

Outreach Services Standardsⁱ

Description

Outreach Services include the provision of the following three activities:

- Identification of people who do not know their HIV status and linkage into Outpatient/Ambulatory Health Services
- Provision of additional information and education on health care coverage options
- Reengagement of people who know their status into Outpatient/Ambulatory Health Services.

Program Guidance:

Outreach programs must be:

- Conducted at times and in places where there is a high probability of individuals with HIV infection and/or exhibiting high-risk behavior
- Designed to provide quantified program reporting of activities and outcomes to accommodate local evaluation of effectiveness
- Planned and delivered in coordination with local and state HIV prevention outreach programs to avoid duplication of effort
- Targeted to populations known, through local epidemiologic data or review of service utilization data or strategic planning processes, to be at disproportionate risk for HIV infection.

Funds may not be used to pay for HIV counseling or testing under this service category. Outreach services cannot be delivered anonymously as personally identifiable information is needed from clients for program reporting.

All service provision will comply with the Department of Health and Human Services (HHS) Guidelines and the Commonwealth of Virginia Department of Health (VDH) Service Standards for people living with HIV, including the following:

1.0 Key Services Components and Activities

National Monitoring Standards: Outreach programs must be 1) planned and delivered in coordination with local prevention outreach programs to avoid duplication of effort; 2) targeted to populations known through local epidemiologic data to be at disproportionate risk for HIV infection; 3) targeted to communities or local establishments that are frequented by individuals exhibiting high-risk behavior; 4) conducted at times and in places where there is a high probability that individuals with HIV infection will be reached; 5) designed to provide quantified program reporting of activities and results to accommodate local evaluation of effectiveness. ⁱⁱ *Documentation that outreach services are designed to: a) identify individuals*

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who do not know their HIV status and refer them for counseling and testing; and b) individuals who know their status, and are not in care and help them enter or re-enter HIV-related medical care.¹

Standard	Measure
Documentation	
<p>1.1) Provision of all outreach services are:</p> <ul style="list-style-type: none"> a) Planned and delivered in coordination with local HIV prevention outreach programs in order to avoid duplication of effort b) Targeted to populations known to be at disproportionate risk for HIV c) Targeted to communities whose residents have disproportionate risk or establishments frequented by individuals exhibiting high-risk behaviors. <p><i>Note:</i> Funds may not be used to:</p> <ul style="list-style-type: none"> 1) Pay for HIV counseling or testing; 2) Support broad-scope awareness activities that targets the general public rather than specific populations and/or communities with high rates of HIV infection; or 3) Duplicate HIV prevention outreach efforts. 	<p>1.1) Client files must have:</p> <ul style="list-style-type: none"> a) Documentation of planned outreach services and implemented to target specific populations in conjunction with local programs and are not used for disallowed services. b) Documentation of reasons for selecting targeted areas. <p>*Note that there is no duplication with HIV prevention efforts.</p>
<p>1.2) Provision of all outreach services is documented by number of individuals reached, referred for testing, found to be positive, referred to care and entering care.</p>	<p>1.2) Documentation of outreach services provided and outcome from referral.</p>
Assessment/Service Plan/Provision of Services	
<p>1.3) Outreach services are conducted to identify individuals who:</p> <ul style="list-style-type: none"> a) Do not know their HIV status and refer them for counseling and testing; or b) Identify individuals who know their status and are not in care and help them 	<p>1.3) Documentation of individuals reached, referred for testing, referred to care or re-entered care.</p>

¹ HRSA/HAB Division of State HIV/AIDS Programs National Monitoring Standards— Program Part B (April, 2013), p. 40.

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enter or re-enter HIV-related medical care.	
1.4) Outreach services are conducted at times and in places where there is a high probability that people with HIV will be reached.	1.4) Documentation of individuals reached, referred for testing, referred to care or re-entered care.
1.5) Outreach materials are tailored to target populations such as language, literacy level, culture, gender, risk factors, etc.	1.5) Documentation of materials individualized to specific populations.
1.6) Contacts are referred to early intervention programs or other designated intake sites.	1.6) Documentation of clients referred to early intervention programs or other designated intake sites.
1.7) Memorandums of Agreement/Understanding will be developed to facilitate collaboration with service providers to when outreach contacts may be referred. Outreach staff should be familiarized with available resources in the communities.	1.7) Memorandums of agreement/understanding on file. List of resources available for review.

