

Indiana Department of Health HIV Services Program Universal Services Service Standard

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 HRSA/HAB monitoring standards issued December 2013. Recipients are required by HRSA/HAB to adhere to these monitoring standards and as such, sub-recipients funded by the Indiana Department of Health HIV Services Program (HSP).

Standard	Documentation
1. Access to Care	
<ol style="list-style-type: none"> 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, or current/past health conditions. 2. Services must be provided in accordance with the Americans with Disability Act Guidelines. For information, refer to ADA Guidelines. 3. Sub-recipients must have written instructions for clients on how to access sub-recipients' services 	<ol style="list-style-type: none"> 1. Policies and procedures and client grievances. 2. Policies and procedures. 3. Policies and procedures and informational flyers and handouts.
2. Client Access	
<ol style="list-style-type: none"> 1. Sub-recipients must inform clients of the various HIV services and resources available throughout their region. 2. Sub-recipients must have an internal policy describing how referrals will be recorded. 	<ol style="list-style-type: none"> 1. Informational flyers, handouts, resource manuals, literature. Documentation in clients records of resource provided. 2. Internal policy describing how referrals will be recorded.
3. Service Delivery	
<ol style="list-style-type: none"> 1. Sub-recipients should establish criteria for service delivery relevant to services provided. 	<ol style="list-style-type: none"> 1. Policies and Procedures. 2. Services 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.
4. Staff Requirements	

<ol style="list-style-type: none">1. Sub-recipients must have written personnel policies and procedures.2. Sub-recipients must offer staff and contracted service sub-recipients job descriptions that address minimum qualifications, core competencies, and job responsibilities.3. Sub-recipient must ensure that staff and contracted service sub-recipients delivering direct services to clients must have knowledge of the following:<ol style="list-style-type: none">a. HIV/AIDSb. Effects of HIV/AIDS-related illnesses and comorbidities on consumersc. Psychosocial effects of HIV/AIDS on clients and their families/significant othersd. Current strategies for the management of HIV/AIDSe. HIV-related resources and services in IN4. Sub-recipient staff must have at a minimum, at hire and annually, trainings in culturally appropriate service delivery and trauma-informed care.5. Sub-recipient staff must have documentation of HIPAA training completed at hire and annually.6. Sub-recipient must ensure that staff and contracted service sub-recipients receive ongoing supervision that is relevant and appropriate to their professional needs.7. Sub-recipient 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 Health Insurance Portability and Accountability Act	<ol style="list-style-type: none">1. Policies and procedures.2. Position descriptions.3. Documentation of knowledge via formal education, trainings, or other methods. Types of documentation may include, but is not limited to medical degree, license/certification, training certificate, transcripts, staff interview.4. Documentation of cultural competency and trauma-informed care training in personnel record.5. Documentation of HIPPA training in personnel record.6. Organizational chart that shows agency reporting structure.7. Confidentiality and data sharing policy and procedures.
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(HIPAA) and the IN Public Health Code.	
5. Safety and Emergency Procedures	
<ol style="list-style-type: none"> 1. Sub-recipient must ensure that services are provided in facilities that are clean, comfortable, and free from hazards. 2. Sub-recipient must have site specific policies and procedures for the following: <ol style="list-style-type: none"> a. Emergency Procedures that include, fire, severe weather, and intruder/weapon threat b. Medical/Health Care Crisis c. Infection Control and Transmission Risk d. Crisis Management e. Accident/Incident Reporting f. Continuation of Operations Plan (COOP) 3. Sub-recipient must ensure that staff and contracted service sub-recipients are trained and follow the safety and emergency procedures. 	<ol style="list-style-type: none"> 1. Site visit observation. 2. Policies and procedures, site visit observation. 3. Training records.
6. Eligibility	
<ol style="list-style-type: none"> 1. Sub-recipients must have established criteria for the provision of services that includes, at minimum: <ol style="list-style-type: none"> a. Eligibility verification consistent with recipient requirements: <ol style="list-style-type: none"> i. Maintaining legal 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. 	<ol style="list-style-type: none"> 1. Service providers and sub-recipients must maintain documentation of current eligibility if providing HIV services reimbursable under the RWHAP Part B Program. 2. Documentation must be made available for review by IDOH upon request.

<p>b. Process for applying clients for all eligible Ryan White parts available</p>	
<p>7. Confidentiality Related Documentation</p>	
<ol style="list-style-type: none"> 1. Sub-recipient must have a written statement outlining consumer rights that, at minimum, includes: <ol style="list-style-type: none"> a. Nature of services offered b. The ability to terminate service at any time c. Transfer and discharge procedures d. Client progress review e. Access to client records f. Scheduling, rescheduling, and canceling appointments g. Drug and alcohol use on premises h. Weapons on premises i. Acts of abuse towards staff, property, or services j. Actions that may be taken because of a client violating responsibilities, which may include termination of services 2. Sub-recipient must have an objective process to address and track clients' grievances. 3. Sub-recipient must have policies and procedures to ensure that clients' medical records and other personal health information are: <ol style="list-style-type: none"> 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. Sub-recipients must ensure that client's records are maintained in a secure location 	<ol style="list-style-type: none"> 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.

8. Client Satisfaction	
<ol style="list-style-type: none">1. Sub-recipient must establish evaluation methods to assess client satisfaction and receive feedback on services using any of the following methods:<ol style="list-style-type: none">a. Client satisfaction surveyb. Suggestion box or other client input mechanismc. Focus groups and/or public meetingsd. Consumer Advisory Board2. Sub-recipients must use results from evaluation methods to improve service delivery.	<ol style="list-style-type: none">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.