

Memphis TGA Ryan White Part A & MAI Psychosocial Support Services Standards of Care

PURPOSE

The purpose of the Ryan White Part A and MAI Psychosocial Support 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.

DEFINITION

Psychosocial support services are the provision of support and counseling activities, HIV support groups, pastoral care, caregiver support, and bereavement counseling.

Psychosocial Support Services include:

- Individual and group counseling including drop-in sessions to be provided by a qualified individual (professional or peer). These counseling sessions should be structured, with a treatment plan or curriculum, to move clients toward attainable goals.
- Peer counseling or support groups offered by HIV-positive individuals or those knowledgeable about HIV and are culturally sensitive to special populations.
- HIV support groups, pastoral care groups, and bereavement counseling.

Child abuse and neglect counseling is not a service currently funded in the Memphis TGA. Counseling as such that is needed is referred out to local mental health and child advocacy agencies.

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.

APPLICATION OF STANDARDS

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These standards apply to all agencies that are funded to provide Psychosocial Support Services through Ryan White Part A and/or MAI 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 and/ or MAI service.

Standard	Measure/Method
I. Policies and Procedures	
A. See Universal Standards of Care for detailed information	
II. Program Staff	
A. Staff is knowledgeable about available resources to avoid duplication of services.	<ul style="list-style-type: none"> • Policies and procedures on file • Documentation in staff files
B. Staff is trained and knowledgeable about HIV/AIDS, the affected communities and available resources. Providers must demonstrate knowledge of HIV/AIDS, its psychosocial dynamics and implications including generally accepted psychosocial interventions and practices.	<ul style="list-style-type: none"> • Documentation of training on these topics • Documentation of participation of all staff involved in delivering Part A services
C. Psychosocial support service providers possess the knowledge, skills, and experience necessary to competently perform expected services.	<ul style="list-style-type: none"> • Documentation in personnel records
D. The provider is responsible for ensuring that staff providing psychosocial support is overseen by a licensed or certified professional and/or that staff members consult with practitioners with extensive HIV related experience.	<ul style="list-style-type: none"> • Documentation in personnel records. • Documentation of training in personnel records
III. Access to Services	
A. See Universal Standards of Care for detailed information.	
IV. Eligibility Determination/Intake/Screening	
A. Upon initial contact with the client, agency will assess the client for emergent/urgent or routine psychosocial needs.	<ul style="list-style-type: none"> • Client record
B. Provider verifies client eligibility for services.	<ul style="list-style-type: none"> • Documentation in client file

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Standard	Measure/Method
	<ul style="list-style-type: none"> Agency client data consistent with funding requirements
C. Client is informed of the client confidentiality and grievance policies at first face to face contact.	<ul style="list-style-type: none"> Client record Client satisfaction survey
V. Assessment/ Plan of Care	
A. Client receives at first meeting a review of services available at the agency based on the client’s identified needs in the referral.	<ul style="list-style-type: none"> Client record Agency client data report consistent with funding requirements
B. A service plan is developed and agreed-upon by the client and provider, which outlines service goals, objectives, and interventions. This should include client identified needs as well as plans for continuity of primary medical care for those who are currently receiving medical care.	<ul style="list-style-type: none"> Client record including completed treatment plan signed by the client Client satisfaction survey
C. Evidence of client progress toward meeting established goals through documentation of activity including sign-in sheets, progress notes, group curricula etc.	<ul style="list-style-type: none"> Client record
D. Client’s needs and service plan are reviewed and revised a minimum of every six months.	<ul style="list-style-type: none"> Client record Agency client data report consistent with funding requirements
VII. Service Coordination/ Referral	
A. See Universal Standards of Care for detailed information.	

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Standard	Measure/Method
B. Referral sources should be provided with a minimum of the following: <ul style="list-style-type: none"> ✓ Authorization form from client to provide records to referral source ✓ Concise problem statement 	Client record
VIII. Client Rights and Responsibilities	
A. See Universal Standards of Care for detailed information.	
B. Clients must be afforded information regarding transfer to another agency.	<ul style="list-style-type: none"> • Policy on file
C. The agency has a formal policy as governed by State law for clients who may be incapable of making their own treatment or care decisions.	<ul style="list-style-type: none"> • Policy on file • Legal/medical consultation policy