2.0 Client 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.ⁱⁱⁱ

Standard	Measure
<p>2.1) Services are available and accessible to any individual.</p> <p>All providers shall be in compliance with all applicable federal, state, and local anti-discrimination laws and regulations, including but not limited to the American's with Disabilities Act. All providers shall adopt a non-discrimination policy prohibiting the refusal of rendering services on the basis of fact or perception of race, color, creed, religion, national origin, ancestry, age, sex, sexual orientation, gender identity, domestic partner status, marital status, height, weight, disability, or HIV/AIDS diagnosis.</p> <p>Each provider shall make available to clients a process for requesting interpretation services, including American Sign Language.</p>	2.1) Written non-discrimination policy on file.
2.2) Clients Rights and Responsibilities policy exists which requires each client to sign & date	2.2) Written policy on file.

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<p>a form indicating they has been offered: a) explanation of the policy, and b) copy of <i>'Client's Rights and Responsibilities</i>, c) communication of client's understanding of the policy</p>	
<p>2.3) Explanation of <i>Client's Rights and Responsibilities</i> is provided to each client.</p> <p>Client rights include:</p> <ul style="list-style-type: none"> ○ Be treated with respect, dignity, consideration, and compassion; ○ Receive services free of discrimination; ○ Be informed about services and options available. ○ Participate in creating a plan of services; ○ Reach an agreement about the frequency of contact the client will have either in person or over the phone. ○ File a grievance about services received or denied; ○ Not be subjected to physical, sexual, verbal and/or emotional abuse or threats; ○ Voluntary withdraw from the program; ○ Have all records be treated confidentially; <p>Have information released only when:</p> <ul style="list-style-type: none"> ○ A written release of information is signed; ○ A medical emergency exists; ○ There is an immediate danger to the client or others; ○ There is possible child or elder abuse; or ○ Ordered by a court of law. <p>Client responsibilities include:</p> <ul style="list-style-type: none"> ○ Treat other clients and staff with respect and courtesy; ○ Protect the confidentiality of other clients; ○ Participate in creating a plan of service; 	<p>2.3) Current <i>Client's Rights and Responsibilities</i> form signed and dated by client and located in client's record.</p>

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<ul style="list-style-type: none"> ○ Let the agency know any concerns or changes in needs; ○ Make and keep appointments, or when possible, phone to cancel or change an appointment time; ○ Stay in contact with the agency by informing the agency of change in address and phone number, respond to phone calls and mail ○ Avoid subjecting the agency's staff to physical, sexual, verbal and/or emotional abuse or threats. 	
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3.0 Grievance Process

Standard	Measure
<p>3.1) Grievance policy exists which requires each client to sign & date indicating they has been offered: a) explanation of the policy, and b) copy of <i>Grievance Procedure</i> and c) communication of client's understanding of the policy.</p> <p>Policy shall describe the process for resolving client grievances, including identification of whom to contact and applicable timelines.</p> <p>Policy shall be available in languages and formats (e.g. for persons with disabilities) appropriate to populations served.</p>	<p>3.1) Written grievance procedure on file, available in languages and formats appropriate to populations served.</p>
<p>3.2) Explanation of <i>Grievance Procedure</i> is provided to each client.</p> <p>Clients may file a grievance if their request for services is denied or if they have any complaint or concern about the services received.</p>	<p>3.2) Current <i>Grievance Procedure</i> form signed and dated by Client and located in client's record.</p>
<p>3.3) Grievance process shall be fair and expeditious for resolution of client grievances.</p>	<p>3.3) Documentation of client grievances, status and resolution.</p>
<p>3.4) Review of grievance policy yearly with client signature.</p>	<p>3.4) Current <i>Client's Rights and Responsibilities</i> form signed and dated by client and located in client's record.</p>

