

Ryan White Part B Program  
Universal Standards of Care



Department of Public Health  
Infectious Diseases  
TB, HIV, STD, & Viral Hepatitis Programs  
Health Care & Support Services Unit

March 2016

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## Ryan White Part B Universal Standards of Care

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 April 2013. Recipients are required by HRSA/HAB to adhere to these monitoring standards and as such, sub-recipients funded for Ryan White Part B services will be held to the same standards.

Standard	Measure
<b>Access to Care</b>	
<ul style="list-style-type: none"> <li>• Services must be provided irrespective of age, physical or mental challenges, creed, criminal history, history of substance abuse, immigration status, marital status, national origin, race, sexual orientation, gender identity and expression, socioeconomic status, or current/past health conditions.</li> <li>• Services must be provided in accordance with the American with Disability Act Guidelines. For information, refer to: ADA Guidelines.</li> <li>• Sub-recipients must have written instructions for clients on how to access the sub-recipients after business hours.</li> </ul>	<ul style="list-style-type: none"> <li>• Policies and procedures and client grievances</li>   <li>• Policies and procedures</li>   <li>• Policies and procedures and informational flyers and handouts</li> </ul>
<b>HIV Continuum of Care</b>	
<ul style="list-style-type: none"> <li>• Sub-recipients must establish formal collaborative agreements with HIV and other service organizations.</li> <li>• Sub-recipients must inform clients of the various HIV services and resources available throughout the state.</li> <li>• Sub-recipients must have a resource referral and tracking system with identified HIV and other service sub-recipients.</li> </ul>	<ul style="list-style-type: none"> <li>• Memoranda of Agreement (MOA) or Memoranda of Understanding (MOU)</li>   <li>• Informational flyers, handouts, resource manuals, literature. Documentation in clients records of resource given</li> <li>• Client records or resources given.</li> <li>• Referral tracking system for each service category</li> </ul>
<b>Staff Requirements</b>	
<ul style="list-style-type: none"> <li>• Sub-recipients must have written personnel policies and procedures.</li> <li>• Sub-recipients must offer to staff and contracted service sub-recipients their job descriptions that address minimum qualifications, core competencies, and job responsibilities.</li> <li>• Sub-recipients must ensure that services are provided in a culturally-</li> </ul>	<ul style="list-style-type: none"> <li>• Policies and procedures</li>   <li>• Position descriptions</li>   <li>• Training/in-service certificates/sign-in sheets, staff interview, client satisfaction</li> </ul>

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<p>competent, compassionate, non-judgmental, and comprehensible manner.</p> <ul style="list-style-type: none"> <li>• Sub-recipient must ensure that staff and contracted service sub-recipients delivering direct services to clients must have knowledge of the following:             <ul style="list-style-type: none"> <li>• HIV/AIDS</li> <li>• Effects of HIV/AIDS-related illnesses and comorbidities on consumers</li> <li>• Psychosocial effects of HIV/AIDS on clients and their families/significant others</li> <li>• Current strategies for the management of HIV/AIDS</li> <li>• HIV-related resources and services in CT</li> </ul> </li> </ul> <p><i>For more information , refer to : DHHS Guidelines</i></p> <ul style="list-style-type: none"> <li>• Sub-recipient must ensure that professional staff and contracted service sub-recipients follow, at minimum established codes of conduct for their discipline.</li> <li>• Sub-recipient must ensure that staff and contracted service sub-recipients receive ongoing supervision that is relevant and appropriate to their professional needs.</li> <li>• 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 (HIPAA) and the CT Public Health Code.</li> </ul>	<p>survey and consumer grievances</p> <ul style="list-style-type: none"> <li>• 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.</li> </ul> <ul style="list-style-type: none"> <li>• Codes of conduct, trainings/in-service certificates/sign-in sheets, staff interviews</li> <li>• Supervisory/case conference meeting logs, documentation of supervisory client record reviews</li> <li>• Policies and procedures, trainings/in-service certificates/sign-in sheets, staff signatures on sub-recipients confidentiality/HIPAA statements, staff interview</li> </ul>
<p><b>Safety and Emergency Procedures</b></p>	
<ul style="list-style-type: none"> <li>• Sub-recipient must ensure that services are provided in facilities that are clean, comfortable, and free from hazards</li> <li>• Sub-recipient must have policies and procedures for the following:             <ul style="list-style-type: none"> <li>• Physical Plant Safety</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Site visit observation</li> <li>• Policies and procedures, site visit observation, training certificates and/or sign-in sheets, staff interview</li> </ul>

