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ADMINISTRATIVE STANDARDS

AREAS OF REVIEW

INTRODUCTION

The CARE Act was signed into law on August 15, 1990, to improve the quality and availability of care for people with HIV/AIDS and their families. Amended and reauthorized in May 1996 and November 2000, the Act is named after the Indiana teenager, Ryan White, who became an active public educator on HIV/AIDS after he contracted the syndrome. He died the same year the legislation was passed.

In serving people and families affected by HIV/AIDS, the HIV/AIDS Bureau, has identified four factors that have significant implications for HIV/AIDS care, services and treatment:

- The HIV/AIDS epidemic is growing among traditionally underserved and hard-to-reach populations.
- The quality of emerging HIV/AIDS therapies can make a difference in the lives of people living with HIV.
- Changes in the economics of health care are affecting the HIV/AIDS care network.
- Policy and funding increasingly are determined by outcomes.

I. DEFINITION

Standards are a recorded statement of expected performance. The Administrative Standards are standards that apply to all Oakland EMA CARE funded services and can be used as a resource for other HIV related services. Standards are to be used as a goal for provider service and as a guide for clients. These cover license and expertise, staff training, supervision, policies and procedures, coordination and referral, physical plant standards, quality assurance and reporting, records and administration, financial procedures, and consumer involvement. Adherence to these standards by all individuals providing HIV services ensures quality services that are consistent and can be evaluated for effectiveness.

II. PURPOSE

Services are intended for eligible residents of the Oakland EMA, which consist of people living in Alameda and Contra Costa Counties who provide proof of HIV infection and residency. Consumers become eligible for services when they have met the criteria for enrollment for CARE Act funded services provided by a contracted service provider. Local health jurisdictions should establish threshold written eligibility criteria for all services consistent with the eligibility requirements of the funding source (s) in the service area. This document will be used as a guide to standardize service expectations and assess the quality of HIV/AIDS care and treatment services provided to individuals in the Oakland EMA.

In addition, staff of service provider contractors and subcontractors must at all times abide by and work to enforce city, county, state, and federal workplace laws, policies, procedures, and other requirements aimed at guaranteeing consumer safety, full access and equity in services provided.

III. GOAL

To provide effective administration of HIV programs for eligible consumers.

To ensure barrier-free access to reliable, timely, convenient, and affordable services for eligible consumers. Access to services will be consistent with requirements and conditions designed to administer an effective, efficient, and appropriate continuum of services to meet the highest priority needs of the majority of eligible consumers.

IV. ADMINISTRATIVE SERVICE ACTIVITIES

1. PERSONNEL

Personnel standards ensure all staff providing HIV/AIDS services in the Oakland EMA are properly trained and licensed consistent with state law and have an understanding of the scope of their job responsibilities, and that all funded programs are adequately staffed. As part of the administrative hiring process, programs are encouraged to recruit and hire individuals who reflect the diversity of clients.

License and Expertise

Funded staff will possess appropriate licenses and expertise (as defined by the service-specific standard of care). Interns and students will be supervised by appropriately licensed professionals.

STANDARD	MEASURE
1.1 Staff meet the minimum qualifications detailed in the job description, including license or certifications.	1.1 Written job descriptions (for both salaried and volunteer staff). Resume, current license (as applicable) in file.
1.2 Staff is orientated to their job descriptions and responsibilities.	1.2 Written job description/checklist on file signed by staff member and supervisor.

Staff Expertise/Training

Staff are trained on an ongoing basis and are knowledgeable about the issues outlined in the standards. Every effort should be made for required trainings to be completed within the first quarter of employment. In addition, regardless of credentials, all direct service staff must receive ongoing HIV/AIDS training as appropriate for employees to fulfill job functions. Providers will have the following trainings as well as additional trainings set forth in the Standards of Care or other EMA program requirements:

- current prevention and treatment guidelines in the care delivery system, including harm reduction and prevention with positives;
- cultural competency, issues related to race, ethnicity, sexual orientation and age

- infection control, staff burnout, ethical and legal issues related to health access (confidentiality, domestic violence);
- population-specific issues regarding transgender individuals, homeless individuals, individuals with disabilities, substance users, individuals with mental health disorders, and individuals recently released from incarceration;
- Quality Management models (e.g., Chronic Care or other models currently used in the EMA).

STANDARD	MEASURE
1.3 Staff will be trained regarding HIV/AIDS issues and the delivery of care in that context.	1.3 Documentation of all completed trainings on file.

Supervision

Service providers are required to have regular supervision to ensure ethical and competent services, to receive support for managing client/staff issues, and to ensure compliance with standards of care.

