

Overview

The universal standards listed below are applicable to all service categories funded under the Ryan White Part B program. These standards are compliant with the Health Resources and Services Administration/HIV/AIDS Bureau (HRSA/HAB) monitoring standards issued June 2022. Recipients are required by HRSA/HAB to adhere to these monitoring standards and as such, subrecipients funded by the Indiana Department of Health (IDOH) HIV Services Program (HSP).

Standard	Documentation
Access to Care	
1. Services must be provided irrespective of age, physical or mental challenges, creed, criminal history, history of substance use, immigration status, marital status, national origin, primary/preferred language, race, religion, sexual orientation, gender identity and expression, socioeconomic status, current/past health conditions, or an individual's ability to pay for a service. 2. Services must be provided in accordance with the Americans with Disability Act Guidelines. For information, refer to ADA Guidelines. 3. Subrecipients must have written instructions for clients on how to access subrecipients' services.	1. Policies and procedures and client grievances. 2. Policies and procedures. 3. Policies and procedures and informational flyers and handouts.
Client Access	
1. Subrecipients must inform clients of the various HIV services and resources available throughout their region. 2. Subrecipients must have an internal policy describing how internal and external referrals will be documented. 3. If clients are receiving services at multiple agencies, clients have the choice of where they want to receive	1. Informational flyers, handouts, resource manuals, literature. Documentation in clients records of resources provided. 2. Internal policy describing how referrals will be documented.

their primary non-medical case management (NMCM) care. Agencies should not complete referrals for clients that are not receiving their primary NMCM care at their agency without consulting the clients primary care site.	
Service Delivery	
1. Subrecipients should establish criteria for service delivery relevant to services provided.	1. Policies and procedures. 2. Services units provided must be recorded in CAREWare service tracking system no later than 20 days after the end of each month in which services were provided. Case notes entry is required, but the deadline for entry is determined by the funded agency.
Staff Requirements	
1. Subrecipients must have written personnel policies and procedures. 2. Subrecipients must offer staff and contracted service subrecipients job descriptions that address minimum qualifications, core competencies, and job responsibilities. 3. Subrecipient must ensure that staff and contracted service subrecipients delivering direct services to clients must have knowledge of the following: a. HIV/AIDS b. Effects of HIV/AIDS-related illnesses and comorbidities on consumers c. Psychosocial effects of HIV/AIDS on clients and their families/significant others d. Current strategies for the management of HIV/AIDS e. HIV-related resources and services in Indiana 4. Subrecipient staff must have at a minimum, at hire and annually,	1. Policies and procedures. 2. Position descriptions. 3. Documentation of knowledge via formal education, trainings, or other methods. Types of documentation may include, but are not limited to medical degree, license/certification, training certificate, transcripts, staff interview. 4. Documentation of culturally appropriate service delivery and trauma-informed care training in personnel record. 5. Documentation of Health Insurance Portability and Accountability Act (HIPAA) training in personnel record. 6. Organizational chart that shows agency reporting structure. 7. Confidentiality and data sharing policy and procedures.



training in culturally appropriate service delivery and trauma-informed care. - Subrecipient staff must have documentation of Health Insurance Portability and Accountability Act (HIPAA) training completed at hire and annually. - Subrecipient must ensure that staff and contracted service subrecipients receive ongoing supervision that is relevant and appropriate to their professional needs. - Subrecipient must ensure that staff and contracted service providers conduct business in a manner that ensures the confidentiality of clients and follows established protocols outlined in the HIPAA and the IN Public Health Code.	
Safety and Emergency Procedures	
- Subrecipient must ensure that services are provided in facilities that are clean, comfortable, and free from hazards. - Subrecipient must have site specific policies and procedures for the following: - Emergency procedures that include fire, severe weather, and intruder/weapon threat - Medical/health care crisis - Infection control and transmission risk - Crisis management - Accident/incident reporting - Continuation of operations plan (COOP) - Subrecipient must ensure that staff and contracted service subrecipients are trained and follow safety and emergency procedures.	- Site visit observation. - Policies and procedures, site visit observation. - Training records.
Eligibility	



1. Subrecipients must have established criteria for the provision of services that includes, at minimum: a. Eligibility verification consistent with recipient requirements: i. Maintaining Indiana residency ii. Proof of HIV status iii. Verifying lack of comprehensive care coverage and ensuring Ryan White is used as the payer of last resort. iv. Confirming household income meets current program eligibility standards established by IDOH. b. Process for applying clients for all eligible Ryan White parts available	1. Non-medical case managers/appropriate agency staff must maintain up to date eligibility records for clients according to agency protocol and in any data system required by IDOH. 2. Documentation must be made available for review by Indiana Department of Health (IDOH) upon request.
Confidentiality and Client Right Related Documentation	
1. Subrecipient must have a written statement outlining consumer rights that, at minimum, includes: a. Nature of services offered b. The ability to terminate service at any time c. Transfer and discharge procedures d. Access to client records e. Scheduling, rescheduling, and canceling appointments f. Drug and alcohol use on premises g. Weapons on premises h. Acts of abuse towards staff, property, or services i. Actions that may be taken because of a client violating responsibilities, which may include termination of services	1. Documentation of signed and dated clients rights and responsibilities. 2. Policies and procedures, documentation of signed and dated grievance policy, and resolution of grievance. 3. Policies and procedures, staff interview, site visit observation, training related to the protection of personal health information.



2. Subrecipient must have a grievance policy that aligns with the Ryan White HIV Services Program (RWHSP) Statewide Grievance Policy and Procedure. 3. Subrecipient must have policies and procedures to ensure that clients' medical records and other personal health information are: a. Securely faxed, emailed, or phoned, and safely transported during the courses of conducting business b. Securely stored electronically with limited access c. Shared with third parties in accordance with HIPAA d. Subrecipients must ensure that client's records are maintained in a secure location	
Client Satisfaction	
1. Subrecipient must establish evaluation methods to assess client satisfaction and receive feedback on services using any of the following methods: a. Client satisfaction survey b. Suggestion box or other client input mechanism c. Focus groups and/or public meetings d. Consumer Advisory Board 2. Subrecipients must use results from evaluation methods to improve service delivery.	1. Quality Management Committee meeting notes/minutes, client satisfaction survey/results, visual verification of suggestion box or other client input mechanisms during site visit, notes, or reports from focus groups and/or public meetings. 2. Quality Improvement Plan, modification to service delivery policies and procedures based on feedback, inclusion of client feedback in internal training/staff communications.