4.0 Personnel Qualifications (including licensure)

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Standard	Measure
4.1) Outreach staff must have a high school diploma or GED or one year of experience working with patients infected with HIV or any additional health care training.	4.1) Documentation of qualifications in personnel file.
4.2) Newly employed outreach staff must complete the following training within 180 calendar days of hire: <ul style="list-style-type: none"> • HIV 101 • Outreach and procedures including safety of staff (sign out with supervisor, travel in pairs of 2; etc.,) • Infection control/blood borne pathogens • Confidentiality • Cultural competency • How to make a referral • Adherence 	4.2) Documentation of training completed in personnel file.
4.3) Outreach staff must complete 6 hours of continuing education on HIV/AIDS annually.	4.3) Documentation of training completed in personnel file.
4.4) Non-professional staff must be supervised by a degreed or licensed individual in the fields of health, social services, mental health or a professional with equivalent experience.	4.4) Documentation of supervision in staff according to agency policy.
<u>5.0 Cultural and Linguistic Competency</u>	
Standard	Measure
5.1) Health services are culturally and linguistically competent, client-guided and community based. At a minimum, provider's documentation should include: <ul style="list-style-type: none"> • Experience with providing services to the diverse ethnic, linguistic, sexual or cultural populations targeted; • Capacity of staff, including volunteers and Board, to design, provide and evaluate culturally and linguistically appropriate services; • List of cultural competency trainings completed by staff. 	5.1) Documentation of cultural and linguistic competence as reported in annual Cultural and Linguistic Competency Report.

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5.2) Easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area shall be available. ^{iv}	5.2) Culturally and linguistically appropriate materials and signage accessible.
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6.0 Privacy and Confidentiality (including securing records)

Standard	Measure
6.1) Client confidentiality policy exists which include: 1) Release of information requirements, and b) Health Insurance Portability and Accountability Act.	6.1) Written Client confidentiality policy on file at provider agency.
6.2) Client’s consent for release of information is determined.	6.2) Current <i>Release of Information Form</i> signed and dated by client and provider representative and located in client’s record. Each release form indicates who may receive the client’s information and has an expiration of not more than 12 months from date of signature.
6.3) Each client file is stored in a secure location. Electronic client records are protected from unauthorized use.	6.3) Files stored in locked file or cabinet with access limited to appropriate personnel. Electronic files are secure with password protection and access is limited to appropriate personnel.
6.4) Annual submission of <i>Verification of Receipt of Assurance of Key Requirements</i> document by all staff that handle client identifying information.	6.4) Documentation of signed <i>Verification of Receipt of Assurance of Key Requirement</i> forms.

7.0 Quality Management
National Monitoring Standards: 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.^v

Standard	Measure
7.1) Measure and report client health outcomes using Outreach Services service measures approved by VDH.	7.1) Performance measurement data on the following indicators: <ul style="list-style-type: none"> Percentage of people living with HIV and receiving Outreach Services, regardless of age, who will have at least two care markers in a 12 month period that are at least 3 months apart (Care marker defined as evidence of a HIV medical care visit date, a CD4 count and test date, a viral load value and test date, and/or an

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	<p>antiretroviral medication prescription and date).</p> <ul style="list-style-type: none"> Percentage of people enrolled in RW Part B-funded Program living with HIV and receiving Outreach Services, regardless of age, who will have an HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year.
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ⁱ HRSA/HAB Ryan White HIV/AIDS Program Services: Clarifications on Eligible Individuals & Allowable Uses of Funds Policy Clarification Notice (PCN) #16-02 (Revised 10/22/18)

ⁱⁱ HRSA/HAB Division of State HIV/AIDS Programs National Monitoring Standards—Program Part B (April, 2013), pp. 40-41.

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

^{iv} National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care. Available at:

<https://www.thinkculturalhealth.hhs.gov/assets/pdfs/EnhancedNationalCLASStandards.pdf>

^v HRSA/HAB Division of State HIV/AIDS Programs National Monitoring Standards—Program Part B (April, 2013), p. 71.