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<ul style="list-style-type: none"> <li>• Emergency Procedures that include, fire, severe weather, and intruder/weapon threat</li> <li>• Medical/Health Care Crisis</li> <li>• Infection Control and Transmission Risk</li> <li>• Crisis Management</li> <li>• Risk Assessment</li> <li>• Accident/Incident Reporting</li> </ul> <p><i>Sub-recipient must ensure that staff and contracted service sub-recipients are trained and follow the safety and emergency procedures.</i></p>	
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<b>Eligibility Determination/Screening</b>	
<ul style="list-style-type: none"> <li>• Sub-recipient must ensure that Ryan White funds are used as payer of last resort</li> <li>• Sub-recipient must verify proof of HIV status, income, residency, and insurance in accordance with the Ryan White Program.</li> <li>• Proof of HIV status must be established within 10 business days of intake.</li> <li>• If a client is not enrolled in an insurance plan, sub-recipient must assist the client with benefits counseling and enrollment into an appropriate insurance plan.</li> <li>• Sub-recipient must ensure on an annual basis a sliding fee scale for services will be assessed and applied to clients with incomes greater than 100% of the Federal Poverty Level (FPL) that are based on a discounted fee of the clients annual gross income and family size (not family gross income), with exception of clients with gross incomes of less than 100% FPL which will not be charged. Clients unable to pay are required to sign and date the required "Zero Income Affidavit". Clients will no longer be charged for services when they reach their yearly financial cap.</li> <li>• Sub-recipient ensure eligibility policies that do not deem a veteran living with</li> </ul>	<ul style="list-style-type: none"> <li>• Policies and procedures, documentation in client records of accessing funds from other resources</li> <li>• Policies and procedures, documentation in client records of established HIV status within specified timeframe</li> <li>• Policies and procedures, documentation in client records of benefits counseling/enrollment</li> <li>• Policies and procedures, documentation in client records of benefits counseling/enrollment</li> <li>• Policies and procedures, financial documentation in client records</li> <li>• Policies and procedures</li> </ul>

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<p>HIV ineligible for Ryan White services due to eligibility for Department of Veterans Affairs (VA) health care benefits</p>	
<p><b>Intake</b></p>	
<ul style="list-style-type: none"> <li>• Sub-recipient must ensure clients that request or are referred to a sub-recipient must be contacted within two (2) business days and complete an initial intake within ten (10) business days of contact with client.</li> <li>• Sub-recipient must screen and refer clients into appropriate Ryan White service categories as determined by presenting needs.</li> </ul>	<ul style="list-style-type: none"> <li>• Documentation in client records of timely intake with specified timeframes</li> <li>• Documentation in client records of screening and referrals for appropriate Ryan White and/or other services</li> </ul>
<p><b>Confidentiality Related Documentation</b></p>	
<ul style="list-style-type: none"> <li>• Sub-recipient must have a signed client’s informed consent for provision of Ryan White Services. Time –limit most not exceed 12 months.</li> <li>• Sub-recipient must have release of information including CAREWare data that at minimum, includes information regarding:             <ul style="list-style-type: none"> <li>• To whom/what information will be released, including name of organization or person (emergency contact), address, etc.</li> <li>• What specific information will be released</li> <li>• Time-limits for releases to not exceed 12 months</li> <li>• Printed name and signature of consumer/legal guardian</li> <li>• Signature of a witness</li> </ul> </li> <li>• Sub-recipient must have a written statement outlining consumer rights and responsibilities that, at minimum, includes:             <ul style="list-style-type: none"> <li>• Nature of services offered</li> <li>• The ability to terminate service at any time</li> <li>• Transfer and discharge procedures</li> <li>• Client progress review</li> <li>• Access to client records</li> </ul> </li> <li>• Sub-recipients must have a written</li> </ul>	<ul style="list-style-type: none"> <li>• Consent form, documentation in client records of signed and updated Consent Form before third party disclosures are made</li> <li>• Release of information form, CAREWare Release of information form, documentation in client records of signed and updated releases of information including CAREWare before third party disclosures are made</li> <li>• Documentation of signed and dated Clients Rights and Responsibilities</li> <li>• Documentation of signed and dated Clients</li> </ul>

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<p>statement outlining client responsibilities that, at minimum, includes:</p> <ul style="list-style-type: none"> <li>• Scheduling, rescheduling, and canceling appointments</li> <li>• Drug and alcohol use on premises</li> <li>• Weapons on premises</li> <li>• Acts of abuse towards staff, property or services</li> <li>• Sub-recipient must have an objective process to address and track clients' grievances.</li> <li>• Sub-recipient must have policies and procedures to ensure that clients' medical records and other personal health information are: <ul style="list-style-type: none"> <li>• Securely faxed, emailed or phoned</li> <li>• Safely transported during the courses of conducting business</li> <li>• Securely stored electronically with limited access</li> <li>• Shared with third parties in accordance with HIPAA</li> <li>• Sub-recipients must ensure that client's records are maintained in a secure location.</li> </ul> </li> </ul> <p><i>Sub-recipients must assure that when a client or the client's legal guardian signs and initials a Release to obtain and disclose information, the client/legal guardian understands that information from the client's record will be shared and with whom and for what purpose.</i></p>	<p style="text-align: center;">Rights and Responsibilities</p> <ul style="list-style-type: none"> <li>• Policies and procedures, documentation of signed and dated grievance policy, and resolution of grievance</li> <li>• Policies and procedures, staff interview, site visit observation</li> <li>• Policies and procedures, staff interview, site visit observation</li> </ul>
<b>Client Satisfaction</b>	
<ul style="list-style-type: none"> <li>• Sub-recipient must establish evaluation methods to assess client satisfaction and receive feedback on services using any of the following methods: <ul style="list-style-type: none"> <li>• CT HIV Planning Consortia (CHPC)</li> <li>• Client satisfaction survey</li> <li>• Suggestion box or other client input mechanism</li> <li>• Focus groups and/or public meetings</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• CHPC 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</li> <li>• Quality Improvement Plan, modification to service delivery policies and procedures</li> </ul>

