff and volunteers | Board | Staff | Volunteers |
| Number of current FTE / Members |  |  |  |
| % Male |  |  |  |
| % Female |  |  |  |
| % Hispanic / Latino |  |  |  |
| % African American |  |  |  |
| % Asian |  |  |  |
| % American Indian / Alaskan Native |  |  |  |
| % White |  |  |  |
| % Native Hawaiian or Other Pacific Islander |  |  |  |
|  |  |  |  |
| %Open regarding HIV positive status |  |  |  |
|  |  |  |  |
| %Openly gay/same gender loving male |  |  |  |

Section 3 Completed by      Section 4 – Linguistic Capacity Description

|  |  |  |  |
| --- | --- | --- | --- |
| **Translation services are provided:** | | **Yes** | **No** |
| By agency staff | |  |  |
| By outside contractor(s) | |  |  |
| In person | |  |  |
| By telephone or other acceptable means | |  |  |
| Written or printed materials | |  |  |
| (If *Other*, describe:) |  | | |

What percent of your total client base has limited English proficiency?      %

How does your agency demonstrate compliance with the Limited English Proficiency requirements of Title VI of the Civil Rights Act of 1964?

Section 4 Completed by      Section 5 – Consumer Involvement Description

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| --- |
| List the meeting dates of the Consumer Advisory Group in the current funding year. |
| How are members of the Consumer Advisory Group selected? |
| Who sets the agenda? |
| How is agency staff/board involved? |
| What were recommendations received from the Consumer Advisory Group in the current funding year? Attach minutes of the Consumer Advisory Board meetings, showing these recommendations. Describe the response of your organization to these recommendations |
| Did you conduct a consumer survey in the current funding year?  Yes  No  If yes, attach a copy of the survey tool, describe the findings of the survey, and explain how the results were used to improve services. |
| What ideas do you have to improve the amount, frequency or quality of consumer feedback? |

Section 5 Completed by      Section 6 – Log of Client Grievances/Feedback

|  |  |  |
| --- | --- | --- |
| Client Identifier | Brief Description of Grievance/Feedback | Follow up actions |
|  |  |  |
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Section 6 Completed by      Section 7 – Confidentiality Policies and Protections

How often do staff members sign a confidentiality agreement?

Attach a copy of your standard agreement.

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| --- | --- | --- |
| Does your staff confidentiality agreement include the following? | Yes | No |
| 1. A description of your agency’s confidentiality policy |  |  |
| 1. The penalties for violating your confidentiality policy |  |  |
| 1. A description of what is considered confidential information |  |  |
| 1. An explanation that some penalties may extend beyond the period of employment |  |  |

|  |  |  |
| --- | --- | --- |
| Does your agency confidentiality policy address the following? | Yes | No |
| 1. Limitation of access to confidential data |  |  |
| 1. Data release policy |  |  |
| 1. Staff and volunteer training requirements |  |  |
| 1. Physical security |  |  |
| 1. Confidentiality of data sent/received by mail |  |  |
| 1. Confidentiality of data sent/received by fax |  |  |
| 1. Confidentiality of data sent/received by telephone |  |  |
| 1. Confidentiality of data sent/received by voicemail |  |  |
| 1. Confidentiality of data sent/received by email |  |  |
| 1. Computer security |  |  |
| 1. Maintaining confidentiality during casual conversation |  |  |
| 1. The storage and destruction of documents containing confidential information |  |  |
| 1. Maintaining security when information is taken outside the office |  |  |
| 1. Electronic transmission of data |  |  |
| 1. The procedures for documenting, investigating, and taking action on breaches of confidentiality |  |  |

Under what circumstances do you require a Release of Information in order to share confidential client information with another agency? Attach a copy of your standard ROI form.

Complete the following table regarding actual or alleged breaches of confidentiality in the current fiscal year. Do NOT include confidential client information in your response.

|  |  |  |
| --- | --- | --- |
| Client Identifier | Brief Description of Alleged/Actual Breach | Follow up actions |
|  |  |  |
|  |  |  |
|  |  |  |

Section 7 Completed by

Section 8 – Staffing

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| --- |
| List current staff providing Outpatient /Ambulatory medical care services for your Ryan White program(s). |
| If you refer out for specialty services, describe how you ensure the quality of care? |
|  |

Section 8 Completed by

|  |  |  |  |
| --- | --- | --- | --- |
| **Other Documents Needed:** | **Provided before site visit** | **Provided at site visit** | **Not Provided** |
| An organizational chart showing all people funded (fully or partially) by the Contract |  |  |  |
| Service delivery reports from HELIX, Ryan White CAREWare, LabTracker, or other data system utilized by your agency to collect and report on service delivery |  |  |  |
| Documentation of supervisor observation of services, including a rating of employee performance and follow up actions. |  |  |  |
| Training records showing a description of each training, the training date, and the staff attending |  |  |  |
| A description of quality assurance policies and procedures regarding volunteers, if volunteers are used in any way. |  |  |  |
| Written policies and procedures regarding cultural competence, including a listing of persons involved in the development of these policies and procedures |  |  |  |
| A copy of your agency’s staff confidentially agreement |  |  |  |
| A copy of your agency’s confidentiality policy |  |  |  |
| A copy of your release of information/HIPPA form |  |  |  |
| A copy of your most recent Quality Improvement Plan/ HIVQUAL showing how the HIV services provided by your clinic meet or exceed the Public Health Service guidelines.[[1]](#footnote-1) |  |  |  |
| A membership list for your local Quality Team |  |  |  |
| Minutes of the meetings of your Quality Team |  |  |  |
| A copy of your client feedback/grievance policy |  |  |  |

1. Panel on Antiretroviral Guidelines for Adults and Adolescents. Guidelines for the use of antiretroviral agents in HIV-1-infected adults and adolescents. Department of Health and Human Services. January 10, 2011; 1–166. Available at http://www.aidsinfo.nih.gov/ContentFiles/AdultandAdolescentGL.pdf [↑](#footnote-ref-1)