

Referral for Health Care/Supportive Services Standards

Definition: Referral for health care/supportive services is the act of directing a patient to a service in person or in writing, by telephone, or through another type of communication. These services are provided outside of an outpatient/ambulatory medical care, medical Case management, or non-medical case managed service visit.¹

Objectives:

- Facilitate access to primary medical care and supportive services for patients living with HIV/AIDS.

Performance Measures:

- Percentage of patients, regardless of age, with a diagnosis of HIV who did not have a care marker in the last 6 months of the measurement year.
 - Percentage of referred patients, regardless of age, with a diagnosis of HIV who did not have a care marker in the last 6 months of the measurement year.
- Percentage of patients, regardless of age, with a diagnosis of HIV who had at least two care markers in a 12 month period that are at least 3 months apart.

1.0 Agency Policies & Procedures	
<i>National Monitoring Standards: Documentation that funds are used only: a) to direct a patient to a service in person or through other types of communication; b) to provide benefits/entitlements counseling and referral consistent with HRSA requirements; c) to manage such activities; d) where these services are not provided as a part of Ambulatory/Outpatient medical Care or Case Management services.²</i>	
Standard	Measure
1.1 Patient eligibility for Ryan White Part B services is determined or is in process of determination prior to initiation of service.	1.1 Patient eligibility criteria verified every six months and documented in patient’s records.
1.2 Screening and intake to be completed within 5 days of initial contact with patient.	1.2 Documentation of intake, eligibility screening & needs assessment in patient’s record.

¹ 2012 Annual Ryan White HIV/AIDS Program Services Report (RSR) Instruction Manual (September, 2012), p. 13.
² HRSA/HAB Division of State HIV/AIDS Programs National Monitoring Standards— Program Part B (April, 2013), p. 40.

1.3 Referral services are not provided as part of Ambulatory/Outpatient Medical Care or Case Management services.	1.3 Documentation of referral services conducted by date of service, type of communication, referral & follow up provided.
1.4 Patient discharged when referral services are no longer needed, upon death or due to safety issues.	1.3 Documentation of discharge in patient's record.
2.0 Service Provision <i>National Monitoring Standards: Support for Referral for Health Care/Supportive Service direct a patient to a service in person or through telephone, written, or other types of communication, including the management of such services where they are not provided as part of Ambulatory/Outpatient Medical care or Case Management services. May include benefits/entitlement counseling and referral to refer or assist eligible patients to obtain access to other public and private programs for which they may be eligible.³</i>	
Standard	Measure
2.1 Conduct an intake within 5 days of initial contact with the patient to determine eligibility for and need of health care or supportive service referral services.	2.1 Documentation (Date) of intake, eligibility screening & identification of needs.
2.2 Refer persons who are HIV-positive to medical care within 5 days of intake.	2.2 Documentation (Date) of persons referred for medical care and/or patient's refusal.
2.3 Determine if referred patients have engaged in medical care within 1 month of referral.	2.3 Documentation of medical visit attendance in patient's record.
2.4 Refer persons who are HIV-positive to appropriate supportive services within 14 days of intake.	2.4 Documentation (Date and referrals info) of persons referred for supportive services and/or patient's refusal.
2.5 Determine if referred patients completed the referral within 1 month of referral.	2.5 Documentation of outcome of referral in patient's record.
2.6 Conduct a reassessment every 90 days to determine additional and/or ongoing needs.	2.6 Documentation of reassessment every 90 days in patient's record.

³ HRSA/HAB Division of State HIV/AIDS Programs National Monitoring Standards—Program Part B (April, 2013), pp. 42-44.

3.0 Personnel

National Monitoring Standards: Referrals may be made: a) within the non-medical case management system by professional case managers; b) informally through community health works or support staff; c) as part of an outreach program.⁴

Standard	Measure
3.1 Referral staff must have a high school diploma or GED and one year of experience working with patients infected with HIV or additional health care training.	3.1 Documentation of qualifications in personnel file.
3.2 Newly employed referral staff must complete the following training within 180 calendar days of hire: <ul style="list-style-type: none">• HIV 101• Cultural competency• Counseling and Referral	3.2 Documentation of training completed in personnel file.
3.3 Referral staff must complete 6 hours of continuing education on HIV/AIDS annually.	3.3 Documentation of continuing education credits in personnel file.

4.0 Quality Management

National Monitoring Standard: Implement a Clinical Quality Management Program (CQM) to include: a) written QM plan; b) quality expectations for providers and services; c) method to report and track expected outcomes; d) monitoring of provider compliance with HHS treatment guidelines and Part B Program's approved Standards of Care.^{5,6}

Standard	Measure
4.1 Measure and report patient outcomes using referral measures approved by VDH.	4.1 Performance measurement data on the following indicators: <ul style="list-style-type: none">• Percentage of referral patients, regardless of age, with a diagnosis of HIV who did not have a care marker in the last 6 months of the measurement year.• Percentage of patients, regardless of age, with a diagnosis of HIV who had at least two care markers in a 12 month period that are at least 3 months apart.

⁴ HRSA/HAB Division of State HIV/AIDS Programs National Monitoring Standards—Program Part B (April, 2013), pp. 44-44.

⁵ HRSA/HAB Division of State HIV/AIDS Programs National Monitoring Standards—Program Part B (April, 2013), p. 49.

⁶ PHS Act 2618(b)(3)(C&E)