

# Memphis TGA Ryan White Part A & MAI Outreach Services Standards of Care

## PURPOSE

The purpose of the Ryan White Part A and MAI Outreach Services Standards of Care is to ensure that uniformity of service exists in the Memphis Transitional Grant Area (TGA) such that the consumers of a service receive the same quality of service regardless of where or by whom the service is provided. Standards will be used as contract requirements, in program monitoring, and in quality management. If an agency is unable to meet a particular standard, the agency must document why the standard was unable to be met and explain the steps it is taking to meet that standard.

## Definitions

***Outreach services*** are programs that have as their principal purpose identification of people with unknown HIV disease or those who know their status (i.e., case finding) so that they may become aware of, and may be enrolled in, care and treatment services. Outreach services do not include HIV counseling and testing or HIV prevention education. These services may target high-risk communities or individuals. Outreach programs must be planned and delivered in coordination with local HIV prevention outreach programs to avoid duplication of effort; be targeted to populations known through local epidemiologic data to be at disproportionate risk for HIV infection; be conducted at times and in places where there is a high probability that individuals with HIV infection will be reached; and be designed with quantified program reporting that will accommodate local effectiveness evaluation.

## STANDARDS DEVELOPMENT PROCESS

These standards were developed through extensive background research on standards of care, a review of existing standards from other Ryan White Part A Eligible Metropolitan Areas (EMA) and TGAs, meetings of the Evaluation and Assessment Committee of the Memphis TGA Ryan White Planning Council and meetings with the Ryan White Part A Grantee.

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## APPLICATION OF STANDARDS

These standards apply to all agencies that are funded to provide Ryan White Part A Outreach Services within the Memphis TGA. These standards should be used in combination with the Universal Standards of Care that apply to any agency or provider funded to provide any Ryan White Part A services.

Standard	Measure/Method
<b>I. Policies and Procedures</b>	
A. See Universal Standards of Care for detailed information.	
<b>II. Program Staff</b>	
<p>A. Staff is trained and knowledgeable about HIV/AIDS, the affected communities and available resources. Training specific to outreach activities should include (but not limited to) the following:</p> <ul style="list-style-type: none"> <li>• HIV/AIDS Counseling (and testing when applicable),</li> <li>• referral to medical care,</li> <li>• personal safety,</li> <li>• adherence counseling,</li> <li>• non-violent crisis intervention,</li> <li>• cultural diversity and</li> <li>• Psychosocial issues specific to HIV/AIDS.</li> </ul>	<ul style="list-style-type: none"> <li>• Documentation of training on these topics</li> <li>• Documentation of participation of all staff involved in delivering Part A services</li> </ul>
<p>B. Staff has appropriate skills, relevant experience, cultural and linguistic competency, and relevant licensure to provide services and/or care to people living with HIV. All staff are properly trained to meet the staff qualifications of their positions as defined in the Memphis TGA HIV Service Standards.</p>	<ul style="list-style-type: none"> <li>• Written description of staffing requirements by position</li> <li>• Staff résumés in personnel files</li> <li>• Personnel and training records</li> </ul>
<p>C. Staff are required to have a minimum of a High School Diploma or GED; although, a Bachelor's Degree in social work or a health related field and a minimum of 1 year of experience is preferred.</p>	<ul style="list-style-type: none"> <li>• Personnel files</li> </ul>
<b>III. Access to Services</b>	

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A. Services are made available to any individual who meets program eligibility requirements, subject to the availability of funding and client's abiding by the rules of behavior established by the provider. If the provider cannot serve all eligible individuals requesting services, established criteria for setting service priorities are used consistently.	<ul style="list-style-type: none"> <li>• Written policy on file</li> <li>• Written policy/priorities provided to staff</li> <li>• Client satisfaction surveys</li> </ul>
B. Services should be provided both on-site and off-site (community based) to increase access to those disproportionately impacted by HIV/AIDS, and specifically to those who may not know about available medical and psychosocial support services to those infected/affected by HIV/AIDS	<ul style="list-style-type: none"> <li>• Written policy on file</li> </ul>
C. Client satisfaction surveys are conducted on a regular basis, at least annually, and the results of customer surveys are incorporated into the provider's plans and objectives.	<ul style="list-style-type: none"> <li>• Client satisfaction surveys</li> <li>• Summary of survey results and client recommendations</li> <li>• Review of agency plan in relation to survey results</li> </ul>
D. Agency has service hours that accommodate target populations, including evening and/or weekend hours where needed.	<ul style="list-style-type: none"> <li>• Posted hours</li> <li>• Site visit observation</li> <li>• Client satisfaction survey (question on service hours and how they meet client needs)</li> </ul>
<b>IV. Eligibility Determination/Intake/Screening</b>	
A. Outreach services should target Ryan White eligible clients in order to identify individuals who are out of care and those who are unaware of their HIV positive status. Once a client is identified as needing Ryan White services, the provider determines client eligibility for services based on Part A guidelines. The process to determine client eligibility is completed in a time frame that ensures that screening is not delayed. Eligibility assessment includes at least the following: <ul style="list-style-type: none"> <li>✓ Proof of HIV Status <ul style="list-style-type: none"> <li>- In instances where the client is a person affected by HIV, such as a caregiver, partner, family, or friend, verification of HIV status of the infected person is required.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Where applicable, client records documenting eligibility and required reassessment, with copies of appropriate documents or evidence that eligibility information was provided by another provider, consistent with TGA policy</li> <li>• Policy and procedures on file</li> <li>• Documentation that all staff involved in eligibility determination have</li> </ul>

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<ul style="list-style-type: none"> <li>✓ Proof of income using approved documentation as provided by the grantee</li> <li>✓ Proof of residence in the TGA</li> <li>✓ Eligibility is reassessed every six months</li> </ul>	<p>participated in required training provided by the Grantee to ensure understanding of the policy and procedures</p> <ul style="list-style-type: none"> <li>• Agency client data report consistent with funding requirements</li> </ul>
<b>V. Service Coordination/Treatment/ Referral</b>	
<p>A. All clients identified through Outreach Services who are out of medical care will be referred to a medical care manager to initiate or re-initiate medical care. Agency staff act as a liaison between the client and other service providers to support coordination, encouragement to seek and/or maintain involvement in primary medical care, and delivery of high quality care, providing appropriate referrals and contacts. For those clients not in primary medical care, agency staff notes progress toward linking the client into primary medical care.</p>	<ul style="list-style-type: none"> <li>• Policies and procedures on file</li> <li>• Documentation that staff receive and are trained on referral and coordination policies and procedures</li> <li>• Client records document attempted referrals and contacts and referral results, including progress/results of efforts to link client into primary medical care and other core and support services</li> </ul>
<p>B. Staff will make strong effort to follow up with all clients referred to a medical care manager. Follow up should happen within 2 weeks of initial referral.</p>	<ul style="list-style-type: none"> <li>• Documentation maintained in client file</li> </ul>
<b>VI. Client Rights and Responsibilities</b>	
<p>A. See Universal Standards of Care for detailed information.</p>	<ul style="list-style-type: none"> <li>•</li> </ul>