STANDARD	MEASURE
1.4 Supervision is provided by an individual with appropriate clinical and/or supervisory experience at an approved or regularly scheduled time.	1.4 Resume of supervisor and documentation of supervision on file.
1.5 Supervisors conduct client record review at least annually to assess staff's documentation.	1.5 Documented client record review in each client chart.
1.6 Supervisors will conduct an annual performance review with all employees.	1.6 Employee and volunteer annual performance review documented in personnel file.

2. POLICIES AND PROCEDURES

Each funded agency will have a written policies and procedures manual that contains information for personnel and programs. The program policies and procedures manual for each agency should be a document separate from the agency personnel manual. The program polices and procedure manuals should include at least the items enumerated in this standard.

STANDARD	MEASURE
2.1 Agency staff will inform clients of their rights and responsibilities, including client confidentiality when offering services.	2.1 Agency policy and procedures clearly posted. Signed rights and responsibility form in client record.
2.2 Agency staff will review the grievance procedure with clients.	2.2 Signed form in client record. Agency client grievance procedures in policy manual or posted.
2.3 Agency staff will screen clients for eligibility for Ryan White funded services as well as services payable by other sources.	2.3 Eligibility documentation, including: HIV status, residence, identification, income, and primary care provider in client record.
2.4 Agency staff will provide appropriate informed consent forms (e.g. consent to share information with other providers, treatment, HIPAA	2.4 Signed and dated consents and release of information in client record.

STANDARD	MEASURE
requirements).	
2.5 Agency must have guidelines for language accessibility.	2.5 Written policy for language accessibility.
2.6 Agency staff will comply with the Health Insurance Portability and Accountability (HIPAA) Act of 1996.	2.6 Signature of compliance in employee file or client record.

Personnel specific policy and procedures:

2.8 All contractors and subcontractors are oriented to agency confidentiality standards, which include defined procedures for release of information.	2.8 Written agency confidentiality policy. Signed confidentiality statement in employee files.
2.9 All contractors and subcontractor staff must be oriented to agency staff behavioral standards (e.g., ethics, conflict resolution).	2.9 Written staff behavioral standards available to staff.
2.10 Agency must have guidelines to specify how volunteers are oriented and provided monitoring and supervision. (if applicable)	2.10 Written policy for use of volunteers.

See also: Annual performance reviews (standard #1.6); Staff training (standard #1.3 and other personnel policies (e.g., behavioral standards)).

3. COORDINATION AND REFERRAL

Agency has linkages to other community organizations:

- Services for clients are provided in cooperation and in collaboration with other services and other community HIV service providers to avoid duplication of efforts and to encourage client access to health care and other appropriate support services.
- There is a mechanism for tracking referrals and ensuring clients successfully follow up on referrals.
- Agency will maintain linkages with key specialists to ensure that primary care and other support service providers have access to support.
- Agency will maintain linkages with key points of access. Some may include, emergency rooms, inpatient hospital settings, counseling and testing sites, substance use treatment programs, homeless shelters, Single Room Occupancy (SRO) hotels, food banks and HIV hotlines.

STANDARD	MEASURE
3.1 Each agency must have on hand an updated list of community resources and ensure distribution to staff, clients and families.	3.1 List of agency linkages or resource guide; MOU's or subcontracts. Documentation in client record/database of individual referrals.
3.2 Maintain appropriate referral relationships with key points of access within and outside of the HIV care system to ensure referral into care of newly diagnosed and PLWH who are not in care.	3.2 MOUs and consult form on file at agency; care plans, and treatment plans, including referrals and outcomes, in client record.

4. PHYSICAL PLANT STANDARDS

Each program administered by an agency is located in a physical facility that:

- Meets Title 22 licensing standards (primary care sites)
- Meets fire safety requirement
- Meets criteria for Americans with Disability Act (ADA) compliance
- Is clean and comfortable
- Complies with Occupational Safety and Health Administration (OSHA) regulations
- Has emergency protocols for health and safety related incidents posted
- Is free from anticipated hazards

See program requirements in contracts for additional standards.

STANDARD	MEASURE
4.1 Services are delivered in a secure and accessible location.	4.1 Compliance with all appropriate regulatory agencies, including ADA compliance plan; written policy describing plan for accommodating individuals with disabilities; emergency procedures posted.

5 . QUALITY ASSURANCE AND REPORTING

The purpose of Quality Assurance and Reporting is to assist Ryan White-funded providers to adhere to HIV clinical practice standards and Public Health Service (PHS) guidelines and the locally defined Standards of Care. The EMA supports improvements in the quality of care and services to increase the probability of desired patient outcomes, and promotes principles of continuous improvement by using the results of these activities to develop "lessons learned."

