

Universal Administrative Standards

Definition: Universal Standards are the minimum requirements that providers are expected to meet when providing HIV/AIDS care and supportive services funded by Ryan White Part B.

Objectives:

To ensure that providers are complying with contract provisions and state and federal requirements for Part B funded services. The objectives help achieve the goals of each service type by ensuring that programs:

- have policies and procedures in place to ensure quality of care;
- provide patients with access to the highest quality of services through experienced, trained and, when appropriate, licensed staff;
- guarantee patient confidentiality and ensure a fair process of grievance review;
- comprehensively inform patients of services and establish patient eligibility;
- address patient needs effectively through coordination of care with appropriate providers and referrals to needed services; and
- are accessible to all people living with HIV in Virginia.

These standards apply to all subcontractors regardless of the individual services provided.

1.0 Agency Policies & Procedures	
<i>National Monitoring Standards: Eligibility determination process requiring documentation in patient medical records of low-income status and eligibility based on a specified percent of the Federal Poverty Level and proof of an individual's HIV-positive status, residency. Determination and documentation of patient eligibility every six months.¹</i>	
Standard	Measure
1.1 Patient confidentiality policy exists which include: a) release of information requirements, and b) Health Insurance Portability and Accountability Act (HIPAA) compliance where applicable.	1.1 Written policy on file at provider agency.

¹ HRSA/HAB Division of State HIV/AIDS Programs National Monitoring Standards— Program Part B (April, 2013), p. 6.

1.2 Patient's consent for release of information is determined.	1.2 Current <i>Release of Information Form</i> signed and dated by patient and provider representative and located in patient's record. Each release form indicates who may receive the patient's information and has an expiration of not more than 12 months.
1.3 Each patient file is stored in a secure and confidential location. Electronic patient files are protected from unauthorized use.	1.3 Files stored in locked file or cabinet with access limited to appropriate personnel. Electronic files are password protected with access limited to appropriate personnel.
1.4 Patient eligibility policy exists which include documentation of: a) HIV diagnosis; b) Virginia residency; c) low-income status, and d) eligibility determination every 6 months.	1.4 Written policy on file at provider agency. Patient eligibility criteria verified every six months and documented in patient's record.
1.5 Grievance procedure exists.	1.5 Written procedure on file at provider agency.

2.0 Patient Rights and Responsibilities
National Monitoring Standards: Provision of Part B-funded HIV primary medical care and support services, to the maximum extent, without regard to either: the ability of the individual to pay for such services, or the current or past health conditions of the individuals served.²

Standard	Measure
2.1 Services are available to any individual who meets program eligibility requirements.	2.1 Written eligibility requirements on file.
2.2 Services are accessible to eligible individuals.	2.2 Site visit that includes, but not limited to, review of hours of operation, location, access to transportation and other accessibility factors. Patient satisfaction surveys and patient interviews that address accessibility. Agency eligibility policy on file.
2.3 Patient Rights and Responsibilities policy exists which requires each patient to sign & date form indicating he/she has been offered: a) explanation of the policy, and b) copy of <i>Patient's Rights and Responsibilities</i> and to communicate patient's understanding of the policy	2.3 Written policy on file at provider agency.

² HRSA/HAB Division of State HIV/AIDS Programs National Monitoring Standards—Program Part B (April, 2013), pp. 61-62.

2.4 Explanation of Patient’s Rights and Responsibilities is provided to each patient.	2.4 Current <i>Patient’s Rights and Responsibilities</i> form signed and dated by patient and located in patient’s record.
2.5 Programs include input from consumers in the design and evaluation of service delivery, including annual patient satisfaction surveys.	2.5 Documentation of patient satisfaction survey results, meetings of consumers’ advisory board, or other mechanisms for involving consumers in service planning and evaluation.
2.6 Patient collaborates on a discharge plan once goals have been met. The patient may also be discharged for the following: A. patient is lost to follow up B. patient fails to provide updated documentation of eligibility status after three (3) documented attempts by staff C. patient action(s) put the agency, staff or other patients at risk D. patient fails to maintain contact with staff for a period of six months despite three (3) documented attempts to contact patient E. patient request F. patient death	Documentation of the discharge plan and reason for discharge is present in the patient’s record, signed and dated.

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3.0 Personnel
*National Monitoring Standards: Providers and personnel providing services expected to meet appropriate State and local licensure and certification requirements.*³

Standard	Measure
3.1 Staff members have the minimum qualifications expected for the job position, which must include: a) education; b) experience; and c) licensure or certification requirements.	3.1 Resume in personnel file meeting the minimum requirements outlined in job description. Current job descriptions on file.
3.2 Staff members are licensed as necessary to provide services.	3.2 Copy of license or other documentation in personnel file which covers the current or retroactive period services were provided.
3.3 Staff receives at least o hour of clinical supervision per month.	3.3 Signed documentation on file indicating date of supervision, persons in attendance and agenda.

³ HRSA/HAB Division of State HIV/AIDS Programs National Monitoring Standards—Program Part B (April, 2013), p. 69.
Universal Administrative Standards
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3.4 All staff members receive on-going training and education in accordance with the service standards.	3.4 Copy of continuing education and training requirements maintained in personnel file.
4.0 Quality Management <i>National Monitoring Standard: Implement a Clinical Quality Management Program to include: a) written Quality Management 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.^{4,5}</i>	
Standard	Measure
4.1 Clinical Quality Management Program (CQM) that include: a) agency-specific quality statement; b) defined Quality Management (QM) infrastructure; c) annual quality goals, and work plan; d) performance measures and data collection plan; e) process for evaluating QM program; and f) communication strategy for informing key stakeholders.	4.1 Written CQM plan on file at provider agency.
4.2 Quality Improvement projects (QIPs) Develop annual projects and submit quarterly reports to VDH	4.2 Written QIP plans and quarterly reports on file at provider agency.
4.3 Measure and report patient outcomes using measures approved by Virginia Department of Health.	4.3 Collection and reporting of data to VDH for use in measuring performance.
4.4 Develop and utilize a methodology to measure patient satisfaction with services, which may include a written satisfaction survey, staff and volunteer observation of the patient, and/or interaction with the patient.	4.4 Documentation of patient satisfaction survey results and/or summary of observations/interactions with patients.
4.5 Implement improvements identified in the CQM.	4.5 Documentation of change ideas implemented.

⁴ HRSA/HAB Division of State HIV/AIDS Programs National Monitoring Standards—Program Part B (April, 2013), p. 49.

⁵ PHS Act 2618(b)(3)(C&E)

4.6 Participate in periodic peer review to assess the quality and appropriateness of health and support services supported by Part B.	4.6 Documentation of the participation in peer review process.
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