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<ul style="list-style-type: none"> <li>• Sub-recipients must use results from evaluation methods to improve service delivery</li> </ul>	<p>based on feedback, inclusion of client feedback in internal training/staff communications</p>
<b>Discharge/ Transfer</b>	
<ul style="list-style-type: none"> <li>• A discharge or transfer from Ryan White services must occur if any of the following criteria is met:             <ul style="list-style-type: none"> <li>• Completion of services</li> <li>• Verification of HIV positive status cannot be obtained within ten business days of intake</li> <li>• Verification of eligibility cannot be obtained</li> <li>• The client/legal guardian has requested the case be closed</li> <li>• Relocation of client outside of the sub-recipients geographic service area</li> <li>• Inability to contact the client for more than six months</li> <li>• The client’s needs are more appropriately addressed through other sub-recipients</li> <li>• The client exhibits acts of abuse towards staff, property or services</li> <li>• Clients death</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Documentation in records of client being discharged or transferred to another HIV program or are deceased</li> </ul>
<b>Reporting</b>	
<ul style="list-style-type: none"> <li>• Sub-recipient must submit program, statistical, fiscal, and expenditure reports as outlined in the Notice of Grant Award.</li> </ul>	<ul style="list-style-type: none"> <li>• Records that contain and adequately identify the source of information pertaining to:             <ul style="list-style-type: none"> <li>• Federal award revenue, expenses, obligations, unobligated balances, assets, outlays, program income, interest</li> <li>• Client level data</li> <li>• Aggregate data on services provided; clients served, client demographics and selected financial information</li> </ul> </li> </ul>
<b>Monitoring</b>	
<ul style="list-style-type: none"> <li>• Any Recipient or sub-recipient or individual receiving federal funding is required to be monitored for compliance with federal requirements and programmatic expectations.</li> <li>• Monitoring activities expected to include annual site visits of all sub-recipients.</li> </ul>	<ul style="list-style-type: none"> <li>• Development of consistent implementation of policies and procedures that establish uniform administrative requirements governing the monitoring of awards</li> <li>• Review of the following program monitoring documents and actions:             <ul style="list-style-type: none"> <li>• Policies and procedures</li> </ul> </li> </ul>

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<ul style="list-style-type: none"> <li>• Performance of fiscal monitoring activities to ensure that Ryan White funding is being used for approved purposes.</li>   <li>• Salary Limit: HRSA funds may not be used to pay the salary of an individual at a rate in excess of \$179,700. This amount reflects an individual’s base salary exclusive of fringe and any income that an individual may be permitted to earn outside of the duties to the applicant organization. This salary limitation also applies to sub-awards of sub-recipients for substantive work under a HRSA grant or cooperative agreement</li> <li>• Salary Limit Fringe Benefits: If an individual is under the salary cap limitation, fringe is applied as usual. If an individual is over the salary cap limitation, fringe is calculated on the adjusted base salary.</li> <li>• Corrective actions taken when sub-recipient outcomes do not meet program objectives and Recipient expectations, which may include:             <ul style="list-style-type: none"> <li>• Improved oversight</li> <li>• Redistribution of funds</li> <li>• A “corrective action” letter</li> <li>• Sponsored technical assistance</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Tools, protocols, or methodologies             <ul style="list-style-type: none"> <li>• Reports</li> <li>• Corrective site action plans</li> <li>• Progress on meeting goals of corrective action plans</li> </ul> </li>   <li>• Review the following fiscal monitoring documents and actions:             <ul style="list-style-type: none"> <li>• Fiscal monitoring policy and procedures</li> <li>• Fiscal monitoring tool or protocol</li> <li>• Fiscal monitoring reports</li> <li>• Fiscal monitoring corrective action plans</li> </ul> </li>   <li>• Compliance with goals of corrective action plans</li> <li>• Identification and description of individual employee salary expenditures to ensure that salaries are within the HRSA Salary Limit</li> <li>• Determine whether individual staff receives additional HRSA income through other sub-awards of sub-recipients</li>   <li>• Identification of individual employee fringe benefit allocation</li>   <li>• Receive corrective actions plans</li> <li>• Review resolution of issues identified in corrective action plan</li> <li>• Policies that describe actions to be taken when issues are not resolved in a timely manner</li> </ul>
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