STANDARD	MEASURE
5.1Each agency will have written policies on Quality Management, including how data will be used to improve the program.	5.1 Written Quality Management Plan (with required elements) on file at agency and at the Office of AIDS. Or a written specific CQI plan approved by the clinical and the governing body.
5.2 Each agency will collect client level data to support Care Act Data Report (CADR) annual reporting and other data reports as indicated.	5.2 Care Act Data Report (CADR) report forms on file, standardized programmatic forms, client contact and/or outcome collection forms and progress reports on file at agency.
5.3 A client satisfaction process is conducted and documented annually.	5.3 Agency client satisfaction survey and written summary analysis and process to address shortcomings on file at agency.
5.4 Each agency will adopt a quality improvement system (Chronic Care Model or other) to guide workplans and other quality management activities.	5.4 Contract work plan and progress reports on file at agency with adjustments made to service delivery based on a CQI review.

6. RECORDS AND ADMINISTRATION

Service providers are responsible for documenting and keeping accurate records of client level service health outcomes, clients served, and units of service, as requirements for reimbursement of service expenses. An individual should be responsible for the overall direction and supervision of the medical records system. All medical records must be periodically reviewed to determine quality and completeness.

Records should be available only to agency staff directly responsible for filing, charting, and reviewing, and to EMA, county, state, and federal representatives as required by law. The client service record must be kept, and should follow the accepted guidelines for record handling and documentation practices for health care records. All documents should be secured in the record and protected from potential damage for a minimum of 5 years. Minors' records are to be kept a minimum of 5 years or until the minor is 19 years old, whichever is longer.

STANDARD	MEASURE
6.1 Complete client records will be HIPAA compliant and maintained in a safe and secure location. Access should be limited to designated personnel; computerized records must have appropriate safeguards.	6.1 HIPAA policy in place and evidence of staff training regarding security of files. Locked cabinets for paper records.
6.2 A clinical record (electronic or hard copy) will be maintained for every client.	6.2 Chart or record file (electronic or hard copy) for each client; there is a standard format with standardized documents.
6.3 Chart will be maintained according to accepted practices for health care records. (protection of confidentiality, procedures for release of information, and quick accessibility or records.)	6.3 Documentation is legible, typewritten, computer-generated or handwritten in ink. Documentation is dated and signed.

7 . FINANCIAL PROCEDURES

Each agency will have a mechanism to ascertain funding sources and a process for exhausting funding sources from other services across the comprehensive system of care prior to using the last resort dollars in paying for services.

The CARE Act requires that services be provided in a manner that is coordinated, cost-effective, and ensures that Ryan White Care Act (RWCA) funds are the payer of last resort for HIV/AIDS services.

STANDARD	MEASURE
7.1 Agency will ensure Ryan White funds are funds of last resort.	7.1 Fiscal site visit: annual audit report; program audit, accounting policy and review of mechanism.
7.2 Invoices will reflect the expenditures of each program.	7.2 Correct invoices; general ledger is correlated with final invoices; system in place to track funding stream separately; quarterly expenditure report.
7.3 Each agency adheres to RWCA Administrative Fiscal requirements.	7.3 Agency annual and composite budget on file. (no more than 60% of the agency' overall budget is CARE funds); agency budget (no more than 10% on administrative services; annual audit on file.

8. CONSUMER INVOLVEMENT

Services are intended for eligible residents of the Oakland EMA and are developed with community planning partners through interaction with providers and the community collaborative Planning Council. Participation by consumers is key to service planning.
In addition to being a legislatively-mandated requirement, consumer participation in Ryan White Care Act programs has many benefits:

- PLWH can identify service barriers that may not be evident to others and can help plan to overcome those barriers.
- PLWH can help identify ways to reach PLWH communities that need to be served, including minority and other special populations with unmet needs for services.
- PLWH who are clients of RWCA services can give direct feedback on the quality of services. Their input helps the planning council determine what services are needed and how best to meet service priorities.
- PLWH can provide an ongoing communications link with diverse segments of the community. They can bring community issues to the planning council and research and care information to the community.

STANDARD	MEASURE
8.1 Each agency will encourage client participation in treatment planning to assist with the improvement of care.	8.1 Consumer Advisory Board minutes on file at agency. (if applicable)
8.2 Each agency will provide information to consumers about the planning process and venues.	8.2 Informational flyer at agency.
8.3 Consumer satisfaction surveys will include questions on participation in planning process.	8.3 Annual Client Satisfaction Survey.